

# **SUSSEX COUNTY**

## **2023 OPIOID ABATEMENT REPORT**

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## *2023 Opioid Abatement Report*

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Sussex County**
3. What is your subdivision's State ID? **NJ222**
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): **Nicholas Loizzi**  
  
Name of Administering Agency: **County of Sussex Department of Health and Human Services/Division of Community and Youth Services**  
  
Business Address: **One Spring Street**  
  
City/Town: **Newton**  
  
Lead Contact Phone Number: **973-940-5200 x1383**
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. **\$534,596.41**
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. **Sussex County will utilize these funds in accordance with the recommendations outlined in the New Jersey Attorney General's guidance document with the needs of the community considered as a priority.**
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**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**

## *2023 Opioid Abatement Report*

16. Have you completed a risk assessment profile for demographic or geographic impact? **Yes**

17. Can we post your risk assessment online? **Yes.**

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 committee considered the most pressing needs that currently exist as determined through an analysis of current efforts for addressing the opioid epidemic in Sussex County. Some of these issues have come to light through our Overdose Fatality Review Program.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hopatcong Borough**
3. What is your subdivision's State ID? **NJ96**
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): **Lorraine England**  
  
Name of Administering Agency: **Hopatcong Borough**  
  
Business Address: **111 River Styx Road**  
  
City/Town: **Hopatcong**  
  
Lead Contact Phone Number: **973-770-1200**
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. **\$28,489.45**
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. **We are just forming a committee to decide the best way to expend the funds.**
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.**

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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)? **We are just starting to form a committee and do not yet have this.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Sparta Township**
3. What is your subdivision's State ID? **NJ218**
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): **Marie Morro**
  - Name of Administering Agency: **Sparta Township**
  - Business Address: **65 Main Street**
  - City/Town: **Sparta**
  - Lead Contact Phone Number: **973-726-4011**
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. **\$44,971.59**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,764.60**
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. **Workforce development by providing staff training as well as supporting youth community events.**
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**

## 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**

### Program 1

19. Program name/title: **Law Enforcement Against Drugs**

Agency/funding recipient name: **Sparta Township Police**

Primary problem being addressed by this program: **Program to deter youth and adults from drug use.**

Brief program description: **We provide the leadership, resources and management to ensure law enforcement agencies have the means to partner with our educators, community leaders, and families.**

Program target population: **Middle school students**

Date this program was funded (please use M/D/Y): **6/9/2023**

Amount of funding for this program: **\$4,114.60**

Program launch date: **NA**

If program has started, how many clients have been seen as of 6/30/2023: **500**

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

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

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

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). **Workforce Development**

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

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



## 2023 Opioid Abatement Report

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: **Basic Police Academy Training**

Agency/funding recipient name: **Sparta Township Police**

Primary problem being addressed by this program: **New officer training**

Brief program description: **NA**

Program target population: **NA**

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

Amount of funding for this program: **\$1,650.00**

Program launch date: **NA**

If program has started, how many clients have been seen as of 6/30/2023: **2**

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

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

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

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

**Workforce Development**

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**

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):

### 24. Rationale for Program

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

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

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

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? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Vernon Township**
3. What is your subdivision's State ID? **NJ233**
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): **Tina Kraus**  
  
Name of Administering Agency: **Vernon Township**  
  
Business Address: **21 Church St**  
  
City/Town: **Vernon**  
  
Lead Contact Phone Number: **973-764-4055**
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. **\$32,948.87**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,310.00**
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. **The municipality's goal was to ensure efficient training for new police officers, which is what these funds were used for.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **No**
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? **None as of yet; however, we are planning future engagement efforts (this was the first year we understood what the funds were limited to).**
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: **New Police Officer's Training**

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

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

Brief program description: **New officers that were hired receiving training on opioids, as well as other drugs/narcotics. They are receiving training on symptoms, withdrawals, treatments, etc. Basic first aid and first responder training.**

-Law Enforcement Responsibility to Provide Community Service

-Community Referrals

-Suicide Awareness

-De-Escalation Techniques and Training

-Crisis Intervention

-Emergency Medical Responder and Their Responsibilities

-Interactions with underage individuals, and their use of intoxicants

-C.D.S. Offenses

-Handling sick, injured and deceased persons

-Narcotics Investigations

-CPR Training

-NARCAN Training

Program target population: **N/A**

Date this program was funded (please use M/D/Y): **April 27, 2023**

Amount of funding for this program: **\$2,310.00**

Program launch date: **April 27, 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: **To help ensure the safety of the public.**

How do you plan to measure or track success and impact of this program? **Supervisors will monitor the officers training to make sure they are understanding it and are passing the programs.**

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

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

22. Please choose the length of time of this program's duration: **Training will be the length of the officers' careers because they will need to continue to be updated.**

Other (please specify):

23. How often are you disbursing funds to this program? **When Training is necessary.**

Other (please specify):

**24. Rationale for Program**

What is the reason for this program spending choice? **Every new officer, as well as current officers, must keep up with training and this program will assist them in doing that.**

What outcomes or impact does the program aim to achieve? **Ensure the safety of the public.**

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**

## 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wantage Township**
3. What is your subdivision's State ID? **NJ241**
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): **Michael Restel**  
  
Name of Administering Agency: **Wantage Township**  
  
Business Address: **888 State Route 23**  
  
City/Town: **Wantage**  
  
Lead Contact Phone Number: **973-875-7192**
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. **\$3,216.38**
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.  
**Purchase of Narcan for emergency service and court divisions, Purchase/Provide education on opioid addiction 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? **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, 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)? **Strategic plan based on needs**

### Program 1

19. Program name/title: **None as of 6/30/23**

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

Primary problem being addressed by this program: **Currently addressing**

Brief program description: **Unknown as of 6/30/23**

Program target population: **Not as of 6/30/23**

Date this program was funded (please use M/D/Y): **Not as of 6/30/23**

Amount of funding for this program: **Not as of 6/30/23**

Program launch date: **Not as of 6/30/23**

If program has started, how many clients have been seen as of 6/30/2023: **Not as of 6/30/23**

What key performance indicators are you tracking to ensure success of the program? **Not as of 6/30/23**

Please state this program's statement of impact: **Not as of 6/30/23**

How do you plan to measure or track success and impact of this program? **Not as of 6/30/23**

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, Prevention and Education, Recovery and Support**

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

Other (please specify): **Not started as of 6/30/23**

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

Other (please specify): **Not started as of 6/30/23**

### 24. Rationale for Program

What is the reason for this program spending choice? **Education and overdose protection is the plan going forward**

## *2023 Opioid Abatement Report*

What outcomes or impact does the program aim to achieve? **Education and overdose protection is the plan going forward**

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**