

**SALEM
COUNTY
2023 OPIOID
ABATEMENT REPORT**

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2023 Opioid Abatement Report

1. In what county are you located? **Salem County**
2. For which eligible subdivision (county or municipality) are you reporting? **Salem County**
3. What is your subdivision's State ID? **NJ206**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **June Sieber**
 - Name of Administering Agency: **Salem County Department of Health & Human Services**
 - Business Address: **110 Fifth Street**
 - City/Town: **Salem**
 - Lead Contact Phone Number: **856-935-7510 x 8623**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$309,112.48**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$18,186.51**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Our main goal is to prevent future opioid overdose deaths in Salem County through awareness, community engagement and harm reduction. Many individuals suffer in silence, without knowledge on what treatment, supports or information is available. By expanding our outreach efforts in the community, our County residents can be better equipped to avoid opioid overdose deaths.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

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16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **In a rural community like Salem County, it can be challenging to reach the targeted audience to share Opioid Use Disorder treatment resources, available recovery supports and harm reduction supplies. Through expanded outreach and meeting our residents where they are, we can spread greater awareness and reduce opioid overdose deaths.**

Program 1

19. Program name/title: **Expanded Community Outreach/ Engagement**

Agency/funding recipient name: **Salem County Department of Health & Human Services**

Primary problem being addressed by this program: **The primary problem being addressed is the lack of community knowledge around OUD treatment options, recovery supports, and harm reduction supplies.**

Brief program description: **Strategic community outreach by trained recovery coach to share OUD treatment options, recovery supports and harm reduction supplies. Locations of outreach chosen based on areas of high traffic and increased opioid overdoses.**

Program target population: **People who use drugs and their family members.**

Date this program was funded (please use M/D/Y): **01/01/2023**

Amount of funding for this program: **\$16,476.51**

Program launch date: **01/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **285 contacts made**

What key performance indicators are you tracking to ensure success of the program? **Number of contacts made, number of individuals that accept treatment, number of harm reduction supplies dispersed.**

Please state this program's statement of impact: **Meeting people who use drugs where they are, in the community, and offering options without stigma or judgment allow individuals to feel seen/heard and make educated decisions regarding their use and recovery.**

How do you plan to measure or track success and impact of this program? **We plan to measure or track the success and impact of this program by evaluating the number of Salem County residents that receive OUD treatment and by analyzing opioid overdose deaths in the coming years.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

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21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Prevention and Education, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed, this is an internally ran program**

24. Rationale for Program

What is the reason for this program spending choice? **To expand outreach and meet our community members where they are. This is an effort that has not been previously funded. This is a necessary action needed to reach our targeted audience.**

What outcomes or impact does the program aim to achieve? **To connect individuals to OUD treatment, recovery supports and harm reduction supplies.**

What is the anticipated number of unduplicated clients this program will reach annually? **500**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Harm Reduction Supply Distribution**

Agency/funding recipient name: **Salem County Department of Health & Human Services**

Primary problem being addressed by this program: **The primary problem being addressed is lack of harm reduction supplies in the community.**

Brief program description: **Narcan boxes are purchased and distributed throughout the community to locations such as schools, bars, restaurants and hotels. The boxes are stocked with Narcan. Narcan training administration is given to staff members.**

Program target population: **All Salem County residents**

Date this program was funded (please use M/D/Y): **06/01/2023**

Amount of funding for this program: **\$1,710.00**

Program launch date: **06/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **None in FY23. Supplies are being purchased to implement this program.**

What key performance indicators are you tracking to ensure success of the program? **We are tracking several key performance indicators such as how many schools, businesses, bars, restaurants, etc. accept the Narcan box placement and training as well as utilization of the harm reduction supplies.**

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Please state this program's statement of impact: **Increased access to harm reduction supplies, including Narcan, exponentially decreased the risk for opioid overdose deaths. Through harm reduction supply distribution, including Narcan box placement, less lives can be lost to opioid overdose deaths.**

How do you plan to measure or track success and impact of this program? **We plan to track success/impact of this program through the utilization of harm reduction supplies as reported to our agency as well as by analyzing opioid overdose deaths in the coming years.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The reason for this program spending is to widely disperse harm reduction supplies throughout Salem County.**

What outcomes or impact does the program aim to achieve? **By increasing access to harm reduction supplies, such as Narcan, we can prevent opioid overdose deaths.**

What is the anticipated number of unduplicated clients this program will reach annually? **The initial goal is 25 Narcan boxes distributed annually.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

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1. In what county are you located? **Salem County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pennsville Township**
3. What is your subdivision's State ID? **NJ176**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **John Willadsen**

Name of Administering Agency: **Pennsville Twp**

Business Address: **90 N Broadway**

City/Town: **Pennsville**

Lead Contact Phone Number: **856-678-3089**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$7,005.65**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

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18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment**

Program 1

19. Program name/title: **National Night Out**

Agency/funding recipient name: **Pennsville Police Department**

Primary problem being addressed by this program: **Addiction**

Brief program description: **Bring awareness to addiction during a community event.**

Program target population: **Children and young adults**

Date this program was funded (please use M/D/Y): **07/28/2023**

Amount of funding for this program: **\$2,615.10**

Program launch date: **08/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Treatment**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Once a year**

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Education and prevention**

What outcomes or impact does the program aim to achieve? **Educate youth about addiction.**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

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25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**