

# **SOMERSET COUNTY**

**2023 OPIOID  
ABATEMENT REPORT**

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## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Somerset County**
3. What is your subdivision's State ID? **NJ211**
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): **Lisa Federico**  
  
Name of Administering Agency: **Somerset County DHS**  
  
Business Address: **27 Warren St**  
  
City/Town: **Somerville**  
  
Lead Contact Phone Number: **908-704-6309**
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. **\$468,750.64**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$42,654.52 (\$146,583.70 encumbered for CY23)**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$1,746.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Somerset County has focused on connection care, mobile recovery support services, and recovery housing**
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? **Yes**
13. Please describe your public engagement/input efforts? **County-wide survey, over 300 responses, focus groups, key informant interviews**
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?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

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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)? **The County Drug and Alcohol Director utilized the County Comprehensive Plan (CCP), 2021 Human Services Needs Assessment, Community surveillance, county-wide opiate survey, analytical gap analysis, and council feedback.**

### Program 1

19. Program name/title: **Behavioral Health System Navigator (BHSN)**

Agency/funding recipient name: **Somerset County Department of Human Services**

Primary problem being addressed by this program: **Connection to care, system navigation**

Brief program description: **The Behavioral Health System Navigator serves as a point-of-contact for individuals who live or work in Somerset County in need of accessing an often-complex behavioral health system. The Navigator will help any resident or community partner by providing information, brief support, referral, consultation, and liaison services. If you or a loved one are seeking help with connecting to substance use and/or mental health treatment, or support**

Program target population: **County-wide**

Date this program was funded (please use M/D/Y): **10/25/2022**

Amount of funding for this program: **\$40,908.52 spent as of 6/30/2023 (98,000.00 encumbered)**

Program launch date: **10/22/2022**

If program has started, how many clients have been seen as of 6/30/2023: **As of 8/1/2023: 97 Mental Health related calls, and 34 Substance Use related calls (131 total and this number doesn't include calls with providers)**

What key performance indicators are you tracking to ensure success of the program? **If a client is connected to treatment or support services, follow-up calls, community contacts, number of calls per month**

Please state this program's statement of impact: **More residents who engage in treatment or support services, reduction in recidivism, increase in consumer knowledge of services available to them, warm-hand off**

How do you plan to measure or track success and impact of this program? **Collect data from calls received and outgoing, collect data from resources engaged, treatment admissions, overdose data, naloxone data**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

## 2023 Opioid Abatement Report

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

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

Other (please specify): **Ongoing**

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

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **Across needs assessments, one of the most identified barriers to treatment is navigating the complex behavioral health system. Although state warmlines and hotlines are helpful, data and research have shown that a local navigator, with roots in the community can be more effective.**

What outcomes or impact does the program aim to achieve? **More residents who engage in treatment or support services, reduction in recidivism, increase in consumer knowledge of services available to them, warm-hand off**

What is the anticipated number of unduplicated clients this program will reach annually? **150**

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

### Program 2

19. Program name/title: **Peer Recovery Pop-Up**

Agency/funding recipient name: **Community in Crisis**

Primary problem being addressed by this program: **The Peer Recovery Pop Up will be open to all individuals at all stages of recovery, from those making the initial steps to those sustaining recovery. Family members and friends directly and indirectly affected will also find resources and support at the PRPU.**

Brief program description: **Implement Peer Recovery Pop Up (PRPU) locations throughout Somerset County bringing recovery services directly to underserved communities. Peer Recovery Pop Ups are a temporary resource site without walls, offered on a monthly basis at predetermined locations. The PRPUs will serve to supplement Somerset County's Community Peer Recovery Center. They will be set up and implemented within a highly visible, well-trafficked location, thereby removing barriers, such as transportation, lack of insurance, and stigma, and enhancing community access. Local representation helps to build community trust and nurture a willingness to access recovery services.**

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Program target population: **Provide resources to those towns in Somerset County with the highest incidence of fatal overdoses in 2021, as reported by the Drug Monitoring Initiative (DMI): Bound Brook/South Bound Brook (7) Somerset (6), Hillsborough (3) and Manville (3), as well as the least underserved areas by recovery support services. These communities have greater BIPOC populations, lower socioeconomic demographics, and greater health disparities than the County average.**

Date this program was funded (please use M/D/Y): **03/1/2023**

Amount of funding for this program: **\$0.00 spent as of 6/30/2023; (30,000.00 encumbered)**

Program launch date: **03/01/2023**

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: **The Peer Recovery Pop Up will be open to all individuals at all stages of recovery, from those making the initial steps to those sustaining recovery. Family members and friends directly and indirectly affected will also find resources and support at the PRPU. The Peer Recovery Pop Up offers a space for social connection and a place of belonging where participants can experience the process of recovery by fostering a sense of empowerment and independence.**

How do you plan to measure or track success and impact of this program? **Quarterly reporting, levels of services, municipality surveillance, outcomes**

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

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, Long-Term Resiliency, Prevention and Education, Recovery and Support, Workforce Development**

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 Peer Recovery Pop Up is a supportive, substance-free, safe, and non-judgmental community-based environment where individuals can access peer support, information on substance use treatment, recovery support services and connections to other community resources. The key ingredient to the PRPUs is bringing support and services to the individual in their own familiar environment, meeting them exactly where they are. The activities are led by a Certified Peer Recovery Specialist (CPRS) and volunteers with lived experience of substance-use disorders, co-occurring mental health conditions and multiple pathways to recovery.**

## 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **The Peer Recovery Pop Up will be open to all individuals at all stages of recovery, from those making the initial steps to those sustaining recovery. Family members and friends directly and indirectly affected will also find resources and support at the PRPU. The Peer Recovery Pop Up offers a space for social connection and a place of belonging where participants can experience the process of recovery by fostering a sense of empowerment and independence.**

What is the anticipated number of unduplicated clients this program will reach annually? **Primary data such as those served, duplicated and unduplicated participants, and services provided will be collected. For those who choose to participate in additional services post PRPU, data will be collected on a voluntary basis in the areas of client substance use, family living conditions, employment status, social connectedness, access to treatment, retention in treatment, criminal justice status, and effectiveness of activities related to diversity, inclusion, equity and cultural/linguistic competence.**

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

### Program 3

19. Program name/title: **Somerset County HELPS**

Agency/funding recipient name: **Somerset County Department of Human Services**

Primary problem being addressed by this program: **In-community substance use disorder education, harm reduction, and resource navigation**

Brief program description: **The county will introduce the "Somerset HELPS" van, which will function as a mobile human services hub, bringing needed information, resources, and services directly to families and communities throughout Somerset County. It will also be a mobile food pantry and offer free books and giveaways. Bilingual social workers and other professionals will be available to provide information, resources, and referrals to services and assistance with applications to safety-net programs.**

Program target population: **Low-income residents, aging, substance use across the lifespan**

Date this program was funded (please use M/D/Y): **05/01/2023**

Amount of funding for this program: **\$0.00 spent as of 6/30/2023 (\$11,583.70 encumbered)**

Program launch date: **05/19/2023**

If program has started, how many clients have been seen as of 6/30/2023: **200**

What key performance indicators are you tracking to ensure success of the program? **Reduction in recidivism, increase in community resiliency, increase in recovery capital**

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Please state this program's statement of impact: **The Somerset Helps Van is designed as a mobile resource fair that collaborates with nonprofit, faith-based, and governmental human-serving agencies to provide services directly to the communities most in need of support. Somerset Helps staff will also provide information and referrals to a wide range of human services and resources available throughout the County. Additionally, emergency food support, basic toiletries, opioid harm reduction materials, and educational resources for children will be available at all Somerset Helps outreach events. The Somerset Helps Van is designed as a mobile resource fair that collaborates with nonprofit, faith-based, and governmental human-serving agencies to provide services directly to the communities most in need of support. Somerset Helps staff will also provide information and referrals to a wide range of human services and resources available throughout the County. Additionally, emergency food support, basic toiletries, opioid harm reduction materials, and educational resources for children will be available at all Somerset Helps outreach events.**

How do you plan to measure or track success and impact of this program? **Internal tracking of residents who received services or education, naloxone kits disbursed**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

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

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 mobile outreach initiative reached certain populations that would otherwise be hard to connect to. Some residents are not likely to access traditional health care and social services on their own due to various barriers and stigma.**

What outcomes or impact does the program aim to achieve?

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

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

### Program 4

19. Program name/title: **Connection to Recovery Housing**

Agency/funding recipient name: **New Hope Integrated Behavioral Health**

Primary problem being addressed by this program: **Supportive housing for persons in recovery**



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Brief program description: **1. Discuss the benefits of recovery housing with their counselor or case manager and when deemed clinically appropriate, 2. Collaborate with their counselor or case manager in finding a residence. 3. Select a recovery house (Oxford or State licensed) according to their preference for location, which may consider availability of employment, transportation, recovery mentoring in area and convenience of self-help meetings in the community. 4. A 30-day follow-up functioning assessment from NHIBH.**

Program target population: **Adult residents in the NHIBH treatment system**

Date this program was funded (please use M/D/Y): **03/01/2023**

Amount of funding for this program: **\$0.00 spent as of 6/30/2023 (7,000 encumbered)**

Program launch date: **03/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program?

Please state this program's statement of impact: **Research supports that healthy social and environmental factors reinforce long-term recovery, reduce relapse, and increase recovery capital.**

How do you plan to measure or track success and impact of this program?

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency**

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? **In 2019, 145 of the SC residents admitted to treatment were recorded as homeless (518 recorded as unemployed); in 2020 it was 134 (448 were unemployed) (NJSAMS)**

## *2023 Opioid Abatement Report*

What outcomes or impact does the program aim to achieve? **“The transition from active addiction into lasting recovery is often a difficult and emotionally trying journey for many people with a substance-use disorder. NIDA (2018) indicated that the relapse rates for substance-use disorders is approximately 40-60%, and that relapses could signify the necessity to reexamine a person’s course of treatment, as relapses can be very dangerous and, in many instances, deadly. The first 12 months of this transitional period prior to the onset of sustained full remission, sometimes referred to as early recovery, is a crucial period during which people contend with raw core clinical issues such as family history, unresolved trauma, grief and loss, emotional immaturity, low frustration tolerance, and other factors that make them susceptible to relapse. However, it is determined that individuals with more ‘social capital’ are more likely to show improved outcomes for short term remission. Therefore, recovery houses are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports” (SAMHSA, 2018)”**

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

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bernards Township**
3. What is your subdivision's State ID? **NJ14**
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): **Sean McCarthy**  
  
Name of Administering Agency: **Bernards Township**  
  
Business Address: **1 Collyer Lane**  
  
City/Town: **Basking Ridge**  
  
Lead Contact Phone Number: **908-204-4605**
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. **\$38,287.22**
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. **Prevent Misuse of Opioids**
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, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## *2023 Opioid Abatement Report*

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)? **To be determined**

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bound Brook Borough**
3. What is your subdivision's State ID? **NJ17**
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): **Natasha Turchan**  
  
Name of Administering Agency: **Borough of Bound Brook**  
  
Business Address: **230 Hamilton Sr**  
  
City/Town: **Bound Brook**  
  
Lead Contact Phone Number: **908-216-8447**
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. **\$27,294.27**
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. **N/A**
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**
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?

## 2023 Opioid Abatement Report

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)? **N/A**

### Program 1

19. Program name/title: **CPAC**

Agency/funding recipient name: **Somerset County**

Primary problem being addressed by this program: **Drug abuse**

Brief program description: **The program employs a social worker that will work closely with the police department to assist in reduction of drug abuse**

Program target population: **Residents of Bound Brook**

Date this program was funded (please use M/D/Y): **1/1/2024**

Amount of funding for this program: **\$27,294.27**

Program launch date: **1/1/2024**

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? **Number of drug arrests**

Please state this program's statement of impact: **Reduction in drug arrests**

How do you plan to measure or track success and impact of this program? **Evaluating the number of drug arrests**

20. Primary Category (Please select the category that fits the primary focus of this program). **Diversion from Incarceration**

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

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

Other (please specify): **On going**

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

Other (please specify): **as billed**

### 24. Rationale for Program

What is the reason for this program spending choice? **It allows us to decrease the number of arrests and reduction in drug usage**

What outcomes or impact does the program aim to achieve? **Reduction in drug use and arrests**

## *2023 Opioid Abatement Report*

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

**Unknown**

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Branchburg Township**
3. What is your subdivision's State ID? **NJ18**
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): **Diane Schubach**  
  
Name of Administering Agency: **Branchburg Township**  
  
Business Address: **1077 Rt. 202 North**  
  
City/Town: **Branchburg**  
  
Lead Contact Phone Number: **908-526-1300**
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. **\$23,589.52**
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. **Prevention activities**
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, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**



## *2023 Opioid Abatement Report*

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)? **Needs assessment**

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bridgewater Township**
3. What is your subdivision's State ID? **NJ21**
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): **Wells Winegar**  
  
Name of Administering Agency: **Administration**  
  
Business Address: **100 Commons Way**  
  
City/Town: **Bridgewater**  
  
Lead Contact Phone Number: **908-625-9860**
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. **\$76,864.72**
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**
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?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## *2023 Opioid Abatement Report*

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**

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1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Franklin Township**
3. What is your subdivision's State ID? **NJ67**
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): **Quovella Maeweather**  
  
Name of Administering Agency: **Franklin Township**  
  
Business Address: **495 DeMott Lane**  
  
City/Town: **Somerset, NJ 08873**  
  
Lead Contact Phone Number: **732-873-5533 ext. 2118**
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. **\$160,705.52**
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. **Through our partnership with the educators, community leads and families within Franklin Township. We will provide proven and effective programming to deter youth and adults from drug use. We are committed to maintaining connections and relationships with youth in our community to prevent the usage and impact of drugs in our township.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
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**
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)? **We plan to utilize a needs assessment.**

### Program 1

19. Program name/title: **Drug Education, Awareness & Prevention**

Agency/funding recipient name: **Franklin Township Police Department**

Primary problem being addressed by this program: **To create safer, healthier communities free of drugs, bullying, and violence throughout our township and state.**

Brief program description: **Our program will provide resources and educational training to 14 schools within Franklin Township, including public and private high schools. To educate approximately 9,000 students as to the dangers of drugs, related crimes and bullying. To develop and initiate a community awareness and prevention programs that bring together law enforcement with the local citizens.**

Program target population: **70,000**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **N/A**

Program launch date: **N/A**

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? **Number of training sessions completed; the number of Narcan usage; and number of youth and adult drug related encounters.**

Please state this program's statement of impact: **Lack of youth and community activities for approximately 9,000 students within the township were factors considered in recommending the creation of programming to provide resources and educational training.**

How do you plan to measure or track success and impact of this program? **Number of training sessions completed; the number of Narcan usage; and number of youth and adult drug related encounters.**

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). **Harm Reduction, Overdose Prevention, Diversion from Incarceration, Prevention and Education**

## *2023 Opioid Abatement Report*

22. Please choose the length of time of this program's duration: **5+ years**

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? **There are a lack of resources and programming for YOUTH prevention of drug use and abuse.**

What outcomes or impact does the program aim to achieve? **Reduce and eliminate the number of YOUTH engaged in drug usage.**

What is the anticipated number of unduplicated clients this program will reach annually? **20,000**

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hillsborough Township**
3. What is your subdivision's State ID? **NJ91**
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): **Minda Maggio**  
  
Name of Administering Agency: **Hillsborough Municipal Alliance**  
  
Business Address: **379 South Branch Road**  
  
City/Town: **Hillsborough**  
  
Lead Contact Phone Number: **908-431-6600 ext. 2809**
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. **\$72,758.94**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$12,365.00**
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. **We have created a subcommittee including various members in our community (Municipal Alliance, Youth Services Commission, Township CFO & Clerk, Police Dept, etc.). The goal of the group is to determine our communities' priorities, review the trends/data in our community and determine the needs in our community. We plan to create a 5-year plan for now that will include prevention education, treatment support and mental health awareness.**
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? **Yes**
13. Please describe your public engagement/input efforts? **Ongoing meetings of the Municipal Alliance and Youth Services Commission which include many community members. We have also connected with our County colleagues to have discussions about their perspective and knowledge in the community.**

## 2023 Opioid Abatement Report

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?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
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)? **We are in the process of creating a strategic plan.**

### Program 1

19. Program name/title: **Steered Straight Assembly Program**

Agency/funding recipient name: **Steered Straight**

Primary problem being addressed by this program: **Prevention education for High School students**

Brief program description: **As assembly for alcohol/opioid/drug awareness and prevention that uses real life stories so students understand the importance of making healthy life choices, asking for help when they need it, supporting classmates, etc. The program provides students with young adults who share their real-life story to try to educate and make students aware of the disease of addiction.**

Program target population: **High School Students**

Date this program was funded (please use M/D/Y): **03/28/23**

Amount of funding for this program: **\$4,500.00**

Program launch date: **3/28/23**

If program has started, how many clients have been seen as of 6/30/2023: **Approximately 1,200 students and many/various staff members at Hillsborough High School**

What key performance indicators are you tracking to ensure success of the program? **Online program evaluation - students complete an online evaluation after the presentation**

Please state this program's statement of impact: **Based on the evaluation, 92% of students found the presentation informative/very informative.**

How do you plan to measure or track success and impact of this program? **Student evaluation**

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). **Overdose Prevention, Recovery and Support**

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



## 2023 Opioid Abatement Report

Other (please specify): **TBD**

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

Other (please specify): **TBD**

### 24. Rationale for Program

What is the reason for this program spending choice? **TBD**

What outcomes or impact does the program aim to achieve? **TBD**

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

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

### Program 2

19. Program name/title: **Opioid Education - with Hillsborough Police Department**

Agency/funding recipient name: **Various**

Primary problem being addressed by this program: **Opioid Education**

Brief program description: **Fatal Vision Opioid Program/Education - These educational kit/materials model how opioid abuse depresses the central nervous system causing attention failure, impairment, etc. These impairments can negatively impact an individual's health, quality of life and safety. By experiencing the behavioral effects of opioid use, participants are more aware of people's susceptibility and knowledgeable of the severe consequences associated with using opioids.**

Program target population: **Students and parents**

Date this program was funded (please use M/D/Y): **4/1/23**

Amount of funding for this program: **\$7,865.00**

Program launch date: **Fall 2023**

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

What key performance indicators are you tracking to ensure success of the program? **Student and parent evaluations**

Please state this program's statement of impact: **TBD**

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

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). **Recovery and Support**

## *2023 Opioid Abatement Report*

22. Please choose the length of time of this program's duration:

Other (please specify):

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

Other (please specify):

### **24. Rationale for Program**

What is the reason for this program spending choice? **Collaborating with the Hillsborough Police Department to educate students and parents the dangers of opioid abuse**

What outcomes or impact does the program aim to achieve? **Education/Awareness**

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

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Manville Borough**
3. What is your subdivision's State ID? **NJ126**
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): **Stephanie Cornelson**  
  
Name of Administering Agency: **Manville Recreation Department**  
  
Business Address: **325 North Main Street**  
  
City/Town: **Manville**  
  
Lead Contact Phone Number: **908-725-9478 Ext. 121**
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. **\$19,006.22**
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. **Our goals are to provide resources to residents and community leaders to help prevent opioid abuse. We also want to provide programs and outlets for our community to connect with our local police department and share awareness resources.**
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? **Yes**
13. Please describe your public engagement/input efforts? **We met with our Manville Municipal Alliance members and Youth Services Commission to get input on what our goals should be.**
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?

## ***2023 Opioid Abatement Report***

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)? **We are aware that we have a high population of residents who can be considered "at risk" due to favorable attitude towards drug use, high number of suicides, high number of students with learning disabilities, large population who are ESL and many families who work several jobs and children are left unsupervised at times. Our priority is to provide a way for residents to connect more with our police department by providing programs that gives them the opportunity to make connections with role models. We also want to be able to provide outlets where we can share information about opioid abuse so that the awareness of the dangers can be known.**

### **Program 1**

19. Program name/title: **National Night Out - Community Connection**

Agency/funding recipient name: **4Imprint**

Primary problem being addressed by this program: **Residents not connecting with our local police department and using them as a resource if they need help with issues concerning drugs and opioid abuse.**

Brief program description: **We purchased Manville PD materials with their logo on it. We expanded our National Night Out this year to include games that involved getting to know our local police department better such as National Night Out Bingo where residents were asked to introduce themselves to an officer and find out which square on their bingo card matched them. We also had a dodgeball game where all children were asked to join and play against our local officers and first responders. All participants received a giveaway.**

Program target population: **All residents of all ages**

Date this program was funded (please use M/D/Y): **07/14/2023**

Amount of funding for this program: **\$3,528.96**

Program launch date: **August 1, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **250 - 300 residents attended**

What key performance indicators are you tracking to ensure success of the program? **We are hoping to see more of an interest about the dangers of opioid abuse and for the public to be aware they can use our local PD as a resource if in need. The Manville PD will keep us informed on details.**

Please state this program's statement of impact: **With the expansion of our National Night Out / Police & Residents Connecting, it is our intent to provide more awareness about the dangers and to make sure they know they have a resource if they are in need.**

## ***2023 Opioid Abatement Report***

How do you plan to measure or track success and impact of this program? **We plan to keep in contact with the Manville Pd for reporting. We have a Manville PD representative who is part of our Manville Municipal Alliance & Youth Services Commission.**

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). **Harm Reduction, Overdose Prevention, Recovery and Support**

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

Other (please specify): **We believe this to be an ongoing program with the National Night out event being the beginning of building relationships.**

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

### **24. Rationale for Program**

What is the reason for this program spending choice? **To give our residents the chance to build positive relationships with our local police officers as a way of providing awareness, resources and prevention.**

What outcomes or impact does the program aim to achieve? **Trust within the community between those who may need help in relation to drug / opioid abuse and with a resource in our town that can help them.**

What is the anticipated number of unduplicated clients this program will reach annually? **We will continue to offer this opportunity in our upcoming years events so the hope is to reach a new 200 people every year.**

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

### **Program 2**

19. Program name/title: **Forensics / Murder Mystery Summer Camp**

Agency/funding recipient name: **Carolina Biological & Mrs. Lauren Kurzius**

Primary problem being addressed by this program: **Lack of education of how opioid abuse can affect lives.**

Brief program description: **We worked with the Manville Police Department, Manville Recreation and the Manville School District to sponsor a week-long summer camp training middle school aged students on how to solve a murder mystery by using forensics. Along with providing our students with a chance to connect with our police department, we also included the information on the dangers of opioid abuse and how it can affect your body.**

Program target population: **Middle school students, grades 5th - 8th grade**

## 2023 Opioid Abatement Report

Date this program was funded (please use M/D/Y): **Funds have been encumbered but not expended.**

Amount of funding for this program: **\$651.81**

Program launch date: **July 31, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Our middle school science teacher led this camp. She will report to the committee if she has seen a difference with students' behavior towards drug/opioid abuse.**

Please state this program's statement of impact: **By creating this camp, it is our intention to help our middle school students build strong relationships with community leaders and the police department and to also inform them of the dangers of opioid abuse.**

How do you plan to measure or track success and impact of this program? **We will ask the middle school teacher to report to the committee if she has seen a difference / impact on her students.**

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). **Harm Reduction, Overdose Prevention, Diversion from Incarceration**

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? **One time only**

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **To spread awareness and help our middle school aged residents build strong relationships with community leaders.**

What outcomes or impact does the program aim to achieve? **To prevent our youth from using opioids.**

What is the anticipated number of unduplicated clients this program will reach annually? **Up to 50 students. We will be having this camp again next year and can expand the camp if there is a higher enrollment.**

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

### Program 3

19. Program name/title: **DARE**

## 2023 Opioid Abatement Report

Agency/funding recipient name: **Manville Police Department / Creative Solutions**

Primary problem being addressed by this program: **Students abusing drugs / opioids**

Brief program description: **DARE is annual workshop that is held in our school system teaching students to make healthy living choices and to prevent them from using drugs / opioids.**

Program target population: **All 4th Grade students**

Date this program was funded (please use M/D/Y): **Funds have been encumbered but not expended**

Amount of funding for this program: **\$5,997.18**

Program launch date: **Spring 2024**

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

What key performance indicators are you tracking to ensure success of the program? **Feedback from the school district and the Manville PD to see if drug use is decreasing.**

Please state this program's statement of impact: **We wish to support our Manville Police Department in helping them to provide awareness of the dangers of drug/opioid abuse and how to make healthy living choices.**

How do you plan to measure or track success and impact of this program? **We will ask the Manville PD to report back to the Manville Municipal Alliance & Youth Services Commission.**

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). **Harm Reduction, Overdose Prevention, Diversion from Incarceration**

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? **To provide awareness and prevent drug / opioid abuse**

What outcomes or impact does the program aim to achieve? **Healthy and productive life choices from participants**

What is the anticipated number of unduplicated clients this program will reach annually? **Up to 150**

*2023 Opioid Abatement Report*

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



## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Montgomery Township**
3. What is your subdivision's State ID? **NJ144**
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): **Erika Van Wagner**  
  
Name of Administering Agency: **Montgomery Township**  
  
Business Address: **100 Community Dr**  
  
City/Town: **Skillman**  
  
Lead Contact Phone Number: **908-359-8211 x 2299**
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. **\$33,876.03**
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. **Prevention education for the community through our municipal alliance.**
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? **Yes**
13. Please describe your public engagement/input efforts? **We have heard from attendees at municipal alliance meetings, board of health, community leaders, youth action board and have heard from the EMS regarding programs they would like to see.**
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?

## *2023 Opioid Abatement Report*

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)? **We are planning to use all of the above to educate the community.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **North Plainfield Borough**
3. What is your subdivision's State ID? **NJ160**
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): **Patrick J. Deblasio**  
  
Name of Administering Agency: **Borough of North Plainfield**  
  
Business Address: **263 Somerset Street**  
  
City/Town: **North Plainfield**  
  
Lead Contact Phone Number: **908-769-2952**
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. **\$61,176.23**
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. **N/A**
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, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## *2023 Opioid Abatement Report*

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)? **N/A**

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Somerville Borough**
3. What is your subdivision's State ID? **NJ212**
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): **Kevin Sluka**  
  
Name of Administering Agency: **Somerville Borough**  
  
Business Address: **25 West End Avenue**  
  
City/Town: **Somerville**  
  
Lead Contact Phone Number: **908-725-2300**
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. **\$31,799.77**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,000.00**
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. **Drug prevention and awareness**
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? **Yes**
13. Please describe your public engagement/input efforts? **The Borough of Somerville and Not an Easy Fix, Inc, presented the program at a public Municipal Alliance Meeting**
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?

## 2023 Opioid Abatement Report

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)? **The use is based upon public input from meeting attendees and information received from educational institutions**

### Program 1

19. Program name/title: **Not an Easy Fix**

Agency/funding recipient name: **Not an Easy Fix, Inc.**

Primary problem being addressed by this program: **Drug awareness, fentanyl awareness, resources**

Brief program description: **All high school, students participated in an assembly hosted by DJ Choices, parents participated in workshops**

Program target population: **High School Age students**

Date this program was funded (please use M/D/Y): **06/05/23 - paid \$2,000; 2nd payment 8/21/23 - \$1,500**

Amount of funding for this program: **\$3,500.00 (paid \$2,000 on 6/5/23); 2nd payment 8/21/23 - \$1,500)**

Program launch date: **3/22/23**

If program has started, how many clients have been seen as of 6/30/2023: **200**

What key performance indicators are you tracking to ensure success of the program? **Reduction in overdoses**

Please state this program's statement of impact: **Provide High School age students the effects of fentanyl and drug addiction**

How do you plan to measure or track success and impact of this program? **Information received from PD**

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

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

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): **2 payments are made one was for \$2,000 the other \$1,500**

24. Rationale for Program

## *2023 Opioid Abatement Report*

What is the reason for this program spending choice? **Overdoses that have occurred with high school age children**

What outcomes or impact does the program aim to achieve? **Educating students of impacts of poor choices**

What is the anticipated number of unduplicated clients this program will reach annually? **All participants will be reached once while in high school**

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Warren Township**
3. What is your subdivision's State ID? **NJ243**
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): **Karen DeNave, CFO**  
  
Name of Administering Agency: **Warren Township**  
  
Business Address: **46 Mountain Boulevard**  
  
City/Town: **Warren**  
  
Lead Contact Phone Number: **908-753-8000**
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. **\$30,960.46**
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.  
**To offer programs that will provide information and resources to address the opioid epidemic through a population based mental health approach that focuses on prevention and education.**
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?



## 2023 Opioid Abatement Report

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)?

**To focus on at-risk youths in elementary schools. Said approach will be adjusted following input from the advisory committee.**

### Program 1

19. Program name/title: **Credible Minds Program**

Agency/funding recipient name: **Warren Township**

Primary problem being addressed by this program: **Post pandemic rates of anxiety and depression**

Brief program description: **To utilize a population based system of mental health care that is anonymous and safe from the comfort of their own homes**

Program target population: **Community wide**

Date this program was funded (please use M/D/Y): **Program has not been funded to date**

Amount of funding for this program: **N/A**

Program launch date: **N/A**

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). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

Other (please specify): **Not yet funded, Launch Date To Be Determined**

**24. Rationale for Program**

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What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

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

### Program 2

19. Program name/title: **Narcan**

Agency/funding recipient name: **Warren Township**

Primary problem being addressed by this program: **Treat overdose in an emergency situation**

Brief program description: **To assist first responders in opioid overdose**

Program target population: **N/A**

Date this program was funded (please use M/D/Y): **Not yet funded**

Amount of funding for this program: **N/A**

Program launch date: **To be determined**

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). **Overdose Prevention**

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: **2-3 years**

Other (please specify):

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

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **To assist first responders in an emergency situation**

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What outcomes or impact does the program aim to achieve? **To prevent opioid overdose deaths**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

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

### Program 3

19. Program name/title: **Peer Mediation/Peer Mentoring Program**

Agency/funding recipient name: **Warren Township**

Primary problem being addressed by this program: **Program has not been launched**

Brief program description: **To address risk factors and promote protective factors in students age group 11-14**

Program target population: **Age group 11-14**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **N/A - Not yet funded**

Program launch date: **N/A - No launch date has been set - To be determined**

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). **None of the above**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

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What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

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