# HUDSON COUNTY

## 2024 Opioid Abatement Report

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| Opioid Settlement Funding Report | | |
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| **Sub Division: Hudson County** | | |
| | State ID: | NJ99 |
| | County Name: | Hudson |
| | Address: | 830 Bergen Ave, 2B, Jersey City, New Jersey, 07306 |
| **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 | $785,365.82 |
| 2 | Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022: | $16,229.67 |
| 3 | Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022. | $1,195,295.30 |
| 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. | Not applicable as of yet. |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | $1,179,065.63 |

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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 | To provide critical support services to Hudson County residents impacted by the epidemic. Areas of consideration include but are not limited to educating the public on the dangers of opioids, preventing or mitigating the misuse of substances, educating residents about available resources and supports, minimizing barriers that limit access to services by ensuring the basic needs of residents are met, ensuring that socioeconomic status, education and access to legal services are not barriers to recovery and supporting the existing infrastructure of service providers that exist in the County. |
| 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 a combination of evidenced based and informed strategies and practices, previous comprehensive planning, available data points and expertise of the Opioid Settlement Advisory Council. |
| 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 intend to distribute a County-wide survey to assess the needs and priorities of the public and will possibly include a forum and or public listening sessions. |
| 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 |
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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: Bayonne City** | | |
| | State ID: | NJ6 |
| | County Name: | Hudson |
| | Address: | 630 Avenue C, Bayonne, New Jersey, 07002 |
| **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 | $904,616.18 |
| 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. | $1,326,959.73 |
| 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. | $1,185,883.67 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | The City of Bayonne is presently in the process of developing sound strategies to address education, outreach, harm reduction interventions and partnerships for professional services related to OUD. |

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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. | N/A |
| 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 |
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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: Guttenberg Town** | | |
| | State ID: | NJ77 |
| | County Name: | Hudson |
| | Address: | 6808 Park Ave, Guttenberg, New Jersey, 07093 |
| **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 | $36,846.31 |
| 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. | $47,321.12 |
| 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. | 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. | $47,321.21 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | We are utilizing the counties expertise and using them as our proxy. |

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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. | Mayor and Council decided to use the county as our proxy due to their expertise in this area. |
| 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 |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact? | No |
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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: Harrison Town** | | |
| | State ID: | NJ85 |
| | County Name: | Hudson |
| | Address: | 318 Harrison Ave, Harrison, New Jersey, 07410 |
| **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 | $172,719.16 |
| 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. | $259,302.38 |
| 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) : | $17,136.75 |
| 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. | did not spend any |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | $241,704.63 |

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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 | Continue to fund the current programs we have and increase the amount of weekly classes, hours, etc. for more support in the community. Funds were available to use for Police Department programs such as 'Junior Police Academy' and 'National Night Out' which specifically involve education against drug use. National Night Out was cancelled this year due to inclement weather. |
| 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 have a committee set up which includes people who have many years of experience in dealing with these programs. |
| 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? | Classes and Drop in Center hours are advertised to the public and we take feedback on how to improve the programs and if there is anything additional that the public would like to see. |
| 14 | Does your county/subdivision have a strategic plan? | Yes |
| 14a | Can we post your strategic plan online? | |
| 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? | Yes |
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| | **2023 Fiscal Program List** | |
| 1 | Program Name/Title | BABES (Basic Alcohol Beginning Education Services) |

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| 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: | More money has been received, so more money can be allocated to each program. |
| 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 training/education sessions: | |
| 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: | $3,506.00 was spent on a series of educational classes directed towards children, highlighting substance abuse prevention which will protect them from alcohol, tobacco, and other drug use. |
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| | **2023 Fiscal Program List** | |
| 1 | Program Name/Title | Harrison East Newark Drop-In Center |
| 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 received more money, so we are able to allocate more funding to each program. |
| 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 training/education sessions: | |
| 4 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? : | Yes |

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| | 4a) If yes, please explain: | $11,111.75 was spent on The Municipal Alliance drop in center. The money spent included advertising for the program, the councilor, and site maintenance/utilities. $759.00 also went towards the Municipal Alliance Coordinator's salary, as she spends time managing and helping with all the programs. |
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| | **2023 Fiscal Program List** | |
| 1 | Program Name/Title | Strengthening Families Academy |
| 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: | more money was received, so more can be allocated to each program. |
| 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 training/education sessions: | |
| 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: | $1,760.00 was spent on classes for parents and children to attend together. Topics include stress management techniques and recognizing symptoms of drug and alcohol abuse. |

| Opioid Settlement Funding Report | | |
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| **Sub Division: Hoboken City** | | |
| | State ID: | NJ94 |
| | County Name: | Hudson |
| | Address: | 124 Grand Street, Hoboken, New Jersey, 07030 |
| **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 | $144,041.30 |
| 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. | $203,707.64 |
| 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) : | $3,489.00 |
| 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). | $58,526.00 |
| 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) : | $3,489.00 |
| 8a. | Please provide details about any administrative expenses. | Berlyne, Asst Health Officer, has been managing this grant by holding several meetings to discuss the most beneficial way to spend these funds. |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | $185,993.86 |

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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 goal is to gather feedback from the community on how we can address the Opioid crisis and the best way to utilize the funding. Furthermore, we would like to invest in evidence-based data to determine how opioid abuse affects the City of Hoboken. |
| 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 looked at Public Health observances and found that International Overdose Awareness Day falls on August 31st. After meeting with several departments and organizations, we determined that holding a program in that timeframe was appropriate. This is the 1st time the City has largely engaged in community awareness on Opioids so we decided to put a fun engaging event together so it doesn't stigmatize or offend anyone. |
| 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? | We held an Opioid Awareness Day event at a populated area where drug use is prevalent, Hoboken Housing Authority. The event featured a presentation on opioids, Narcan training, a resource fair, food, non-alcoholic beverages, a medication drop box (manned by Hoboken Police Officers) for residents who wanted to safely dispose expired or prescription drugs, ice cream for those who complete an opioid assessment survey and plenty of giveaways.Â We had about 60 attendees and 45 surveys completed. |
| 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: Jersey City** | | |
| | State ID: | NJ104 |
| | County Name: | Hudson |
| | Address: | 1 Jackson Square,Dr. MLK Jr, City Hall Annex, Jersey City, New Jersey, 07305 |
| **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 | $220,794.00 |
| 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. | $645,546.00 |
| 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 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) : | $190,526.00 |
| 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). | $30,268.00 |
| 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) : | $12,668.00 |
| 8a. | Please provide details about any administrative expenses. | Funds expended for staff admin: $12668- total. All other funds have been distributed to youth engaged nonprofits who applied for programming & prevention dollars (164,140), and $13,718 on a Harm Reduction Kiosk in our Ward with increased issues. |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | $561,772.85 |

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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 City's vision is to set up systems in public schools to ensure after programming activities remain diverse and full of Arts, Culture, and STEAM programming, while supporting Kiosk expansion and intervention programming in every day activities, like city events and fairs where we can continue to give out and train on Narcan, support prevention education and 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. | Peer Intervention Programming (evidenced Based); Youth Prevention Programs (Strategies); Kiosk, evidence-informed 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 one year funding |
| 13 | Please describe your public engagement/input efforts? | Surveys regardign Community Need through our Division of Community Development; coupled with mini-grants (RFP) and Intervention Specialist Convening( resulting in RFQ). |
| 14 | Does your county/subdivision have a strategic plan? | No |
| 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? | Yes |
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| | **2024 Fiscal Program List** | |
| 1 | Program Name/Title | Kiosk Funding |
| 2 | Agency/Funding Recipient Name | HHS |
| 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: | Access to needed Harm Reduction items |
| 5 | Brief program description: | Piloting Kiosk in Ward F to increase access to Narcan and other tests to Fentanyl, Tranc and GHB. |
| 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),First Responders, Law Enforcement and other Emergency Responders,Healthcare Personnel and Workforce,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) | 05/01/2024 |
| 8 | Amount of funding for this program. | $43,950.00 |
| 8a. | Amount expended: | $13,718.00 |
| 8b. | Amount encumbered/appropriated: | $30,232.00 |
| 9 | How often are you disbursing funds to this program? | One time only |
| 10 | Program Launch Date | 05/09/2024 |
| 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? | 10000 |
| 13 | Please state this program's statement of impact. | To increase community access to harm reduction tools such as Narcan, and test for Fentanyl, GHB, and Tranc. |
| 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: | 500 |
| | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets): | 300 |
| 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? | To understand where there is need in our community and provide. |
| 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). | Access |
| 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. | This is a pilot based on EIP re: Access to tools that can reduce 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 procurement method utilized for this program required a Council Resolution for the Pilot, and an Inform RFP given the State Laws. |
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| | **2023 Fiscal Program List** | |
| 1 | Program Name/Title | Youth Prevention |
| 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 amount spent on this program in this reporting period is $164,140. |
| 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: | The amount spent on this program in this reporting period is $164,140. |
| 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: | The amount spent on this program in this reporting period is $164,140. |

| Opioid Settlement Funding Report | | |
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| **Sub Division: Kearny Town** | | |
| | State ID: | NJ105 |
| | County Name: | Hudson |
| | Address: | 402 Kearny Ave., Kearny, New Jersey, 07032 |
| **Fiscal Year: 2024** | | |
| 1 | Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024 | $78,812.89 |
| 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. | $133,131.89 |
| 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) : | $8,966.00 |
| 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). | $16,000.00 |
| 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. | $85,904.83 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | The Town of Kearny would like to use the proceeds of the National Opioid Settlement Fund to identify meaningful and impactful activities that address the unmet needs of families and victims of the opioid epidemic. |

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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 Town of Kearny met with stakeholders' numerous times to identify program needs and even conducted a public meeting on May 20, 2024. |
| 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? | The Town of Kearny has been working with the County of Hudson, the Kearny Board of Education, the Municipal Alliance, Partners for Prevention and the Inter County Council for Drug and Alcohol Abuse to identify program needs. |
| 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 | ICCDAA/Opioid Related Treatment and Counseling |
| 2 | Agency/Funding Recipient Name | Town of Kearny |
| 3 | Agency/Funding Recipient Category | County or Municipality (including Departments and Municipal Alliances), Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider) |
| 4 | Primary problem being addressed by this program: | Opioid Treatment and Counseling |
| 5 | Brief program description: | ICCDAA performs opioid related treatment and counseling. |

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| 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),First Responders, Law Enforcement and other Emergency Responders, Healthcare Personnel and Workforce, 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) | 7/11/2023 |
| 8 | Amount of funding for this program. | $24,000.00 |
| 8a. | Amount expended: | $8,000.00 |
| 8b. | Amount encumbered/appropriated: | $16,000.00 |
| 9 | How often are you disbursing funds to this program? | Monthly/as billed. |
| 10 | Program Launch Date | 7/11/2023 |
| 11 | Please choose the length of time of this program's duration: | On-going. |
| 12 | What is the anticipated number of unduplicated clients this program will reach annually? | 100 |
| 13 | Please state this program's statement of impact. | Providing services in the community allows the community members to access needed care and can save lives. |
| 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 services provided/encounters: | 100 |
| | Increased community awareness (please describe): | 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? | Reduction in overdoses, community awareness, participation in community events will allow to reach a broader segment of the population. |
| 17 | Primary Category: | Harm Reduction and Overdose Prevention |

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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). | 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 Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome, 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. | Medication assisted therapy will provide care in addressing withdrawal symptoms that may lead to relapses and prevent overdoses. Identified ancillary needs of clients are linked to services and care by staff. |
| 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 Town of Kearny followed NJ Local Public Contract Law to solicit quotes from licensed operators for a professional service contract. |
| **2024 Fiscal Program List** | | |
| 1 | Program Name/Title | A Community Mental Health & Wellness Symposium Opioid Overdose Awareness Education |
| 2 | Agency/Funding Recipient Name | Town of Kearny |
| 3 | Agency/Funding Recipient Category | County or Municipality (including Departments and Municipal Alliances) |
| 4 | Primary problem being addressed by this program: | Public information, education, and counseling |
| 5 | Brief program description: | Making positive choices, sharing valuable resources, thoughts, insights and personal experiences. Discover connections to care and resources for those affected by substance use disorders. |
| 6 | Program target population: | Children and Young Adults - 0-13 (through 8th grade), Children and Young Adults - 14-18 (high school aged) |
| 7 | Date this program was funded (please use MM/DD/YYYY) | 5/20/2024 |
| 8 | Amount of funding for this program. | $2,000.00 |
| 8a. | Amount expended: | $966.00 |
| 8b. | Amount encumbered/appropriated: | $966.00 |
| 9 | How often are you disbursing funds to this program? | One time only |

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| 10 | Program Launch Date | 4/10/2024 |
| 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? | 20 |
| 13 | Please state this program's statement of impact. | Making positive choices, sharing valuable resources, thoughts, insights and personal experiences. Discover connections to care and resources for those affected by substance use disorders. |
| 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 training/education sessions: | 20 |
| 15 | How frequently are you measuring the tracked key performance indicators? | one time |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact? | The symposium sought to provide young people with life skills and coping mechanisms to avoid opioid use |
| 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. | Making positive choices, sharing valuable resources, thoughts, insights and personal experiences. Discover connections to care and resources for those affected by substance use 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. | The Town of Kearny followed the NJ Local Public Contracts law. All expenditures were below the quote threshold. Quotes were received before purchase orders were issued. |

| Opioid Settlement Funding Report | | |
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| **Sub Division: North Bergen Township** | | |
| | State ID: | NJ158 |
| | County Name: | Hudson |
| | Address: | 4233 Kennedy Blvd, North Bergen, New Jersey, 07047 |
| **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 | $93,156.97 |
| 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. | $139,856.07 |
| 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. | $172,548.89 |

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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 | Opioid funds will be used toward the municipality's LEAD program with emphasis on tutors for students. In the future, we look forward to using more of these funds for education and public outreach efforts. |
| 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 used both an evidence-informed practice, as well as referencing the Opioid Remediation uses. |
| 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 |
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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 | | |
|---|---|---|
| **Sub Division: Secaucus Town** | | |
| | State ID: | NJ209 |
| | County Name: | Hudson |
| | Address: | 322 Mansfield Ave, Secaucus, New Jersey, 07094 |
| **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 | $43,335.94 |
| 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. | $63,971.07 |
| 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. | $77,680.32 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | Public education regarding drug disposal, preventative activities with kids, drug take-back programs, funding community anti-drug coalition |

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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. | N/A |
| 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 |
| | | |
| 16 | Did your subdivision fund any programs using opioid abatement funds in this reporting year? | No |
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| Opioid Settlement Funding Report | | |
|---|---|---|
| **Sub Division: Union City** | | |
| | State ID: | NJ229 |
| | County Name: | Hudson |
| | Address: | 3715 Palisade Avenue, Union City, New Jersey, 07087 |
| **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 | $1,225,424.36 |
| 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. | $1,571,748.78 |
| 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 ADMIN EXPENSES HAVE BEEN UTILIZED DURING FY24. |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | $1,571,748.78 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | THE CITY OF UNION CITY'S GOAL IS TO USE THESE FUNDS FOR PREVENTION PROGRAMS AND LIFESAVING DRUGS. |

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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. | LIST OF OPIOID USES |
| 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? | THE CITY AWARDED CONTRACTS TO PARTNERS IN PREVENTION (PIP) AND PRS CONSULTANTS (PRS) DURING FEBRUARY OF 2025. PIP AND PRS HAVE PREPARED AND DISTRIBUTED PROGRAM FLYERS TO THE COMMUNITY AND TO THE COUNTY. WE WILL BE RECEIVING WEEKLY PROGRESS REPORTS FROM PIP AND PRS BEGINNING APRIL 1, 2025. |
| 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 |
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| Opioid Settlement Funding Report | | |
|---|---|---|
| **Sub Division: Weehawken Township** | | |
| | State ID: | NJ248 |
| | County Name: | Hudson |
| | Address: | 400 Park Ave, Weehawken, New Jersey, 07086 |
| **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 | $3,449.83 |
| 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. | $15,326.13 |
| 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. | None |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | $15,386.13 |

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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 | To provide services promoting the prevention of drug use disorders among Township youth, to further implement harm reduction practices through the purchase of overdose prevention drugs, and to provide education and training to our police officers/EMS/social workers |
| 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. | Funding a program that will assist our community in recognizing and intervening with residents suffering from opioid use disorder, as we need additional resources to be proactive with this demographic of our Township. Our social workers, EMS, and law enforcement officers will be further trained in sensitivity and harm reduction practices to let those suffering from this disease retain their dignity while also providing the resources that will assist those who choose to partake in programs to overcome their addiction. |
| 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? | No, but plan to in the future |
| 14 | Does your county/subdivision have a strategic plan? | Yes |
| 14a | Can we post your strategic plan online? | |
| 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 |
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| Opioid Settlement Funding Report | | |
|---|---|---|
| **Sub Division: West New York Town** | | |
| | State ID: | NJ252 |
| | County Name: | Hudson |
| | Address: | 428 60 th st, West New York, New Jersey, 07693 |
| **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 | $558,688.89 |
| 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. | $804,309.82 |
| 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) : | $1,684.60 |
| 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) : | $760.50 |
| 8a. | Please provide details about any administrative expenses. | Legal Counsel |
| 9 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand. | $918,915.26 |
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions | to be developed |

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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 be developed |
| 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 developed |
| 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 |
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| | **2023 Fiscal Program List** | |
| 1 | Program Name/Title | Narcan |
| 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 harm reduction supplies distributed (e.g naloxone kits, drug disposal packets): | Naloxone 1MG/ML syringe dose |
| 4 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? : | In this reporting year, $924.10 was spent. $471.60 on Narcan and $452.50 on protective cases for the Narcan. |