

# **UNION COUNTY**

**2023 OPIOID  
ABATEMENT REPORT**

## Table of Contents

Union County.....	1
Berkeley Heights Township .....	3
Clark Township .....	6
Cranford Township .....	9
Elizabeth City .....	11
Hillside Township.....	14
Linden City.....	16
New Providence Borough.....	19
Plainfield City.....	22
Rahway City .....	25
Roselle Borough.....	28
Roselle Park Borough.....	30
Scotch Plains Township .....	32
Springfield Township, Union County .....	34
Summit City .....	36
Union Township, Union County.....	38
Westfield Town.....	40

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Union County**
3. What is your subdivision's State ID? **NJ230**
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): **Christina M. Topolosky**  
  
Name of Administering Agency: **County of Union, NJ**  
  
Business Address: **10 Elizabethtown Plaza – 4th Floor**  
  
City/Town: **Elizabeth**  
  
Lead Contact Phone Number: **908-527-4839**
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. **\$731,641.43**
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? **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? **To assist in identifying gaps and prioritizing funding needs for anticipated Opioid Settlement fund distribution, the Union County Opioid Task Force developed and administered two questionnaires to gather public input. One questionnaire specifically targeted the community/general public, the other targeted professionals and advocates on local Advisory Boards (LACADA, Mental Health Board, HSAC, PACMAHDA). Questions focused on the twelve (12) approved settlement subcategories and allowed respondents to provide feedback and input to subcategory prioritization. Questionnaires were distributed electronically on June 15, 2023.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

## *2023 Opioid Abatement Report*

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.**

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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Berkeley Heights Township**
3. What is your subdivision's State ID? **NJ12**
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): **Captain William Ives**  
  
Name of Administering Agency: **Berkeley Heights Police Department**  
  
Business Address: **29 Park Avenue**  
  
City/Town: **Berkeley Heights**  
  
Lead Contact Phone Number: **908-464-1111**
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. **\$1,465.16**
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. **Funds will be used for our Community Policing Unit**
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? **County held meetings**
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.**
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**

### Program 1

19. Program name/title: **BHPD Community Policing Outreach Program**

Agency/funding recipient name: **Berkeley Heights Police Department**

Primary problem being addressed by this program: **Addiction / overdose prevention**

Brief program description: **TBD**

Program target population: **Grades 6-12**

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

Amount of funding for this program: **As needed**

Program launch date: **TBD**

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? **Overdose incident reductions / drug-related offenses in targeted age group**

Please state this program's statement of impact: **Through educational lessons on the dangers of opioid addiction, we hope to greatly reduce the number of adolescents ever trying opioids and thereby, minimize incidents of addiction and overdoses in our community.**

How do you plan to measure or track success and impact of this program? **Overdose incident reductions / drug-related offenses in program targeted age group**

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, Long-Term Resiliency**

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

Other (please specify): **TBD**

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

Other (please specify): **As Needed**

### 24. Rationale for Program

What is the reason for this program spending choice? **Increase in opioid use among youths**

## *2023 Opioid Abatement Report*

What outcomes or impact does the program aim to achieve? **Reduction of opioid overdoses; addiction; and opioid-related offenses**

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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clark Township**
3. What is your subdivision's State ID? **NJ32**
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): **Jennifer E Kobliska**  
  
Name of Administering Agency: **Township of Clark**  
  
Business Address: **430 Westfield Avenue**  
  
City/Town: **Clark**  
  
Lead Contact Phone Number: **1-732-388-3600**
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. **\$22,260.78**
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. **The Business Administrator intends to use funds to further educate Fire, PD, and EMT.**
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)? **Discussions will occur with key municipal employees to create a plan to prioritize funding.**

### Program 1

19. Program name/title: **Opioids Initiative**

Agency/funding recipient name: **Clark**

Primary problem being addressed by this program: **n/a**

Brief program description: **Program hasn't started yet. Business Administrator developing the plan.**

Program target population: **TBD**

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

Amount of funding for this program: **TBD**

Program launch date: **TBD**

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? **TBD**

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). **Prevention and Education**

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

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**

## *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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cranford Township**
3. What is your subdivision's State ID? **NJ38**
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): **Lavona Patterson**  
  
Name of Administering Agency: **Township of Cranford**  
  
Business Address: **8 Springfield Avenue**  
  
City/Town: **Cranford**  
  
Lead Contact Phone Number: **(908) 709-7250**
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. **\$28,778.85**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, 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)? **Other Plan**

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Elizabeth City**
3. What is your subdivision's State ID? **NJ54**
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): **Mark Colicchio**  
  
Name of Administering Agency: **City of Elizabeth**  
  
Business Address: **50 Winfield Scott Plaza**  
  
City/Town: **Elizabeth**  
  
Lead Contact Phone Number: **908-820-4089**
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. **\$76,808.28**
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. **The City of Elizabeth intends to support residents impacted by OUD through programming that provides harm reduction, connections to care, outreach and stigma reduction services.**
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 office of Re-Entry conducted a resident survey to obtain data on the impacts of SUD on the community and effectiveness of existing programs/services on the SUD community**
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**

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 City of Elizabeth's Re-Entry program, along with members of our Overdose Fatality Review Team have, through review of reviewed decedent data, survey results and input from local organizations serving the OUD population, determined that the areas we have prioritized are critical to the health and well-being of our residents experiencing or impacted by OUD.**

### Program 1

19. Program name/title: **Project Recover**

Agency/funding recipient name: **City of Elizabeth**

Primary problem being addressed by this program: **Reduction in Opioid Use Disorder and related fatalities**

Brief program description: **Will allow for the City of Elizabeth to address recommendations of programming and policy review born out of the research of its Overdose Fatality Review Team. While we have community stakeholders who have begun addressing overdose fatalities in Elizabeth, this grant allows us to continue enhancing current programming and initiating new programming that meets the goal of reducing overdose fatalities.**

Program target population: **Residents experiencing or at risk of SUD, specifically OUD**

Date this program was funded (please use M/D/Y): **07/01/2023**

Amount of funding for this program: **\$76,801.82**

Program launch date: **07/01/2023**

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? **Project Recover will track the number of overdose fatalities, admission to hospitals/treatment centers, instances of Naloxone administration, development of rapid response systems, participation in harm reduction programs, number of first responders completing stigma reduction training**

Please state this program's statement of impact: **Project Recover will reduce the number of residents experiencing opioid use disorder and overdose both fatal and non-fatal.**

How do you plan to measure or track success and impact of this program? **The success of the program will be monitored using data obtained through a partnership with the Union County Prosecutors Office and the Elizabeth Police Dept. Using the OD mapping program to better identify trends and shifts of overdose fatalities in our community. Data collection methods are being implemented through our OFRT member and partner, Kean University. In addition, metrics for impact and outcomes will be created and assessed based on our data collection from our other OFRT members and partners.**

## 2023 Opioid Abatement Report

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: **Less than 1 year**

Other (please specify):

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

Other (please specify): **As expenses are accrued.**

### 24. Rationale for Program

What is the reason for this program spending choice? **This program was developed in response to the findings of the Elizabeth Overdose Fatality Review Team and the Office of Re-Entry Community SUD Survey.**

What outcomes or impact does the program aim to achieve?

- **Reduce overdose fatalities.**
- **Increase naloxone incidents.**
- **Rapid Response Strategy to monitor and address sudden spikes in overdose fatalities.**
- **Get more boots on the ground; expand peer support and Harm Reduction programs.**
- **Increase Naloxone availability and distribution.**
- **Train First Responders and local stakeholders in stigma language.**
- **Develop and implement a coordinated city/county wide Opioid Response Strategy.**
- **Create a 3–5-year Strategic plan to review, coordinate, expand, and market treatment services in Elizabeth and Union County**

What is the anticipated number of unduplicated clients this program will reach annually? **This program will impact a minimum of 500 residents each year.**

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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hillside Township**
3. What is your subdivision's State ID? **NJ93**
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): **Glynn Jones**  
  
Name of Administering Agency: **Glynn Jones**  
  
Business Address: **1409 Liberty Avenue**  
  
City/Town: **Hillside**  
  
Lead Contact Phone Number: **973-926-3002**
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. **\$35,913.06**
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. **None currently**
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)? **Will develop future plans**

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Linden City**
3. What is your subdivision's State ID? **NJ110**
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): **Mayor Armstead**  
  
Name of Administering Agency: **City of Linden**  
  
Business Address: **301 North Wood Ave.**  
  
City/Town: **Linden**  
  
Lead Contact Phone Number: **973-223-0871**
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. **\$111, 106.11**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$200.00**
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 contracted with a lead consultant to help develop training, outreach and preventative measures to both abate and eradicate polysubstance abuse, mental illness triggers which exacerbate substance abuse and youth and young adult assemblies geared toward positive coping mechanism.**
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? **During open public meeting portion of Council meetings, the settlement funds were discussed. An ad hoc committee was formed with stakeholders to discuss the needs of the community relative to the use of the funds and the consultants were contracted. The City continues to meet as the programmatic thrust is still in development and the ad hoc committee shall meet quarterly with the consultants to further develop the goals and measure those that have been established through the initial training, assemblies and outreach services.**

## 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, 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)? **The need-based assessment and strategic plan as well as a spending budget were all discussions that will be implemented within the next quarter so that we can, to the extent possible have data that is reliable and which will allow us to determine if we need to pivot and or continue with the current plan.**

### Program 1

19. Program name/title: **Linden Opioid Abatement and Eradication program**
- Agency/funding recipient name: **City of Linden**
- Primary problem being addressed by this program: **Addressing Substance abuse and mental illness and the inter-connection between them.**
- Brief program description: **Still in development, but based on the background of the consultant and the discussion of the ad hoc committee, prevention and lifesaving mechanisms to reduce overdose.**
- Program target population: **Youth prevention, and harm reduction for substance abusers**
- Date this program was funded (please use M/D/Y): **January 2023**
- Amount of funding for this program: **Budget and Spending plan is being developed by the Finance ad hoc committee. \$200.00 has been spent for consultant attendance at meeting and strategic planning. See also number 10.**
- Program launch date: **November 2023**
- If program has started, how many clients have been seen as of 6/30/2023: **No clients have been seen as the roll out is expected in January 2024**
- What key performance indicators are you tracking to ensure success of the program? **Reduction in substance abuse overdoses from opioids and other controlled substances. Heightened awareness and education to minimize self-medicating among persons suffering from mental illness.**
- Please state this program's statement of impact: **To abate and eradicate addiction**
- How do you plan to measure or track success and impact of this program? **We will use the behavioral health specialist as a statistician who will track the clients serviced, trained and provided with lifesaving provisions over a number a years.**

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

### ***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). **Overdose Prevention**

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? **Other (please specify)**

Other (please specify) **The Currently expended funds are one (1) time for the consultant who engaged our ad hoc committee and researched overdose prevention. See response to Number 19 sub art (6).**

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

What is the reason for this program spending choice? **Prevention is a long-term goal to eradicate the epidemic of substance abuse.**

What outcomes or impact does the program aim to achieve? **Reducing the number of people self-medicating due to poor coping skills and well as mental illness.**

What is the anticipated number of unduplicated clients this program will reach annually? **Unknown until the initial data is provided along with the spending plan.**

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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **New Providence Borough**
3. What is your subdivision's State ID? **NJ155**
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): **Bernadette Cuccaro**  
  
Name of Administering Agency: **Borough of New Providence**  
  
Business Address: **360 Elkwood Ave**  
  
City/Town: **New Providence**  
  
Lead Contact Phone Number: **908-665-8145**
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. **\$12,836.32**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$107.49**
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 Borough working closely with the NP Schools as well as our first responders and the Municipal Alliance to provide education throughout the community regarding Opioid use.**
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?

## 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)? **Needs Assessment. We have met with all of the stakeholders in our community to get a sense of what needs we may not be aware of.**

### Program 1

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

Agency/funding recipient name: **New Providence EMS**

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

Brief program description: **Fund our all-volunteer EMS, Police and Schools with Naloxone to be able to respond to opioid overdoses**

Program target population: **New Providence Community (population 13,500)**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **Allocated \$300.00, spent \$107.49 as of 6/30/23**

Program launch date: **6/1/2023**

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? **Number of lives saved**

Please state this program's statement of impact: **To reduce the number of fatalities due to overdoses**

How do you plan to measure or track success and impact of this program? **Positive outcomes due to proper training and equipment**

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). **Overdose Prevention**

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):

## *2023 Opioid Abatement Report*

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

What is the reason for this program spending choice? **EMS in New Providence is self-funded. The dosages that they get for free and can be left with patients, are not able to be used by our first responders**

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

What is the anticipated number of unduplicated clients this program will reach annually? **5-10 per year**

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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Plainfield City**
3. What is your subdivision's State ID? **NJ182**
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): **Abby Levenson**  
  
Name of Administering Agency: **Abby Levenson -**  
  
Business Address: **515 Watchung Ave**  
  
City/Town: **Plainfield**  
  
Lead Contact Phone Number: **908-753-3236**
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. **\$60,000.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **N/A -**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**N/A -**
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, but we plan to in the future.**
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)?

### Program 1

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

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

Primary problem being addressed by this program: **Funding of Narcan for emergency overdose**

Brief program description:

Program target population: **Residents who overdose**

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? **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).

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

Other (please specify): **N/A**

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

Other (please specify): **N/A**

### 24. Rationale for Program

What is the reason for this program spending choice? **This is a need in our community**

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

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

*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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Rahway City**
3. What is your subdivision's State ID? **NJ188**
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): **Andrea Alvare**
  - Name of Administering Agency: **City of Rahway**
  - Business Address: **1 City Hall Plaza**
  - City/Town: **Rahway**
  - Lead Contact Phone Number: **732-827-2099**
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. **\$43,183.22**
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.  
**The goal is to provide health information regarding Opioids with a special emphasis on the dangers of fentanyl and other synthetic 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? **Yes**
13. Please describe your public engagement/input efforts? **City stakeholders including Health, Police Director, and Business Administrator met to discuss strategies and review dispatch information regarding opioid related calls/responses**
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)?

**The City will develop a strategic plan utilizing data collected through police interactions as well as dispatch information and other information from stakeholders**

### Program 1

19. Program name/title: **Opioid Prevention Educational Sessions**

Agency/funding recipient name: **City of Rahway**

Primary problem being addressed by this program: **Awareness about the true impacts of opioids**

Brief program description: **Educate residents about the true impacts of opioids and kick-start lifesaving conversations in the home.**

Program target population: **General population**

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

Amount of funding for this program: **TBD**

Program launch date: **TBD**

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? **Process evaluations**

Please state this program's statement of impact: **It is currently being developed**

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

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). **Prevention and Education**

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? **Other (please specify)**

Other (please specify): **TBD**

## *2023 Opioid Abatement Report*

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

What is the reason for this program spending choice? **To raise awareness about the importance of substance use prevention and positive mental health.**

What outcomes or impact does the program aim to achieve? **Raise awareness about the topic**

What is the anticipated number of unduplicated clients this program will reach annually? **200**

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? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Roselle Borough**
3. What is your subdivision's State ID? **NJ201**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **John C Ditinyak**
  - Name of Administering Agency: **Borough of Roselle**
  - Business Address: **108 West Third Ave**
  - City/Town: **Roselle**
  - Lead Contact Phone Number: **908-259-3025**
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. **\$20,596.91**
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. **The Borough is still working on its goals and priorities; however, the focus is looking to be on education and workforce development/training.**
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?
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)? **The Borough is working with Public Safety and our existing Municipal Alliance Committee on developing a methodology.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Roselle Park Borough**
3. What is your subdivision's State ID? **NJ202**
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): **Ken Blum**  
  
Name of Administering Agency: **Borough of Roselle Park**  
  
Business Address: **110 East Westfield Avenue**  
  
City/Town: **Roselle Park**  
  
Lead Contact Phone Number: **908-245-0819**
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. **\$13,315.21**
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. **Still working on setting up a proper plan to spend the money.**
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)? **We are still working on our plan.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Scotch Plains Township**
3. What is your subdivision's State ID? **NJ208**
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): **Chris Macaluso**
  - Name of Administering Agency: **Township of Scotch Plains**
  - Business Address: **430 Park Ave**
  - City/Town: **Scotch Plains**
  - Lead Contact Phone Number: **908-322-6700**
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. **\$25,084.69**
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. **Still evaluating**
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)?

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Springfield Township**
3. What is your subdivision's State ID? **NJ219**
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 Sherry**  
  
Name of Administering Agency: **Township of Springfield**  
  
Business Address: **100 Mountain Ave**  
  
City/Town: **Springfield**  
  
Lead Contact Phone Number: **973-912-2279**
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. **\$29,693.43**
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, but we plan to in the future.**
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)? **Strategic plan**

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Summit City**
3. What is your subdivision's State ID? **NJ221**
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): **Tammie L. Baldwin**  
  
Name of Administering Agency: **City of Summit**  
  
Business Address: **512 Summit Ave**  
  
City/Town: **Summit**  
  
Lead Contact Phone Number: **908-277-9422**
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. **\$191,008.33**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, 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)? **Still in the process of understanding how we can use the funds within program guidelines**

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Union Township**
3. What is your subdivision's State ID? **NJ231**
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): **Don Travisano**  
  
Name of Administering Agency: **Township of Union**  
  
Business Address: **1976 Morris Avenue**  
  
City/Town: **Union**  
  
Lead Contact Phone Number: **908-851-5466**
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. **\$116,365.42**
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.  
**This year as we waited for further guidance from the state and county, our subdivision focused on gathering information from other departments, community organizations and administration in order to begin the planning process of establishing meaningful and effective programs. The goal is to increase awareness and education with a strong focus on the youth population using evidenced based prevention programs. In addition, we are also exploring various evidenced based treatment programs.**
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?



## *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, 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)?
- Many factors contribute to deciding what gaps are most worth filling and how funding is allocated. Therefore, based on National and State statistics and research we suggest prioritizing programs that would most reduce opioid-related harms. We recommend 3 areas of future focus towards**
- (1) - Prevention,**
  - (2) - Treatment with expanding access to evidence-based methods such as medication-assisted therapy (MAT) and**
  - (3) - Expanding access to and use of naloxone.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Westfield Town**
3. What is your subdivision's State ID? **NJ255**
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): **Scott Olsem**  
  
Name of Administering Agency: **Town of Westfield**  
  
Business Address: **425 East Broad Street**  
  
City/Town: **Westfield**  
  
Lead Contact Phone Number: **908-789-4097 ext. 4037**
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. **\$37,327.22**
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. **Not determined, as of yet**
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)? **Not determined, as of yet**