

# **BURLINGTON COUNTY**

## **2024 OPIOID ABATEMENT REPORT**

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| Opioid Settlement Funding Report |   |  |
|----------------------------------|---|--|
| Sub Division: Burlington County  |   |  |
|                                  | State ID:   | NJ22   |
|                                  | County Name:  | Burlington                                     |
|                                  | Address:  | 5 Retreat Road, Southampton, New Jersey, 08088 |
| Fiscal Year: 2024                |   |  |
|                                  |   |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$3,769,518.67                                 |
| 2                                | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$185,205.33                                   |
| 3                                | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$5,844,364.19                                 |
| 4                                | 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 |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?  |  |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$89,222.61                                    |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$679,379.68                                   |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00   |
| 8a.                              | Please provide details about any administrative expenses.   | N/A  |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$4,890,556.57                                 |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | The overarching goal and priority of Burlington County is to keep community members alive by increasing knowledge and awareness of resources available, such as treatment, sober living funding, distribution of naloxone and trainings for administration, while decreasing stigma associated with substance abuse disorders.  |
| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | The County identified the locations with the most needs in our community by using quantitative data from sources such as the Overdose Detection Mapping Application Program (ODMAP) and NJ State Police Drug Monitoring Initiative (DMI), as well as qualitative and anecdotal data gathered from working in the community. We relied on a list of Opioid Remediation approved uses to determine how to utilize funds to address the identified needs in our community. |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | To be determined  |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
|    |   |   |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | Yes   |
|    |   |   |
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|    |   |   |
|    | <b>2024 Fiscal Program List</b>   |   |
| 1  | Program Name/Title  | Safe Rx Locking Pill Bottles  |
| 2  | Agency/Funding Recipient Name   | Burlington County   |
| 3  | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances)  |

|     |  |   |
|-----|--|---|
| 4   | Primary problem being addressed by this program:   | Misuse of prescription drugs  |
| 5   | Brief program description:   | Purchase 100 locking pill bottles to distribute on the Hope One Van   |
| 6   | Program target population:   | Children and Young Adults - 19-24 (post-grad through college), Individuals experiencing Homelessness, Individuals in Recovery, Individuals in Treatment, Individuals involved with the Criminal Justice System, Individuals who Use Drugs, Members of the General Public  |
| 7   | Date this program was funded (please use MM/DD/YYYY):  | 01/24/2024  |
| 8   | Amount of funding for this program.  | \$1,500.00  |
| 8a. | Amount expended:   | \$1,498.50  |
| 8b. | Amount encumbered/appropriated:  | \$0.00  |
| 9   | How often are you disbursing funds to this program?  | One time only   |
| 10  | Program Launch Date  | 02/01/2024  |
| 11  | Please choose the length of time of this program's duration:   | One time only   |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 100   |
| 13  | Please state this program's statement of impact.   | The Safe Rx Locking Pill Bottle will help to prevent prescription misuse, overdose, intentional injury, and decrease potential access to people for who these medications were not intended. The Safe Rx vial is a locking pill bottle that has a unique security code that will be programmed prior to dispensing, preventing unauthorized access to prescription opioids. |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|     | Number of participants served:   |   |
|     | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  | 100   |
|     | Number of training/education sessions:   |   |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Monthly   |

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| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | Protecting individuals, families and communities from accidental pediatric poisoning and intentional drug abuse. We plan to measure that impact by the number of pill bottles distributed weekly.  |
| 17 | Primary Category:  | Harm Reduction and Overdose Prevention   |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Primary Prevention, Education, and Training, Wraparound and Connected Care Supports  |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)  |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The RX locking pill bottles will prevent diversion, theft of abuse of prescription opioids used in the locking bottles. These locking bottles create a simple, cost-effective barrier to put in front of this gateway to addiction.  |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Utilized internal procurement procedures previously established. The program and budget are approved by the Opioid Advisory Council, and then sent to Board of County Commissioners for approval via resolution. The program budget was less than the quote threshold, and therefore not required to be bid. |
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|    | <b>2024 Fiscal Program List</b>  |  |
| 1  | Program Name/Title   | Salaries for ARCH Nurse and Part Time Mental Health Clinician  |
| 2  | Agency/Funding Recipient Name  | Burlington County  |
| 3  | Agency/Funding Recipient Category  | County or Municipality (including Departments and Municipal Alliances)   |
| 4  | Primary problem being addressed by this program:   | Medical attention to at-risk individuals   |
| 5  | Brief program description:   | The ARCH program offers prevention and harm reduction services to at-risk individuals within the community.  |

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| 6   | Program target population:   | Children and Young Adults - 19-24 (post-grad through college), Individuals experiencing Homelessness, Individuals in Recovery, Individuals in Treatment, Individuals involved with the Criminal Justice System, Individuals who Use Drugs, Members of the General Public, Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome |
| 7   | Date this program was funded (please use MM/DD/YYYY):  | 02/28/2024  |
| 8   | Amount of funding for this program.  | \$187,951.00  |
| 8a. | Amount expended:   | \$34,803.86   |
| 8b. | Amount encumbered/appropriated:  | \$73,357.20   |
| 9   | How often are you disbursing funds to this program?  | Monthly for ARCH nurse and biweekly for part time mental clinician salary   |
| 10  | Program Launch Date  | 02/28/2024  |
| 11  | Please choose the length of time of this program's duration:   | 1 year  |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 900   |
| 13  | Please state this program's statement of impact.   | To reduce the harms of those struggling with substance use disorder and/or mental illness by providing harm reduction supplies, education and prevention tools. To reduce substance abuse disorder and stigma.  |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|     | Number of participants served:   |   |
|     | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  |   |
|     | Number of training/education sessions:   |   |
|     | Number of services provided/encounters:  | 100   |
| 15  | How frequently are you measuring the tracked key performance indicators?   | weekly via excel spreadsheet  |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | We aim to achieve improved health of at-risk individuals by offering education and harm reduction resources, as well as overdose reversal training. We track the number of resources given out weekly.  |
| 17  | Primary Category:  | Recovery Supports   |

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| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention, Primary Prevention, Education, and Training, Treatment, Wraparound and Connected Care Supports   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care, Prevent Misuse of Opioids   |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | This program provides educational information around safer drug use, increasing access to Narcan while conducting overdose prevention training. This program also conducts mental health screenings to identify mental illness and other co-occurring disorders.   |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Utilized internal procurement procedures previously established. The program and budget are approved by the Opioid Advisory Council, and then sent to Board of County Commissioners for approval via resolution. The salary of the part time mental health clinician is paid through the County's payroll system biweekly. The ARCH nurse services are part of an existing contract with Virtua Home Care Community Nursing Services, that was procured through a request for proposals issued December of 2023. |
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|    | <b>2024 Fiscal Program List</b>  |  |
| 1  | Program Name/Title   | Hope One Mobile Outreach Van   |
| 2  | Agency/Funding Recipient Name  | Burlington County  |
| 3  | Agency/Funding Recipient Category  | County or Municipality (including Departments and Municipal Alliances)   |
| 4  | Primary problem being addressed by this program:   | Outreach   |
| 5  | Brief program description:   | The Hope One Mobile Access Unit offers critical support for individuals and their families struggling with addiction, with the goals of preventing drug overdoses and deaths, as well as providing linkages for treatment and recovery support services.   |
| 6  | Program target population:   | Individuals experiencing Homelessness, Individuals in Recovery, Individuals in Treatment, Individuals involved with the Criminal Justice System, Individuals who Use Drugs   |

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| 7   | Date this program was funded (please use MM/DD/YYYY):  | 05/08/2024   |
| 8   | Amount of funding for this program.  | \$200,000.00   |
| 8a. | Amount expended:   | \$0.00   |
| 8b. | Amount encumbered/appropriated:  | \$0.00   |
| 9   | How often are you disbursing funds to this program?  | One time only for the purchase of the vehicle, however anticipate authorizing and budgeting funds to continue the program annually.  |
| 10  | Program Launch Date  | 01/01/2025   |
| 11  | Please choose the length of time of this program's duration:   | 5+ years   |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 4167   |
| 13  | Please state this program's statement of impact.   | The Hope One Van serves as a judgement free, safe space and one-stop place for help overcoming addiction and mental health issues.   |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |  |
|     | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  |  |
|     | Number of training/education sessions:   |  |
|     | Number of services provided/encounters:  |  |
|     | Increased community awareness (please describe):   |  |
|     | Number of referrals to treatment   |  |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Monthly  |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | The number of people utilizing the Hope One Mobile Unit continues to increase annually. Many in need have been linked to Social Services and the Housing Hub for assistance through Hope One. Individuals with substance abuse and mental health issues were contacted by Hope One staff. We plan to measure or track by the increase of Naloxone access and the decrease in opioid overdose related death rates in our high-risk communities, as well as the number of Narcan kits used to save lives, reductions in prescription opioid misuse and decrease in opioid prescribing. |
| 17  | Primary Category:  | Primary Prevention, Education, and Training  |

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| 18  | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Recovery Supports,Treatment,Wraparound and Connected Care Supports   |
| 19  | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Treat Opioid Use Disorder (OUD),Support People in Treatment and Recovery,Connections to Care,Address the Needs of Criminal Justice-Involved Persons,Appropriate Opioid Prescribing and Dispensing,Prevent Misuse of Opioids  |
| 20  | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Offering Naloxone and providing education about its use to individuals in order to reduce overdose related deaths. The Hope One van brings a team of specialists to offer support for those struggling with addiction and mental health issues.  |
| 21  | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Utilized internal procurement procedures previously established. The program and budget are approved by the Opioid Advisory Council, and then sent to Board of County Commissioners for approval via resolution. Bid specifications were prepared and the purchase of the mobile unit will be awarded to the lowest, responsible bidder. |
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|     | <b>2024 Fiscal Program List</b>  |  |
| 1   | Program Name/Title   | Opioid Emergency Funding   |
| 2   | Agency/Funding Recipient Name  | Burlington County  |
| 3   | Agency/Funding Recipient Category  | County or Municipality (including Departments and Municipal Alliances)   |
| 4   | Primary problem being addressed by this program:   | Additional funding for sober living  |
| 5   | Brief program description:   | To provide sober living funding for individuals receiving treatment for opioid use disorder  |
| 6   | Program target population:   | Individuals in Recovery,Individuals in Treatment,Individuals who Use Drugs   |
| 7   | Date this program was funded (please use MM/DD/YYYY):  | 05/08/2024   |
| 8   | Amount of funding for this program.  | \$50,000.00  |
| 8a. | Amount expended:   | \$0.00   |
| 8b. | Amount encumbered/appropriated:  | \$0.00   |
| 9   | How often are you disbursing funds to this program?  | One time only  |

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| 10 | Program Launch Date  | 05/08/2024   |
| 11 | Please choose the length of time of this program's duration:   | One time only  |
| 12 | What is the anticipated number of unduplicated clients this program will reach annually?   | 100  |
| 13 | Please state this program's statement of impact.   | connecting individuals to oxford/sober living homes by providing additional funds.   |
| 14 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |  |
|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  |  |
| 15 | How frequently are you measuring the tracked key performance indicators?   | Annually   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | reduce number of relapses and connect people to treatment through Oxford/Sober Living homes.   |
| 17 | Primary Category:  | Primary Prevention, Education, and Training  |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Connections to Care, Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)   |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Addresses OUD by supporting relapse prevention by providing funding to place individuals in stable living situations.  |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Utilized internal procurement procedures previously established. The program and budget are approved by the Opioid Advisory Council, and then sent to Board of County Commissioners for approval via resolution. |
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|    | <b>2024 Fiscal Program List</b>  |  |
| 1  | Program Name/Title   | Care Packages  |
| 2  | Agency/Funding Recipient Name  | Burlington County  |
| 3  | Agency/Funding Recipient Category  | County or Municipality (including Departments and Municipal Alliances)   |

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| 4   | Primary problem being addressed by this program:   | Provide items for basic needs of those struggling with opioid addictions and experience homelessness   |
| 5   | Brief program description:   | Care packages play a crucial role in supporting individuals with opioid use disorder (OUD)   |
| 6   | Program target population:   | Children and Young Adults - 0-13 (through 8th grade),Children and Young Adults - 14-18 (high school aged),Children and Young Adults - 19-24 (post-grad through college),Individuals experiencing Homelessness,Individuals in Recovery,Individuals in Treatment,Individuals who Use Drugs,Members of the General Public,Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome |
| 7   | Date this program was funded (please use MM/DD/YYYY):  | 05/08/2024   |
| 8   | Amount of funding for this program.  | \$36,000.00  |
| 8a. | Amount expended:   | \$0.00   |
| 8b. | Amount encumbered/appropriated:  | \$0.00   |
| 9   | How often are you disbursing funds to this program?  | Annually   |
| 10  | Program Launch Date  | 05/08/2024   |
| 11  | Please choose the length of time of this program's duration:   | Less than 1 year   |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 500  |
| 13  | Please state this program's statement of impact.   | Regularly receiving care packages can help build trust between individuals with OUD and service providers. This trust is essential for encouraging individuals to engage with healthcare and social service agencies.  |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |  |
|     | Number of participants served:   |  |
|     | Increased community awareness (please describe):   |  |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Quarterly  |

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|----|--|--|
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | For those struggling with addiction, having basic needs met can provide a stable foundation, making it easier to focus on recovery and seek further help. We plan to measure or track the impact by the amount of funds requested and additional requests.   |
| 17 | Primary Category:  | Harm Reduction and Overdose Prevention   |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Recovery Supports, Wraparound and Connected Care Supports  |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery   |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | For those struggling with addiction, having basic needs met can provide a stable foundation, making it easier to focus on recovery and seek further help. By addressing basic needs of health and hygiene, the program aims to give individuals a sense of dignity, connection, support and encourages recovery. |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Utilized internal procurement procedures previously established. The program and budget are approved by the Opioid Advisory Council, and then sent to Board of County Commissioners for approval via resolution. The program budget was less than the bid threshold, and therefore not required to be bid.       |
|    |  |  |
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|    | <b>2023 Fiscal Program List</b>  |  |
| 1  | Program Name/Title   | Naloxone Emergency Kits for High Schools   |
| 2  | Have there been any modifications or expansions to this program since the initial report? :  | Yes, modification to funding amount  |
|    | 2a) If yes, please explain:  | Additional funding in the amount of \$40,000 was allocated to the program by resolution 2024-00122 in February 2024  |
| 3  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |  |
|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  | 194 boxes distributed in community, 160 boxes in 22 school districts   |
|    | Number of training/education sessions:   | 19   |

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| 4 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :   | No   |
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|   | <b>2023 Fiscal Program List</b>  |  |
| 1 | Program Name/Title   | Outpatient Treatment for Opioid Substance Use Disorder |
| 2 | Have there been any modifications or expansions to this program since the initial report? :  | No modifications/expansions                            |
| 3 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |  |
|   | Number of participants served:   |  |
|   | Reduction in opioid-related incidents:   |  |
|   | Number of services provided/encounters:  |  |
|   | Number of referrals to treatment   |  |
| 4 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :   | No   |
|   |  |  |
|   |  |  |
|   | <b>2023 Fiscal Program List</b>  |  |
| 1 | Program Name/Title   | Camp Cardinal Youth Camp                               |
| 2 | Have there been any modifications or expansions to this program since the initial report? :  | No modifications/expansions                            |
| 3 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |  |
|   | Number of participants served:   | 26   |
|   | Number of training/education sessions:   | 1  |
| 4 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :   | No   |

| Opioid Settlement Funding Report  |   |   |
|-----------------------------------|---|---|
| Sub Division: Bordentown Township |   |   |
|                                   | State ID:   | NJ16  |
|                                   | County Name:  | Burlington  |
|                                   | Address:  | 1792 Union Valley Rd, West Milford, New Jersey, 08691 |
| Fiscal Year: 2024                 |   |   |
|                                   |   |   |
| 1                                 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$45,787.84   |
| 2                                 | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                 | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$68,741.04   |
| 4                                 | 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  |
| 5                                 | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                 | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$19,170.45   |
| 7                                 | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$1,777.00  |
| 8                                 | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00  |
| 8a.                               | Please provide details about any administrative expenses.   | N/A   |
| 9                                 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$43,741.04   |
| 10                                | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | Education outreach                                    |

|                                 |   |  |
|---------------------------------|---|--|
| 11                              | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | Discussions with the Police Department for the needs of the community.   |
| 12                              | In this reporting year (7/1/2023 - 6/30/2024), 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?   | To be determined.  |
| 14                              | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future   |
| 15                              | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future   |
| 16                              | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | Yes  |
| <b>2024 Fiscal Program List</b> |   |  |
| 1                               | Program Name/Title  | Straight to Treatment  |
| 2                               | Agency/Funding Recipient Name   | Township of Bordentown   |
| 3                               | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances)   |
| 4                               | Primary problem being addressed by this program:  | Overcoming substance use disorders and turn around the person's life.  |
| 5                               | Brief program description:  | People facing addiction can walk into the police dept and be connected with a treatment program.   |
| 6                               | Program target population:  | Children and Young Adults - 0-13 (through 8th grade), Children and Young Adults - 14-18 (high school aged), Children and Young Adults - 19-24 (post-grad through college), Individuals experiencing Homelessness, Individuals who Use Drugs, Members of the General Public |
| 7                               | Date this program was funded (please use MM/DD/YYYY)  | 1/1/2024   |
| 8                               | Amount of funding for this program.   | \$25,000.00  |
| 8a.                             | Amount expended:  | \$18,495.45  |
| 8b.                             | Amount encumbered/appropriated:   | \$1,777.00   |
| 9                               | How often are you disbursing funds to this program?   | Annually   |
| 10                              | Program Launch Date   | 2/9/2022   |

|    |  |   |
|----|--|---|
| 11 | Please choose the length of time of this program's duration:   | 5+ years  |
| 12 | What is the anticipated number of unduplicated clients this program will reach annually?   | 0   |
| 13 | Please state this program's statement of impact.   | To help individuals break the cycle of addiction.   |
| 14 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |   |
|    | Number of participants served:   | 28  |
| 15 | How frequently are you measuring the tracked key performance indicators?   | Monthly   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | Following up on the individuals.  |
| 17 | Primary Category:  | Treatment   |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention, Primary Prevention, Education, and Training   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Connections to Care   |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Help individuals connect with a treatment program to overcoming substance use disorders and turn their lives around. Events to educate the public about addiction and how to get help.                    |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Invoices/receipts are provided by the individuals providing the services and/or expenses incurred for events. Purchase orders are prepared, signed by authorized department heads, administrator and CFO. |

| Opioid Settlement Funding Report  |   |  |
|-----------------------------------|---|--|
| Sub Division: Burlington Township |   |  |
|                                   | State ID:   | NJ23   |
|                                   | County Name:  | Burlington   |
|                                   | Address:  | 851 Old York Road, Burlington, New Jersey, 08016     |
| Fiscal Year: 2024                 |   |  |
| 1                                 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$97,121.47  |
| 2                                 | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00   |
| 3                                 | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$135,426.18   |
| 4                                 | 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 |
| 5                                 | What amount of your opioid abatement funds did you transfer to the county?  |  |
| 6                                 | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$0.00   |
| 7                                 | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$0.00   |
| 8                                 | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00   |
| 8a.                               | Please provide details about any administrative expenses.   | N/A  |
| 9                                 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$185,664.34   |
| 10                                | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | Coordinating with the Police Department              |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | In process of working with our Police Department on the best way to spend funds |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | n/a   |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No  |

| Opioid Settlement Funding Report   |   |   |
|------------------------------------|---|---|
| Sub Division: Cinnaminson Township |   |   |
|                                    | State ID:   | NJ31  |
|                                    | County Name:  | Burlington  |
|                                    | Address:  | 1621 Riverton Road, Cinnaminson, New Jersey, 08077  |
| Fiscal Year: 2024                  |   |   |
|                                    |   |   |
| 1                                  | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$57,112.52   |
| 2                                  | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                  | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$85,136.05   |
| 4                                  | 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  |
| 5                                  | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                  | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$0.00  |
| 7                                  | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$5,489.25  |
| 8                                  | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00  |
| 8a.                                | Please provide details about any administrative expenses.   | we used the funds to educate on the impact of drug use on the user and the family.                        |
| 9                                  | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$79,646.80   |
| 10                                 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | Our goal is to use the funds for opioid prevention by educating the community on the dangers of drug use. |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | We used evidence-informed practices from the police department.   |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | We are putting a committee together to spend the remaining funds. |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future                                  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future                                  |
|    |   |   |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No  |
|    |   |   |

| Opioid Settlement Funding Report |   |  |
|----------------------------------|---|--|
| Sub Division: Delran Township    |   |  |
|                                  | State ID:   | NJ40   |
|                                  | County Name:  | Burlington   |
|                                  | Address:  | 900 S Chester Avenue, Delran, New Jersey, 08075  |
| Fiscal Year: 2024                |   |  |
|                                  |   |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$70,246.00  |
| 2                                | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00   |
| 3                                | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$113,612.27   |
| 4                                | 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   |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?  |  |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$0.00   |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$0.00   |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00   |
| 8a.                              | Please provide details about any administrative expenses.   | The Township has not paid any administrative expenses.   |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$125,917.00   |
| 10                               | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | The Township has plans to discuss goals and values for this year's spending decisions in the upcoming weeks. |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | The Township has not decided on the best way to use the opioid abatement funds at the time. |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | N/A   |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
|    |   |   |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No  |
|    |   |   |

| Opioid Settlement Funding Report |   |   |
|----------------------------------|---|---|
| Sub Division: Evesham Township   |   |   |
|                                  | State ID:   | NJ58  |
|                                  | County Name:  | Burlington  |
|                                  | Address:  | 984 Tuckerton Road, Marlton, New Jersey, 08053  |
| Fiscal Year: 2024                |   |   |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$142,048.22  |
| 2                                | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$215,425.47  |
| 4                                | 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  |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$16,477.01   |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$0.00  |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$1,200.00  |
| 8a.                              | Please provide details about any administrative expenses.   |   |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$232,578.15  |
| 10                               | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | The goals of Evesham Township are to provide prevention programs to families, assist people with SUD into finding treatment, offering counseling, hosting programs for women in recovery, hosting programs for all persons in |

|                                 |   |   |
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|                                 |   | recovery, providing information on jobs, expungement and court systems.   |
| 11                              | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | Information is obtained from key non-profit stakeholders who have conducted needs assessments, community surveys, and key informant interviews. Plan to move forward with a needs assessment moving forward |
| 12                              | In this reporting year (7/1/2023 - 6/30/2024), 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?   | Meetings are held with non-profit stakeholders including mayor and council members, Burlington County prosecutor's office, Evesham Police department.   |
| 14                              | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15                              | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
|                                 |   |   |
| 16                              | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | Yes   |
| <b>2024 Fiscal Program List</b> |   |   |
| 1                               | Program Name/Title  | Recovery Roast or Toast   |
| 2                               | Agency/Funding Recipient Name   | King's Crusade  |
| 3                               | Agency/Funding Recipient Category   | 501c3   |
| 4                               | Primary problem being addressed by this program:  | Adults in recovery from SUD   |
| 5                               | Brief program description:  | An event for adults in the community to come together and support each other's recovery journey through an open mic night.  |
| 6                               | Program target population:  | Individuals in Recovery   |
| 7                               | Date this program was funded (please use MM/DD/YYYY)  | 7/14/2023   |
| 8                               | Amount of funding for this program.   | \$3,944.24  |
| 8a.                             | Amount expended:  | \$3,944.24  |
| 8b                              | Amount encumbered/appropriated:   | \$0.00  |

|                                 |  |   |
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| 9                               | How often are you disbursing funds to this program?  | One time only   |
| 10                              | Program Launch Date  | 7/14/2023   |
| 11                              | Please choose the length of time of this program's duration:   | Less than 1 year  |
| 12                              | What is the anticipated number of unduplicated clients this program will reach annually?   | 50  |
| 13                              | Please state this program's statement of impact.   | The open mic night's goals were to bring together adults of all ages throughout their recovery journey to help one another. Toasting each other's successes while providing the opportunity for comedic relief. Speaker Brandon Novak to provide advice and support.                      |
| 14                              | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |   |
|                                 | Other:   | follow up surveys   |
| 15                              | How frequently are you measuring the tracked key performance indicators?   | Annually  |
| 16                              | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | Connecting individuals to others in the community for support. Measure impact through follow up events and programs.  |
| 17                              | Primary Category:  | Recovery Supports   |
| 18                              | 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   |
| 19                              | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care   |
| 20                              | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Building a support community and showing people that they are not alone is a large step in recovery. Having adults share their experiences through an open mic night can motivate the audience to seek help. This also provides an outlet for the individuals to share their experiences. |
| 21                              | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The event was hosted by King's Crusade and under the quote threshold.   |
| <b>2024 Fiscal Program List</b> |  |   |
| 1                               | Program Name/Title   | Health and Healing  |
| 2                               | Agency/Funding Recipient Name  | King's Crusade  |

|     |  |  |
|-----|--|--|
| 3   | Agency/Funding Recipient Category  | 501c3  |
| 4   | Primary problem being addressed by this program:   | Lack of supportive events for adults in SUD recovery   |
| 5   | Brief program description:   | A health-focused yoga retreat for individuals in recovery from SUD, including OUD  |
| 6   | Program target population:   | Individuals in Recovery  |
| 7   | Date this program was funded (please use MM/DD/YYYY)   | 8/25/2023  |
| 8   | Amount of funding for this program.  | \$2,550.00   |
| 8a. | Amount expended:   | \$2,550.00   |
| 8b  | Amount encumbered/appropriated:  | \$0.00   |
| 9   | How often are you disbursing funds to this program?  | One time only  |
| 10  | Program Launch Date  | 8/25/2023  |
| 11  | Please choose the length of time of this program's duration:   | One time only  |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 35   |
| 13  | Please state this program's statement of impact.   | The goal is to provide healthy events and a chance for adults to support each other's recovery journeys. Guided yoga and food provided.  |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |  |
|     | Number of participants served:   | 17   |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Annually   |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | Providing supportive peer recovery-focused events that support overall health and wellbeing.   |
| 17  | Primary Category:  | Recovery Supports  |
| 18  | 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  |
| 19  | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care  |
| 20  | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | This event provided peer-recovery and health focused activities that contribute to successful long term recovery outcomes. This event acknowledges many different pathways to recovery in a supportive, stigma-free environment. |

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| 21                              | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | Event hosted by King's Crusade and under the quote threshold.   |
| <b>2024 Fiscal Program List</b> |  |   |
| 1                               | Program Name/Title   | Night of Strength, Hope and Support   |
| 2                               | Agency/Funding Recipient Name  | RAP Room CAEC, Inc. Parent to Parent  |
| 3                               | Agency/Funding Recipient Category  | 501c3   |
| 4                               | Primary problem being addressed by this program:   | Lack of community support for individuals with SUD and their families.  |
| 5                               | Brief program description:   | A banquet and support group for individuals and their families affected by SUD and overdose.  |
| 6                               | Program target population:   | Children and Young Adults - 14-18 (high school aged), Children and Young Adults - 19-24 (post-grad through college), Individuals in Recovery, Individuals in Treatment, Individuals who Use Drugs, Families affect by SUD |
| 7                               | Date this program was funded (please use MM/DD/YYYY)   | 10/24/2023  |
| 8                               | Amount of funding for this program.  | \$3,217.77  |
| 8a.                             | Amount expended:   | \$3,217.77  |
| 8b.                             | Amount encumbered/appropriated:  | \$0.00  |
| 9                               | How often are you disbursing funds to this program?  | One time only   |
| 10                              | Program Launch Date  | 10/24/2023  |
| 11                              | Please choose the length of time of this program's duration:   | One time only   |
| 12                              | What is the anticipated number of unduplicated clients this program will reach annually?   | 60  |
| 13                              | Please state this program's statement of impact.   | The goal is to bring people together that have been directly or indirectly affected by SUD to support one another and build collective strength. Dinner, resources, and support groups provided.                          |
| 14                              | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?     |   |
|                                 | Number of participants served:   | 60  |
|                                 | Other:   | The of number participants in monthly support groups  |

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| 15                              | How frequently are you measuring the tracked key performance indicators?   | Annually  |
| 16                              | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | Supporting individuals in their families in active addiction and recovery and providing an outlet for grief and other effects of SUD  |
| 17                              | Primary Category:  | Recovery Supports   |
| 18                              | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Support groups for families and those suffering from the effects of SUD   |
| 19                              | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care   |
| 20                              | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | This event provided community focused outreach, direct support, and information dissemination to educate and prevent future harms to individuals and families from SUD and related conditions.  |
| 21                              | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Event created by the RAP Room, CAEC, INC Parent to Parent. Purchases and under the quote threshold  |
|                                 |  |   |
|                                 |  |   |
| <b>2024 Fiscal Program List</b> |  |   |
| 1                               | Program Name/Title   | LEADS Online  |
| 2                               | Agency/Funding Recipient Name  | Evesham Police Department   |
| 3                               | Agency/Funding Recipient Category  | First Responders, Law Enforcement, and Emergency Services   |
| 4                               | Primary problem being addressed by this program:   | Connecting opioid users with resources to assist in recovery and other social needs   |
| 5                               | Brief program description:   | LEADS Online is a database that maintains all pawn transactions within Evesham Township and a large number of other jurisdictions within New Jersey and other States. Businesses within Evesham that buy items, such as gold and jewelry, are required to document the sale, photograph the property, and collect a valid ID from the person selling the item(s). This database is then used by Police to search for stolen property or search for identified suspects to determine if they have sold items that could be stolen. |
| 6                               | Program target population:   | Individuals involved with the Criminal Justice System, Individuals who Use Drugs  |
| 7                               | Date this program was funded (please use MM/DD/YYYY)   | 9/1/2023  |

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| 8   | Amount of funding for this program.  | \$6,265.00  |
| 8a. | Amount expended:   | \$6,265.00  |
| 8b  | Amount encumbered/appropriated:  | \$0.00  |
| 9   | How often are you disbursing funds to this program?  | Annually  |
| 10  | Program Launch Date  | 1/1/2024  |
| 11  | Please choose the length of time of this program's duration:   | 1 year  |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 20  |
| 13  | Please state this program's statement of impact.   | LEADS Online will assist the Evesham Police in identifying subjects involved in crimes such as Theft, Shoplifting, Burglary, and Robbery. A larger than normal proportion of these crimes are committed by subjects addicted to opioids. When the Evesham Police are able to identify those responsible for these crimes, we can use resources at our disposal, such as Straight to Treatment, Operation Helping Hand, and Volunteers of America to assist those suffering from addiction with treatment and other needs, such as housing and food if needed.             |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|     | Number of participants served:   | 20  |
|     | Number of services provided/encounters:  | 20  |
|     | Number of referrals to treatment   | 5   |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Monthly   |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | We aim to identify those suffering from opioid addiction and are committing crimes. Once identified, we aim to get them assistance with their addiction in an effort to improve their quality of life and reduce the amount of crime occurring within our jurisdiction. We track that impact by documenting the number of people we refer to programs such as Straight to Treatment, Operation Helping Hands, and Volunteers of America. We also measure that impact by running monthly reports to determine if the crime rate is reducing, specifically property crimes. |

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| 17                              | Primary Category:  | Treatment  |
| 18                              | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention, Housing, Recovery Supports   |
| 19                              | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Treat Opioid Use Disorder (OUD), Connections to Care   |
| 20                              | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The strategy of the Evesham Police Department is to address opioid use disorder and mental health conditions by connecting those we encounter with resources at our disposal in an effort to get those suffering from addiction, recovery assistance and access to other social needs, such as housing, food, and mental health services. We have established a partnership with the Volunteers of America, who have imbedded two IMPACT specialists within our agency in order to provide direct services to those in need that result from police contacts. LEADS Online allows us to increase contacts with those suffering from opioid addiction, thus allowing us to connect them to our resources. |
| 21                              | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | This program is under the quote threshold.   |
| <b>2023 Fiscal Program List</b> |  |  |
| 1                               | Program Name/Title   | Art Supports Recovery  |
| 2                               | Have there been any modifications or expansions to this program since the initial report? :  | Yes, modification to funding amount  |
|                                 | 2a) If yes, please explain:  | An additional \$500 was expended for technical support provided by Arts Guild NJ.  |
| 3                               | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |  |
|                                 | Other:   | follow-up surveys  |
| 4                               | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :   | No   |

| Opioid Settlement Funding Report |   |   |
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| Sub Division: Florence Township  |   |   |
|                                  | State ID:   | NJ62  |
|                                  | County Name:  | Burlington  |
|                                  | Address:  | 711 Broad Street, Florence Township, New Jersey, 08518  |
| Fiscal Year: 2024                |   |   |
|                                  |   |   |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$22,148.10   |
| 2                                | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$43,148.10   |
| 4                                | 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  |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$0.00  |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$36,680.91   |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00  |
| 8a.                              | Please provide details about any administrative expenses.   | Due to change in administration funds were noted by resolution and while we awaited approval by the State of New Jersey after filing our Chapter 159 we have yet to spend against the grant in support of the programs which we have planned. |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$36,680.91   |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | We now have an established committee which have actively prepared appropriate and responsible use of received funds. Township police, fire, school district and charter school will be the primary recipients of funds. Assemblies and outreach efforts will focus on positive prevention efforts for students and staff. We are also planning events and activities for the general public to attend in an effort to reach families. |
| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | We are in contact with our county municipal alliance and will utilize resources to acquire evidence based strategies so to better implement funds. In addition we will work with NJ Prevention Network and Prevention Plus on these efforts. Our police department will consult with our county prosecutors office as well.   |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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, for one year funding   |
| 13 | Please describe your public engagement/input efforts?   | This funding has been discussed at township recreation committee, during township municipal alliance meetings which are both open to the public. We have also discussed in-house with administration, police, fire and elected officials to gather points and confirm direction of use of funds.  |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
|    |   |   |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No  |
|    |   |   |

| Opioid Settlement Funding Report |   |  |
|----------------------------------|---|--|
| Sub Division: Lumberton Township |   |  |
|                                  | State ID:   | NJ119  |
|                                  | County Name:  | Burlington   |
|                                  | Address:  | 35 Municipal Drive, Lumberton, New Jersey, 08048     |
| Fiscal Year: 2024                |   |  |
|                                  |   |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$5,642.20   |
| 2                                | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00   |
| 3                                | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$25,067.18  |
| 4                                | 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 |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?  |  |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$0.00   |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$0.00   |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00   |
| 8a.                              | Please provide details about any administrative expenses.   | n/a  |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$25,067.18  |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | Goal is to invest in youth during the school year. Provide education to school-based youth and focused programs that discourage or prevent misuse. Increase availability and distribution of Naloxone. Public education in relation to drug disposal or destruction programs.  |
| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | Best way to use opioid abatement funds is through the list of Opioid Remediation.  |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | Community Outreach programs - Discuss the dangers of opioids misuse, addiction and the available resources for treatment and prevention. School and Youth programs - Recognizing the importance of early intervention. Actively engage with the schools through educational programs that teach students about the risks of opioid use. Naloxone Training and Distribution – Understanding the importance of immediate response, ensure the Naloxone is widely available in the community. Conduct training with first responders and the public on how to administer this life-saving drug in the event of an overdose. |
| 14 | Does your county/subdivision have a strategic plan?   | No   |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No   |
|    |   |  |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No   |
|    |   |  |

| Opioid Settlement Funding Report   |   |   |
|------------------------------------|---|---|
| Sub Division: Maple Shade Township |   |   |
|                                    | State ID:   | NJ127   |
|                                    | County Name:  | Burlington  |
|                                    | Address:  | 200 Stiles Avenue, Maple Shade, New Jersey, 08052                                     |
| Fiscal Year: 2024                  |   |   |
|                                    |   |   |
| 1                                  | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$82,819.98   |
| 2                                  | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                  | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$127,309.66  |
| 4                                  | 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                                  |
| 5                                  | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                  | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$20,552.48   |
| 7                                  | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$0.00  |
| 8                                  | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00  |
| 8a.                                | Please provide details about any administrative expenses.   | N/A   |
| 9                                  | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$94,294.81   |
| 10                                 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | Goal is to assist individuals seeking help to get in touch with a treatment provider. |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | Used recommendation by police department.  |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | N/A  |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future   |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future   |
|    |   |  |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No   |
|    |   |  |
|    |   |  |
|    |   |  |
|    | <b>2023 Fiscal Program List</b>   |  |
| 1  | Program Name/Title  | Straight to Treatment Program  |
| 2  | Have there been any modifications or expansions to this program since the initial report? :   | No modifications/expansions  |
| 3  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?  |  |
|    | Number of participants served:  |  |
|    | Number of referrals to treatment  |  |
| 4  | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :  | Yes  |
|    | 4a) If yes, please explain:   | In FY2024 (7/1/23-6/30/24), we spent \$20,552.48 on the Straight to Treatment Program. |

| Opioid Settlement Funding Report |   |   |
|----------------------------------|---|---|
| Sub Division: Medford Township   |   |   |
|                                  | State ID:   | NJ130   |
|                                  | County Name:  | Burlington  |
|                                  | Address:  | 19 Union St., Medford, New Jersey, 08055  |
| Fiscal Year: 2024                |   |   |
|                                  |   |   |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$119,155.72  |
| 2                                | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$142,392.27  |
| 4                                | 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  |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$0.00  |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$0.00  |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00  |
| 8a.                              | Please provide details about any administrative expenses.   | N/A   |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$142,392.27  |
| 10                               | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | We need to get our community groups to participate. I am the brand new Twp. manager and the position has been filled on a part-time, interim basis since 11/1/2023. |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | See above. Notwithstanding, it would be really helpful to have Questions 10 & 11 emailed to me.   |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | We will identify local D & A treatment providers and civic organizations that are committed to curbing opioid abuse and work thru them. The answers to #14 & 15 are NO because, plainly, i don't know and no info is readily available to me. |
| 14 | Does your county/subdivision have a strategic plan?   | No  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No  |
|    |   |   |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No  |
|    |   |   |

| Opioid Settlement Funding Report  |   |  |
|-----------------------------------|---|--|
| Sub Division: Moorestown Township |   |  |
|                                   | State ID:   | NJ146  |
|                                   | County Name:  | Burlington   |
|                                   | Address:  | 111 W. Second Street, Moorestown , New Jersey, 08057                 |
| Fiscal Year: 2024                 |   |  |
|                                   |   |  |
| 1                                 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$0.00   |
| 2                                 | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022: | \$0.00   |
| 3                                 | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                     | \$0.00   |
| 4                                 | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                    | We are a municipality and transferred all of our funds to the county |

| Opioid Settlement Funding Report    |   |  |
|-------------------------------------|---|--|
| Sub Division: Mount Laurel Township |   |  |
|                                     | State ID:   | NJ150  |
|                                     | County Name:  | Burlington   |
|                                     | Address:  | 750 Centerton Road, Mount Laurel, New Jersey, 08054  |
| Fiscal Year: 2024                   |   |  |
| 1                                   | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$156,594.28   |
| 2                                   | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00   |
| 3                                   | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$217,324.34   |
| 4                                   | 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   |
| 5                                   | What amount of your opioid abatement funds did you transfer to the county?  |  |
| 6                                   | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$29,144.92  |
| 7                                   | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$2,128.18   |
| 8                                   | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00   |
| 8a.                                 | Please provide details about any administrative expenses.   | n/a  |
| 9                                   | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$186,051.24   |
| 10                                  | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | The Mount Laurel Police Department's goals and values are focused on a victim-centered approach by connecting individuals struggling with opioid addiction with resources, support, and sustaining long-term recovery. |

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| 11  | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | To determine the best use of opioid abatement funds received this year, our approach was grounded in evidence-based practices and strategies. We initially conducted a comprehensive needs assessment to identify the most pressing local issues related to opioid misuse and its consequences within the community. This assessment included an epidemiological analysis of data on opioid overdose rates, heat maps, and other health indicators. Following the needs assessment, we consulted the list of Opioid Remediation uses to align our strategies with recognized effective interventions. We expanded recovery support services and public education campaigns aimed at prevention and stigma reduction. Additionally, our strategy was integrated into a broader strategic plan that includes continuous monitoring and evaluation. This allows us to adjust our approaches based on what the data shows is working or where gaps may still exist. By relying on an evidence-based framework, we aim to ensure that the allocated funds are used effectively to reduce opioid-related harm and support community recovery efforts. |
| 12  | In this reporting year (7/1/2023 - 6/30/2024), 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, for multiple year funding  |
| 12a | Please select years range:  | 1 - 2 years   |
| 13  | Please describe your public engagement/input efforts?   | The Mount Laurel Police Department engages in public education campaigns, both in the public and private sector. We coordinate a multi-discipline outreach involving key stakeholders such as mental health professionals, nursing staff, clergy, recovery services, harm reduction services, and other non-government organizations (NGOs). These events conducted quarterly draw over 100 clients per event with direct contact with the aforementioned services with a straight-to-treatment option available immediately. The concerns of food insecurity and housing   |

|                                 |   |  |
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|                                 |   | instability are addressed with free available counseling and supplies.   |
| 14                              | Does your county/subdivision have a strategic plan?   | Yes  |
| 14a                             | Can we post your strategic plan online?   | Yes  |
| 15                              | Have you completed a Risk Assessment profile for demographic or geographic impact?          | No, but we plan to in the future   |
| 16                              | Did your subdivision fund any programs using opioid abatement funds in this reporting year? | Yes  |
| <b>2024 Fiscal Program List</b> |   |  |
| 1                               | Program Name/Title  | Active Outreach for Opioid Recovery  |
| 2                               | Agency/Funding Recipient Name   | Mount Laurel Township  |
| 3                               | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances)   |
| 4                               | Primary problem being addressed by this program:  | Substance abuse, addiction, and treatment.   |
| 5                               | Brief program description:  | Using the active outreach model, the Mount Laurel Police Department hosts 4-6 large-scale multidiscipline events annually.   |
| 6                               | Program target population:  | Individuals who Use Drugs  |
| 7                               | Date this program was funded (please use MM/DD/YYYY)  | 5/1/2023   |
| 8                               | Amount of funding for this program.   | \$93,645.53  |
| 8a.                             | Amount expended:  | \$29,144.92  |
| 8b.                             | Amount encumbered/appropriated:   | \$2,128.18   |
| 9                               | How often are you disbursing funds to this program?   | Quarterly  |
| 10                              | Program Launch Date   | 12/12/2023   |
| 11                              | Please choose the length of time of this program's duration:                                | 1 year   |
| 12                              | What is the anticipated number of unduplicated clients this program will reach annually?    | 300  |
| 13                              | Please state this program's statement of impact.  | The Active Outreach for Opioid Recovery program spearheaded by the Mount Laurel Police Department addresses the critical issues of substance abuse, addiction, and |

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|    |  | treatment through proactive community engagement.   |
| 14 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |   |
|    | Number of participants served:   | 300   |
|    | Reduction in opioid-related incidents:   | 15  |
|    | Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets):   | Narcan 500  |
|    | Number of services provided/encounters:  | 100   |
|    | Increased community awareness (please describe):   | Social Media Posts  |
|    | Number of referrals to treatment   | 50  |
| 15 | How frequently are you measuring the tracked key performance indicators?   | After each event.   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | By measuring these KPIs, the program can assess its impact, identify areas for improvement, and continue to provide vital support to individuals in need.   |
| 17 | Primary Category:  | Treatment   |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention, Housing, Primary Prevention, Education, and Training, Recovery Supports   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Treat Opioid Use Disorder (OUD), Support People in Treatment and Recovery, Connections to Care, Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction), Training   |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The spending choices for the Active Outreach for Opioid Recovery program are driven by the critical need to address the severe public health and safety challenges posed by opioid addiction and associated health issues, such as xylazine wounds, HIV, and Hepatitis. The primary reasons for this spending focus include Public Health Crisis, Immediate Access to Resources, Cost-Effective Intervention, and Community Safety and Stability. |

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| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | The program is designed to not only save lives but also improve public health, reduce crime, and enhance community relationships by tackling the opioid crisis in a comprehensive and compassionate manner. The Active Outreach for Opioid Recovery program aims to achieve the following key outcomes and impacts by Reduction in Overdose Deaths, Increased Access to Treatment, Improved Public Health, Harm Reduction and Sustainable Recovery Pathways. |
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| Opioid Settlement Funding Report |   |   |
|----------------------------------|---|---|
| Sub Division: Pemberton Township |   |   |
|                                  | State ID:   | NJ174   |
|                                  | County Name:  | Burlington  |
|                                  | Address:  | 500 Pemberton Browns Mills Rd, Pemberton, New Jersey, 08068 |
| Fiscal Year: 2024                |   |   |
|                                  |   |   |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$171,004.61  |
| 2                                | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$171,004.61  |
| 4                                | 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        |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$3,480.98  |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$0.00  |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00  |
| 8a.                              | Please provide details about any administrative expenses.   | NA  |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$167,523.63  |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | Our Pemberton Township Police Department has completed a Community Outreach in which we provided backpacks filled with essential items that at risk residents may need. We also provided a hot meal during the Outreach event that was held on April 18, 2024. We are hoping to expand this program and reach out to as many residents that are struggling with opioid addiction and the effects that are had by the individual, their families and their community. |
| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | With help of the Police Department, we wanted to start by supporting at risk members of our community to ensure treatment and recovery options were available during a community outreach event that included Narcan training and kits, addiction treatment and resources, recovery coach assistance, housing assistance and more.   |
| 12 | In this reporting year (7/1/2023 - 6/30/2024), 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?   | We are hoping to gain more public involvement with our Township Municipal Alliance Group and Police Department to ensure our efforts are being maximized.  |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future   |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future   |
|    |   |  |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | Yes  |
|    |   |  |
|    |   |  |
|    |   |  |
|    | <b>2024 Fiscal Program List</b>   |  |
| 1  | Program Name/Title  | Pemberton Township Community Outreach  |
| 2  | Agency/Funding Recipient Name   | Township Alliance Group & Pemberton Township Police Department   |

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| 3   | Agency/Funding Recipient Category  | County or Municipality (including Departments and Municipal Alliances)  |
| 4   | Primary problem being addressed by this program:   | Providing assistance to the homeless population in Pemberton Township   |
| 5   | Brief program description:   | Multi-Agency Support One Stop Free Program that offered food, meals, narcan, treatment and resources.   |
| 6   | Program target population:   | Individuals experiencing Homelessness   |
| 7   | Date this program was funded (please use MM/DD/YYYY):  | 04/18/2023  |
| 8   | Amount of funding for this program.  | \$3,480.98  |
| 8a. | Amount expended:   | \$3,480.98  |
| 8b. | Amount encumbered/appropriated:  | \$0.00  |
| 9   | How often are you disbursing funds to this program?  | One time only   |
| 10  | Program Launch Date  | 04/18/2023  |
| 11  | Please choose the length of time of this program's duration:   | One time only   |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 100   |
| 13  | Please state this program's statement of impact.   | "We're coming to help!" Come and see us its totally free! Members from Burlington County, Hope One, Human Services, Legacy Treatment, Oaks Integrated Care. Provided food, meals, narcan training and kits, addiction treatment and resources, recovery coach assistance, hygiene kits, wound care, id cards, housing assistance. |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|     | Number of participants served:   | 100   |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Annually  |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | Able to hand out care packages to homeless which included book bags, socks, blanket, gloves, hat, poncho, personal hygiene products, body wipes, non-perishable food items, lip balm, nail clippers and medication disposal kits.   |
| 17  | Primary Category:  | Recovery Supports   |

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| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Housing, Treatment  |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery  |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Assisting those that are at risk of homelessness or are homeless that might have a higher addiction rate.   |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Giving those that are homeless assistance with basic needs helps to support those that might be in treatment and recovery and connects the homeless with connecting to resources that will help them. |

| Opioid Settlement Funding Report   |   |  |
|------------------------------------|---|--|
| Sub Division: Southampton Township |   |  |
|                                    | State ID:   | NJ217  |
|                                    | County Name:  | Burlington   |
|                                    | Address:  | 5 Retreat Road, Southampton, New Jersey, 08088       |
| Fiscal Year: 2024                  |   |  |
| 1                                  | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$13,862.53  |
| 2                                  | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00   |
| 3                                  | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$19,099.58  |
| 4                                  | 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 |
| 5                                  | What amount of your opioid abatement funds did you transfer to the county?  |  |
| 6                                  | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$2,536.5  |
| 7                                  | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$11,326.03  |
| 8                                  | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00   |
| 8a.                                | Please provide details about any administrative expenses.   | n/a  |
| 9                                  | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                  | 0  |

|                                 |   |   |
|---------------------------------|---|---|
| 10                              | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | Southampton Township is striving to educate, treat, and prevent intentional and accidental Opioid overdoses and deaths. As a community with a diverse population, Southampton has seen the results of to the Opioid epidemic, both as illegal street drugs and as prescription medication. The number of crimes, medical emergencies, and deaths are been on the decline in recent years, but we aim to assist this downward trend through support and education of overdose victims and their families or friends. |
| 11                              | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | Education of public   |
| 12                              | In this reporting year (7/1/2023 - 6/30/2024), 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?   | n/a   |
| 14                              | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15                              | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
| 16                              | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | No  |
| <b>2023 Fiscal Program List</b> |   |   |
| 1                               | Program Name/Title  | Lectures and distribution of Narcan   |
| 2                               | Have there been any modifications or expansions to this program since the initial report? :   | No, Program was a one-time event  |
| 3                               | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?  |   |
|                                 | Number of participants served:  |   |
| 4                               | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :  | No  |



| Opioid Settlement Funding Report   |   |   |
|------------------------------------|---|---|
| Sub Division: Willingboro Township |   |   |
|                                    | State ID:   | NJ257   |
|                                    | County Name:  | Burlington  |
|                                    | Address:  | 1 Rev. Dr. Martin Luther King, Jr. Drive,<br>Willingboro, New Jersey, 08046 |
| Fiscal Year: 2024                  |   |   |
| 1                                  | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024  | \$263,409.7   |
| 2                                  | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:   | \$0.00  |
| 3                                  | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.                       | \$351,364.39  |
| 4                                  | 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                        |
| 5                                  | What amount of your opioid abatement funds did you transfer to the county?  |   |
| 6                                  | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024) :                                 | \$62,376.06   |
| 7                                  | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024). | \$600.00  |
| 8                                  | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024) : | \$0.00  |
| 8a.                                | Please provide details about any administrative expenses.   | N/A   |
| 9                                  | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                 | \$248,209.55  |

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| 10                              | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | The Township seeks to establish various prevention programs/initiatives targeting youth in Willingboro. Support children, teens, adults, and families that suffer from mental health and substance use disorders through programs/initiatives and support organizations in Willingboro that share a similar mission.  |
| 11                              | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | The Township relied on the list of Opioid Remediation uses in establishing prevention programs and initiatives. With a significant senior population, many seniors dispose of their drugs in trash receptacles. The Township purchased and made available to residents, for free, Detera Drug Deactivation kits to safely dispose of and deactivate prescription drugs. |
| 12                              | In this reporting year (7/1/2023 - 6/30/2024), 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?   | N/A   |
| 14                              | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15                              | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No  |
| 16                              | Did your subdivision fund any programs using opioid abatement funds in this reporting year?   | Yes   |
| <b>2024 Fiscal Program List</b> |   |   |
| 1                               | Program Name/Title  | DETERA DRUG DEACTIVATION AND DISPOSAL SYSTEM  |
| 2                               | Agency/Funding Recipient Name   | Willingboro Township  |
| 3                               | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances), First Responders, Law Enforcement, and Emergency Services   |
| 4                               | Primary problem being addressed by this program:  | Effective and safe drug disposal  |

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| 5   | Brief program description:   | The Deterra's Drug Deactivation System is a safe medication disposal pouch or container that can be used at home or in a clinical setting. It is the safest, most effective choice used to destroy and properly dispose of unused, unwanted, and expired medications. The Township purchased these pouches and made them available to residents for free to properly dispose of these unwanted and/or unused drugs to prevent them from getting into the hands of the wrong people. Our police and EMS crews are also equipped with these pouches to leave behind in a case where they have responded to the home of someone using drugs. |
| 6   | Program target population:   | First Responders, Law Enforcement and other Emergency Responders, Individuals experiencing Homelessness, Individuals who Use Drugs, Seniors.  |
| 7   | Date this program was funded (please use MM/DD/YYYY)   | 8/1/2023  |
| 8   | Amount of funding for this program.  | \$22,898.00   |
| 8a. | Amount expended:   | \$22,898.00   |
| 8b. | Amount encumbered/appropriated:  | \$0.00  |
| 9   | How often are you disbursing funds to this program?  | One time only   |
| 10  | Program Launch Date  | 9/2/2024  |
| 11  | Please choose the length of time of this program's duration:   | 4-5 years   |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?                                     | 1070  |
| 13  | Please state this program's statement of impact.   | The Township is committed to promoting public safety and protecting the environment by offering our residents over 5,000 Deterra Drug Deactivation System pouches at no cost. These pouches provide a simple, effective, and eco-friendly way to safely dispose of unused, unwanted, or expired medications. By making this resource available, we aim to prevent dangerous drugs from reaching children, reduce the risk of accidental poisoning, and keep harmful substances out of our trash and streets. Together, we can create a safer, cleaner community for everyone.   |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of |   |

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|    | people served, # of naloxone kits distributed)?  |  |
|    | Increased community awareness (please describe):   | Our community is actively raising awareness about the safe disposal of medications, and we're making great strides with our free Deterra Drug Deactivation System pouches. Residents are picking up their pouches at Township events, the Police Department, the Fire Department, the Municipal Complex, and during the Drug Take Back event. The response has been positive, as more and more residents take action to ensure dangerous drugs stay out of the hands of children and off our streets. Together, we are making our community safer, cleaner, and healthier.   |
| 15 | How frequently are you measuring the tracked key performance indicators?   | Annually   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                              | The Deterra Drug Deactivation program aims to achieve several key outcomes: Preventing Drug Misuse: By providing a safe method for disposing of unused or expired medications, the program seeks to reduce the risk of prescription drug misuse, particularly among children and teens who may gain access to unsecured medications. Protecting the Environment: The program aims to prevent harmful chemicals from entering the water supply or environment by keeping medications out of the trash and flushing systems. Raising Awareness: Increasing community knowledge about the dangers of improper drug disposal and encouraging proactive action to maintain a safer, healthier township. Measuring and Tracking Impact: Pouch Distribution: Track the number of Deterra pouches distributed through various locations (Police Department, Fire Department, Municipal Complex, and community events). Participation in Drug Take-Back Events: Monitor the turnout at drug take-back events and compare year-over-year results to evaluate the program's influence on proper disposal practices. |
| 17 | Primary Category:  | Primary Prevention, Education, and Training  |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). | Harm Reduction and Overdose Prevention   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Prevent Misuse of Opioids  |

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| 20 | <p>Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.</p> | <p>This program addresses opioid use disorder (OUD) and co-occurring substance use disorders (SUDs) or mental health conditions by employing evidence-based strategies that focus on prevention, harm reduction, and education.</p> <ol style="list-style-type: none"> <li>1. Safe Disposal of Prescription Opioids One of the primary risk factors for opioid misuse is the availability of leftover prescription opioids in households. Research has shown that many people who misuse prescription opioids often obtain them from friends or family members who have unused medications. The Detera Drug Deactivation System directly addresses this issue by providing a safe, convenient method for residents to deactivate and dispose of unused opioids and other medications at home. This reduces the potential for opioids to be misused, stolen, or accidentally ingested, a key prevention strategy recommended by the Centers for Disease Control and Prevention (CDC).</li> <li>2. Harm Reduction Approach The program aligns with a harm reduction strategy, which is proven to be effective in minimizing the negative impacts of substance use. By encouraging proper disposal, the program reduces the risk of opioid misuse, overdose, and poisoning. This approach also helps prevent the environmental harm caused by improper disposal (e.g., flushing opioids), further reducing the overall community burden.</li> <li>3. Community Education and Awareness The program serves as an important touchpoint for raising awareness about OUD and co-occurring SUDs or mental health conditions. By educating the public about the dangers of keeping unused opioids at home, the program encourages early intervention and promotes responsible medication management. Evidence-based practices show that community education can shift public behavior and increase preventive actions, which are crucial in addressing opioid addiction.</li> <li>4. Integration with Mental Health Services OUD and other substance use disorders often co-occur with mental health conditions. The program can be integrated with existing mental health and substance use services in the township. Residents who receive pouches can be provided with information about local mental health and addiction services, including access to treatment for co-occurring conditions.</li> </ol> |
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|                                 |  | <p>This integrated approach is supported by evidence that treating OUD and mental health disorders together improves outcomes for individuals. 5. Evidence-Based Prevention Models The program complements broader prevention models like SAMHSA’s Strategic Prevention Framework by targeting prescription opioid misuse at the community level. Providing tools for safe disposal is part of a comprehensive prevention strategy that includes community awareness, public health education, and support services for those at risk of developing SUDs.</p> |
| 21                              | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | <p>For this program, the Township Council passed a resolution awarding a contract with the vendor to purchase the pouches. This approach is commonly used when acquiring specialized products such as the Detera Drug Deactivation pouches, which require specific functionality and quality assurances to meet the program’s public safety and environmental goals.</p>  |
| <b>2024 Fiscal Program List</b> |  |   |
| 1                               | Program Name/Title   | 2024 STEAM Expo   |
| 2                               | Agency/Funding Recipient Name  | Twin Hills Elementary School  |
| 3                               | Agency/Funding Recipient Category  | Schools, Colleges, Universities   |
| 4                               | Primary problem being addressed by this program:   | promoting health and wellness   |

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| 5   | Brief program description:   | The 2024 STEAM Expo aims to foster students' interest and knowledge in science, technology, engineering, arts, and mathematics (STEAM) as well as promote students' holistic well-being.   |
| 6   | Program target population:   | Children and Young Adults - 0-13 (through 8th grade)   |
| 7   | Date this program was funded (please use MM/DD/YYYY)                                     | 5/7/2024   |
| 8   | Amount of funding for this program.  | \$845.00   |
| 8a. | Amount expended:   | \$845.00   |
| 8b. | Amount encumbered/appropriated:  | \$0.00   |
| 9   | How often are you disbursing funds to this program?                                      | One time only  |
| 10  | Program Launch Date  | 5/7/2024   |
| 11  | Please choose the length of time of this program's duration:                             | One time only  |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually? | 200  |
| 13  | Please state this program's statement of impact.   | The 2024 STEAM Expo, hosted by the Willingboro School District in partnership with Willingboro Township, local businesses, and community organizations, had a profound impact on the students, families, and the wider community. The event successfully engaged over [insert number] students and families, providing an interactive and enriching environment that fostered a deep interest in Science, Technology, Engineering, Arts, and Mathematics (STEAM). Through hands-on workshops, demonstrations, and engagement activities, students were not only inspired to explore STEAM fields but also gained practical skills and knowledge that will support their academic success and future careers. The event served as a powerful tool for sparking curiosity and opening doors to new opportunities in critical industries. In addition to educational engagement, the Expo emphasized the holistic well-being of students. The Township-funded wellness station, which provided healthy snack options, was a key feature of the event. This initiative highlighted the importance of nutrition and healthy lifestyle choices in supporting both academic performance and personal well-being. By offering nutritious snacks, the wellness station encouraged students to adopt healthier habits, fostering a supportive environment that recognizes the connection |

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|    |  | between physical health and mental focus. The station also included relevant drug prevention collateral for parents and students to take with them. The Expo not only enriched the educational experiences of students but also strengthened the community by bringing together educators, local leaders, and families in a shared effort to invest in the next generation. By prioritizing both academic growth and well-being, the 2024 STEAM Expo left a lasting impact, creating a healthier, more engaged, and inspired community of young learners.  |
| 14 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |  |
|    | Number of participants served:   | 200  |
|    | Increased community awareness (please describe):   | The 2024 STEAM Expo successfully engaged students in STEAM fields while promoting health and wellness. The wellness station, funded by the Township, provided healthy snacks and prevention information on topics such as substance misuse and mental well-being. This resource allowed students and parents to take home vital educational materials, increasing community awareness and supporting ongoing conversations about health and prevention. By integrating wellness and education, the Expo strengthened community ties and promoted a healthier, more informed future for families. |
| 15 | How frequently are you measuring the tracked key performance indicators?   | Annually   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | By integrating wellness and education, the Expo strengthened community ties and promoted a healthier, more informed future for families.   |
| 17 | Primary Category:  | Primary Prevention, Education, and Training  |
| 18 | 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  |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Prevent Misuse of Opioids  |

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| 20                              | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The STEAM Expo wellness station addresses opioid use disorder (OUD) and co-occurring substance use or mental health conditions by incorporating evidence-based prevention strategies aimed at promoting healthy behaviors and mental well-being. The station provided students and parents with prevention materials on substance misuse, encouraging early intervention and education on the risks of opioid use. This aligns with community-based prevention programs highlighted in Exhibit E, which focus on youth education and community outreach to reduce the likelihood of drug misuse. |
| 21                              | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The Township only purchased items for the wellness station using a purchase order.   |
| <b>2023 Fiscal Program List</b> |  |  |
| 1                               | Program Name/Title   | Back to School Wellness Fair   |
| 2                               | Have there been any modifications or expansions to this program since the initial report? :  | Yes, modification to funding amount  |
|                                 | 2a) If yes, please explain:  | The total amount expended on this project is \$38,633.06.  |
| 3                               | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |  |
|                                 | Number of participants served:   | 1500   |
| 4                               | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :   | No   |