

CAPE MAY COUNTY

2024 OPIOID ABATEMENT REPORT

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| Opioid Settlement Funding Report | | |
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| Sub Division: Cape May County | | |
| | State ID: | NJ26 |
| | County Name: | Cape May |
| | Address: | 4 Moore Rd ,DN907, Cape May Court House, New Jersey, 08210 |
| Fiscal Year: 2024 | | |
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| 1 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024 | \$1,265,908.25 |
| 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. | \$1,930,926.27 |
| 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) : | \$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. | NA |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | \$1,930,926.27 |

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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 | Overarching goals and values: Cape May County is committed to maximizing the allotment of opioid settlement funds by leveraging a transparent and accessible public input process to identify the needs of residents who live with or have experienced an opioid use disorder and their families and then augment the existing continuum of care to enhance the capacity to care for residents and committing to heal our community from the negative effects caused by the opioid epidemic |
| 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. | Cape may County designed a transparent and accessible public input process to engage residents and solicit stakeholder feedback by creating an opioid settlement website, designing both a community and treatment agency survey, planning public listening sessions and conducting stakeholder focus groups including the recovery community, youth serving organizations, family members, faith based organizations and criminal justice involved. A survey of active users is planned for the future. |
| 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? | see above. all surveys/focus groups have been conducted in July. Active user is planned for the fall. |
| 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 |
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| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year? | No |
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| Opioid Settlement Funding Report | | |
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| Sub Division: Lower Township | | |
| | State ID: | NJ118 |
| | County Name: | Cape May |
| | Address: | 2600 Bayshore Rd, Villas, New Jersey, 08251 |
| Fiscal Year: 2024 | | |
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| 1 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024 | \$76,931.43 |
| 2 | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022: | \$3,077.26 |
| 3 | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022. | \$105,004.38 |
| 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. | There have been no 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. | \$106,798.80 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | The Township is partnering with the Lower Township Healthy Youth Coalition to implement prevention strategies. |

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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. | Needs assessment conducted the Lower Township Healthy Youth Coalition and the Lower Cape Alliance. |
| 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? | Surveys are taken at all events. |
| 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 |
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| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year? | No |
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| Opioid Settlement Funding Report | | |
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| Sub Division: Middle Township | | |
| | State ID: | NJ133 |
| | County Name: | Cape May |
| | Address: | 33 Mechanic Street, Cape May Court House, New Jersey, 08210 |
| Fiscal Year: 2024 | | |
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| 1 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024 | \$58,308.15 |
| 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. | \$86,072.54 |
| 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. | \$86,072.54 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | The Township is in the planning phase of creating a strategic plan. |

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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're still in the brainstorming phase. |
| 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 at this point. |
| 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 |
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| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year? | No |
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| Opioid Settlement Funding Report | | |
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| Sub Division: Ocean City | | |
| | State ID: | NJ163 |
| | County Name: | Cape May |
| | Address: | 200 Asbury Avenue, Ocean City, New Jersey, 08226 |
| Fiscal Year: 2024 | | |
| 1 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024 | \$162,889.48 |
| 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. | \$248,711.1 |
| 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) : | \$26,619.90 |
| 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. | |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | \$207,586.20 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | We plan to put the funding to the best uses to prevent opioid addiction to the best extent possible and to successfully treat those who have been impacted by addiction. |

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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 relied on input and requests from our Police Department and internal Social Services office who typically encounter opioid involved cases as to what programs and services they think would be a benefit. |
| 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 contemplating a survey or other similar means to solicit input from the public on programs and services |
| 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? | Yes |
| 2024 Fiscal Program List | | |
| 1 | Program Name/Title | Ocean City High School After Prom Program |
| 2 | Agency/Funding Recipient Name | OCHS- PTA After Prom Committee |
| 3 | Agency/Funding Recipient Category | Schools, Colleges, Universities |
| 4 | Primary problem being addressed by this program: | Prevent drug and alcohol abuse after prom |
| 5 | Brief program description: | Incentive for high school age kids to stay sober after prom |
| 6 | Program target population: | Children and Young Adults - 14-18 (high school aged) |
| 7 | Date this program was funded (please use MM/DD/YYYY) | 5/2/2024 |
| 8 | Amount of funding for this program. | \$10,000.00 |
| 8a. | Amount expended: | \$10,000.00 |
| 8b. | Amount encumbered/appropriated: | \$0.00 |
| 9 | How often are you disbursing funds to this program? | One time only |
| 10 | Program Launch Date | 5/18/2024 |
| 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 |

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| 13 | Please state this program's statement of impact. | Incentive for high school age kids to stay sober after prom |
| 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 |
| 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? | Incentive for high school age kids to stay sober after prom |
| 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 |
| 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. | Incentive for high school age kids to stay sober after prom |
| 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. | a request for funding came from the committee |
| 2023 Fiscal Program List | | |
| 1 | Program Name/Title | L.E.A.D Program for 5th Grade Students |
| 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: | We spent an additional \$16,624.90 on equipment and supplies for this existing program during the reporting period 7/1/2023 to 6/30/2024 |
| 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)? | |
| | Increased community awareness (please describe) | The additional equipment and supplies allowed us to continue to offer this existing program |

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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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| Opioid Settlement Funding Report | | |
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| Sub Division: Upper Township | | |
| | State ID: | NJ232 |
| | County Name: | Cape May |
| | Address: | P.O. Box 205, Tuckahoe, New Jersey, 08250 |
| Fiscal Year: 2024 | | |
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| 1 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024 | \$14,588.81 |
| 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. | \$21,902.12 |
| 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. | No 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. | \$21,902.12 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | A subcommittee has been formed but no formal decisions made to date. |

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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. | A subcommittee has been formed but no formal decisions made to date. |
| 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? | A subcommittee has been formed but no formal decisions made to date. |
| 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? | No |
| | | |