

MONMOUTH COUNTY

2024 OPIOID ABATEMENT REPORT

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Opioid Settlement Funding Report		
Sub Division: Monmouth County		
	State ID:	NJ140
	County Name:	Monmouth
	Address:	3000 Kozloski Road, Freehold, New Jersey, 07728
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$3,742,427.90
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:	\$171,998.75
3	Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.	\$5,390,440.85
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) :	\$839,215.80
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).	\$669,726.20
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) :	\$9,093.61
8a.	Please provide details about any administrative expenses.	Administrative expenses included cost for consultant to ensure approved uses were followed and creating reporting templates, etc. Cost of lawyer to create and review contracts for the funds, as well as staff that administers and monitors usage and contracts.
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$4,221,387.67

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 include lowering the overdose fatalities in the county, providing upstream prevention, and increasing recovery support services available.
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 Opioid Settlement Advisory board met several times to review the approved uses, previously conducted needs assessment that were completed for the county comprehensive plan and other needs assessments available to the county that had been recently completed (did not perform new to not duplicate), and other relevant data from the alliances, OFRT, prevention coalition, etc. After review, needs and gaps were identified. The council then discussed ways to address the needs and gaps, proposed ideas for use in alignment with the approved uses and then voted on what to approve. Then approved ideas were submitted to County Administration and County Commissioners for approval. RFP was drafted based on that and proposals went through the competitive process and awarded accordingly.
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?	Focus Groups, county wide meetings, Monmouth Acts all already exist and were completed the prior year for the county comprehensive plan. Multiple needs assessments had already been completed that included public engagement and input. All of that information was utilized for the first round of planning.
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	Certified Peer Recovery Specialist Law Enforcement Referral Program
2	Agency/Funding Recipient Name	Hope Sheds Light, Inc.
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	Overdose
5	Brief program description:	peer recovery specialist respond to law enforcement or EMS referral post overdose
6	Program target population:	First Responders, Law Enforcement and other Emergency Responders, Individuals experiencing Homelessness, Individuals in Recovery, Individuals involved with the Criminal Justice System, Individuals who Use Drugs, Members of the General Public, individual or their family members
7	Date this program was funded (please use MM/DD/YYYY):	01/01/2024
8	Amount of funding for this program.	\$200,000.00
8a.	Amount expended:	\$88,263.38
8b.	Amount encumbered/appropriated:	\$111,736.62
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	01/01/2024
11	Please choose the length of time of this program's duration:	Annual contract with multiple renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	500
13	Please state this program's statement of impact.	N/A
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:	
	Reduction in opioid-related incidents:	
	Other:	# of referrals received
15	How frequently are you measuring the tracked key performance indicators?	Quarterly

16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	lowering repeat overdoses, helping getting people peer support and recovery support services
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).	Diversion and Re-entry Support,Harm Reduction and Overdose Prevention,Housing,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,Address the Needs of Criminal Justice-Involved Persons,Prevent Overdose Deaths and Other Harms (Harm Reduction),First Responders
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.	respond in-person to law enforcement or first responder referral for individuals in community post overdose reversal who refuse medical transport to over connections to care, wrap-around and various recovery support services.
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.	RFP competitive contract
	2024 Fiscal Program List	
1	Program Name/Title	Enhancements
2	Agency/Funding Recipient Name	The Center in Asbury Park, Inc
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	transportation
5	Brief program description:	purchase vehicle for client transport to program
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
7	Date this program was funded (please use MM/DD/YYYY):	01/01/2024
8	Amount of funding for this program.	\$55,000.00
8a.	Amount expended:	\$55,000.00
8b.	Amount encumbered/appropriated:	\$0.00

9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	01/01/2024
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?	175
13	Please state this program's statement of impact.	They see 175 clients a year and provide various services to the community of Asbury Park
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:	The usage of the vehicle, how many trips provided to clients, how many miles utilized
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	provide transportation to clients that could not otherwise get to treatment or other programs
17	Primary Category:	Wraparound and Connected Care Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Diversion and Re-entry Support,Harm Reduction and Overdose Prevention,Recovery Supports,Treatment
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
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.	they provide OUD treatment; this provides the capability of providing transportation to clients.
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Enhancements
2	Agency/Funding Recipient Name	Hope Sheds Light, Inc.
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations

4	Primary problem being addressed by this program:	Language barrier in providing recovery support services
5	Brief program description:	MARTII translation software, supports funding for additional peer recovery specialists
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):	01/01/2024
8	Amount of funding for this program.	\$85,868.00
8a.	Amount expended:	\$38,191.67
8b.	Amount encumbered/appropriated:	\$47,676.33
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	01/01/2024
11	Please choose the length of time of this program's duration:	funded for 1 year with possible renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	900
13	Please state this program's statement of impact.	provide various peer recovery support services to the community
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:	0
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	provide RSS to communities without allowing language to become a barrier.
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).	Diversion and Re-entry Support,Harm Reduction and Overdose Prevention,Housing,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,Address the Needs of Criminal Justice-Involved Persons,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.	provides RSS to those in need
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Innovation
2	Agency/Funding Recipient Name	Girl Scouts of the Jersey Shore, Inc.
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations,Private/For-profit Organizations
4	Primary problem being addressed by this program:	Prevention
5	Brief program description:	Provide scholarship and transportation to summer camp and completion of OUD/SUD Prevention program, earning a badge
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):	01/01/2024
8	Amount of funding for this program.	\$138,400.00
8a.	Amount expended:	\$99,483.50
8b.	Amount encumbered/appropriated:	\$38,916.50
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	01/01/2024
11	Please choose the length of time of this program's duration:	1 year contract with options of annual renewals
12	What is the anticipated number of unduplicated clients this program will reach annually?	200
13	Please state this program's statement of impact.	Provide SUD/ODU Prevention education/training to Girl Scouts as well as provide transportation and scholarship to attend 2week summer camp. (upstream prevention)

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:	120
	Other:	400 girls received prevention training. 120 went to summer camps
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	primary and secondary prevention
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).	Diversion and Re-entry Support, 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, Prevent Overdose Deaths and Other Harms (Harm Reduction), Leadership, Planning and Coordination, 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.	prevention
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Innovation
2	Agency/Funding Recipient Name	Trinity Episcopal Church
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	Case Management/SUD Wrap-Around support
5	Brief program description:	provide case management and wrap-around services and support for those who have dealt with OUD/SUD

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):	01/01/2024
8	Amount of funding for this program.	\$94,353.00
8a.	Amount expended:	\$44,650.13
8b.	Amount encumbered/appropriated:	\$49,702.87
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	01/01/2024
11	Please choose the length of time of this program's duration:	annual contract with renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	50
13	Please state this program's statement of impact.	Provide case management to those served by the program, including housing support, connection to care and treatment, wrap-around services, etc.
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:	69
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	provide care and assistance to those in need, lower homelessness rate and OUD/SUD related issues and overdoses.
17	Primary Category:	Wraparound and Connected Care Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Diversion and Re-entry Support,Harm Reduction and Overdose Prevention,Housing,Recovery Supports,Treatment,Workforce Development and Capacity Building

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,Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome,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.	provides case management and connections to care, peer recovery supports
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	County-Wide Substance Use Awareness Campaign
2	Agency/Funding Recipient Name	Mercury Public Affairs LLC
3	Agency/Funding Recipient Category	Marketing Firm
4	Primary problem being addressed by this program:	prevention/education and awareness
5	Brief program description:	contracted to develop awareness campaign regarding fentanyl and prevention
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),Members of the General Public
7	Date this program was funded (please use MM/DD/YYYY):	10/01/2023
8	Amount of funding for this program.	\$100,000.00
8a.	Amount expended:	\$60,000.00
8b.	Amount encumbered/appropriated:	\$40,000.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	funded 1 year with possible renewal options

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 create an awareness campaign
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:	development of awareness campaign
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	to create and plan to implement awareness campaign
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, 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.	N/A
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Enhancements
2	Agency/Funding Recipient Name	New Hope Integrated Behavioral Health Care, Inc
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	transportation
5	Brief program description:	purchase vehicle to provide transportation to clients
6	Program target population:	Individuals in Treatment, Individuals who Use Drugs

7	Date this program was funded (please use MM/DD/YYYY):	10/01/2023
8	Amount of funding for this program.	\$100,000.00
8a.	Amount expended:	\$100,000.00
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	annual contract with possible renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	650
13	Please state this program's statement of impact.	provide treatment - continuum of care
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:	miles and trips vehicle utilized for
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	providing transportation to client
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).	meeting transportation need and eliminating as barrier to treatment
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
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.	provide treatment for SUD/OD
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Enhancements

2	Agency/Funding Recipient Name	CPC Integrated Health, Inc.
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	treatment, case management, criminal justice diversion
5	Brief program description:	provide clinical support to the Prosecutor's Recovery Diversion Program at Municipal level
6	Program target population:	Children and Young Adults - 19-24 (post-grad through college),Individuals involved with the Criminal Justice System,Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY):	10/01/2023
8	Amount of funding for this program.	\$100,000.00
8a.	Amount expended:	\$60,000.00
8b.	Amount encumbered/appropriated:	\$40,000.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	annual with renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	75
13	Please state this program's statement of impact.	provide clinical support - connection to treatment and recovery supports, case management for criminal justice involved persons. RDP program at municipal level.
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:	35
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	help individuals successfully complete the RDP program and have their municipal charges dropped.
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).	Diversion and Re-entry Support,Harm Reduction and Overdose Prevention,Recovery Supports,criminal justice diversion

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,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.	provides case management and connections to treatment and care.
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Enhancements
2	Agency/Funding Recipient Name	Discovery Institute for Addictive Disorders, Inc.
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations,treatment agency
4	Primary problem being addressed by this program:	overdose prevention/treatment
5	Brief program description:	purchase medical monitoring equipment to be utilized in detox to prevent overdose and other medical emergency
6	Program target population:	Individuals in Treatment,Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY):	10/01/2023
8	Amount of funding for this program.	\$100,000.00
8a.	Amount expended:	\$84,183.03
8b.	Amount encumbered/appropriated:	\$15,816.97
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	annual with renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	485

13	Please state this program's statement of impact.	38 detox beds to be monitored daily - every individual that enters detox will be utilizing this equipment
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:	
	Other:	reduction in number of medical emergencies and hospital send outs
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	lower the amount of hospital send-outs, monitor clients and prevent overdose and other medical emergencies by catching symptoms earlier and treating accordingly
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
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD), 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.	provides detox/treatment - continuum of care
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Enhancements
2	Agency/Funding Recipient Name	Preferred Behavioral Health Group
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	transportation
5	Brief program description:	purchase vehicle for client transport to program, gas cards and other transportation needs

6	Program target population:	Children and Young Adults - 19-24 (post-grad through college), Individuals in Treatment, Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY):	10/01/2023
8	Amount of funding for this program.	\$112,947.00
8a.	Amount expended:	\$58,432.00
8b.	Amount encumbered/appropriated:	\$54,515.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	annual with renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	100
13	Please state this program's statement of impact.	purchase vehicle to provide transportation to treatment but also utilize uber/lyft for farther participants. provide gas cards as treatment incentives
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:	58
	Other:	number of people served with van, number of trips it was utilized for
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	provide transportation to remove that barrier to treatment, increase client engagement
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, 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, 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.	provide treatment
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.	RFP competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Innovation
2	Agency/Funding Recipient Name	Preferred Behavioral Health Group
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	SUD/ODU - Recovery Supports/Case Management/Harm Reduction
5	Brief program description:	PRS and CM on mobile unit for community outreach and connection to resources and services
6	Program target population:	Children and Young Adults - 19-24 (post-grad through college),Individuals experiencing Homelessness,Individuals in Recovery,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):	10/01/2023
8	Amount of funding for this program.	\$96,491.00
8a.	Amount expended:	\$30,860.00
8b.	Amount encumbered/appropriated:	\$65,631.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	annual contract with renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	100

13	Please state this program's statement of impact.	PBHG will screen potential clients in the community. PBHG staff will provide clients with resources in the community, including crisis kits, phones and testing strips. PBH will also provide referrals for treatment or other needs. Peer Specialist and Case Manager engage clients in the community along with the Hope One Van. There is an on call staff that will be able to see clients within 24 hour period after initial contact.
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:	223
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	156 narcan kits, 94 fent testing strips, 223 hygiene kits
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	increase awareness and access to services, assist with various case management needs, connect to resources and services, provided harm reduction and other essential supplies, including cell phones.
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).	Diversion and Re-entry Support,Housing,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,Connections to Care,Address the Needs of Criminal Justice-Involved Persons,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.	increase awareness and access to services, assist with various case management needs, connect to resources and services, provided harm reduction and other essential supplies, including cell phones.
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.	rfp - competitive contracting

	2024 Fiscal Program List	
1	Program Name/Title	Innovation
2	Agency/Funding Recipient Name	Visiting Nurse Association
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations,Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	Primary problem being addressed by this program:	medical concerns for SUD/ODU population
5	Brief program description:	expansion of already established ORP program to specifically target SUD/ODU population, providing in-community medical assistance, assessment, referral and connection to services
6	Program target population:	Children and Young Adults - 19-24 (post-grad through college),Individuals experiencing Homelessness,Individuals in Recovery,Individuals involved with the Criminal Justice System,Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY):	10/01/2023
8	Amount of funding for this program.	\$100,000.00
8a.	Amount expended:	\$28,314.73
8b.	Amount encumbered/appropriated:	\$71,685.27
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	annual with renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	150
13	Please state this program's statement of impact.	Complete nursing health assessments to individuals seen in the community. Ensure that individuals have a medical home and appropriate appointments. Ensure individual is enrolled in appropriate medical insurance and community resources. Assist with identification and attainment of community resources, medical appointments, prescription refills as 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:	195

15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Complete nursing health assessments to individuals seen in the community. Ensure that individuals have a medical home and appropriate appointments. Ensure individual is enrolled in appropriate medical insurance and community resources. Assist with identification and attainment of community resources, medical appointments, prescription refills as needed.
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,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 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.	Complete nursing health assessments to individuals seen in the community. Ensure that individuals have a medical home and appropriate appointments. Ensure individual is enrolled in appropriate medical insurance and community resources. Assist with identification and attainment of community resources, medical appointments, prescription refills as needed.
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.	rfp - competitive contracting
	2024 Fiscal Program List	
1	Program Name/Title	Enhancements
2	Agency/Funding Recipient Name	Preferred Behavioral Health Group
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	transportation
5	Brief program description:	purchase vehicle for client transport to program, gas cards and other transportation needs
6	Program target population:	Children and Young Adults - 19-24 (post-grad through college),Individuals in Treatment,Individuals who Use Drugs

7	Date this program was funded (please use MM/DD/YYYY):	10/01/2023
8	Amount of funding for this program.	\$112,947.00
8a.	Amount expended:	\$58,431.26
8b.	Amount encumbered/appropriated:	\$54,515.74
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/01/2023
11	Please choose the length of time of this program's duration:	annual with renewal options
12	What is the anticipated number of unduplicated clients this program will reach annually?	100
13	Please state this program's statement of impact.	purchase vehicle to provide transportation to treatment but also utilize uber/lyft for farther participants. provide gas cards as treatment incentives
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:	58
	Other:	number of people served with van, number of trips it was utilized for
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	provide transportation to remove that barrier to treatment, increase client engagement
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,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,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.	provide treatment

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.	RFP competitive contracting
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Opioid Settlement Funding Report		
Sub Division: Aberdeen Township		
	State ID:	NJ1
	County Name:	Monmouth
	Address:	1 ABERDEEN SQ, ABERDEEN, New Jersey, 07747
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$57,144.11
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:	\$2,571.48
3	Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.	\$91,563.24
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.	0
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$98,763.53
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	The township plans to allocate the opioid money effectively in the near future.

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 plans to allocate the opioid money effectively in the near 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?	The township plans to allocate the opioid money effectively in the near future.
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: Asbury Park City		
	State ID:	NJ2
	County Name:	Monmouth
	Address:	One Municipal Plaza, Asbury Park, New Jersey, 07712
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$328,492.49
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.	\$493,164.06
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) :	\$56,672.41
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).	\$1,927.54
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.	\$429,491.98

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Asbury Park has had an active engagement program with the Police, Fire and Social Services working together to address the Opioid and other addiction issues here in the City. Our goals are to encourage both a harm reduction and an abstinence based model, whichever the client prefers or chooses. We are working with the Peer model which we have found to be effective in both outreach and follow-ups to engage with clients as well as adapting to whatever pathway is needed to support clients in their efforts for recovery.
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.	Our initial plan was to make use of our experience and history of working in the community with addiction and other behavioral health concerns; engaging staff, City Management and Council in any purchasing plans. We have engaged with the evidenced based Peer Recovery support models, using different peer organizations in place locally and including adding a peer to our staff. We are making use of the experience of current staffing, the guidance of City Management and consulting with different peer programs to develop a plan for support and engagement.
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?	Potential for townhall meetings with the public for their input and online surveys. Forming a steering committee which would include a peer from the community.
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

	2024 Fiscal Program List	
1	Program Name/Title	City of Asbury Park
2	Agency/Funding Recipient Name	City of Asbury Park
3	Agency/Funding Recipient Category	County or Municipality (including Departments and Municipal Alliances)
4	Primary problem being addressed by this program:	Outreach & engage with clients, active users and at risk
5	Brief program description:	We go out into the community, seek out those using or at risk, attempt to engage with them and get them to treatment, look at housing options and attempt to wrap around services
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):	06/30/2024
8	Amount of funding for this program.	\$328,492.49
8a.	Amount expended:	\$56,672.41
8b.	Amount encumbered/appropriated:	\$1,927.54
9	How often are you disbursing funds to this program?	As needed
10	Program Launch Date	04/01/2023
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?	50
13	Please state this program's statement of impact.	We have actively engaged with clients active in addiction and have steadfastly attempted to move folks into recovery, there is often resistance,
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:	we track units of service, time spent working with active and at risk clients; this includes many facets of trying to help individuals put their lives together or prevent further issues.
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 are hoping to reduce the overwhelming impact that addiction has had on our community
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).	Diversion and Re-entry Support, Harm Reduction and Overdose Prevention, Housing, 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, Address the Needs of Criminal Justice-Involved Persons, 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.	We are working towards a harm reduction model, and are engaging with peers to engage with active and at risk clients
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.	We are a Municipal Government and work through a purchase order system; any significant expenses require City Council Approval

Opioid Settlement Funding Report		
Sub Division: Eatontown Borough		
	State ID:	NJ50
	County Name:	Monmouth
	Address:	47 Broad Street, Eatontown, New Jersey, 07724
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$71,163.28
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:	\$614.41
3	Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.	\$110,710.53
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.	\$171,407.92
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Opioid awareness & prevention education

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?	Participating in Drug Alliance
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: Freehold Borough		
	State ID:	NJ68
	County Name:	Monmouth
	Address:	Freehold Borough Hall,30 Mechanic Street, Freehold Borough, New Jersey, 07728
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$68,500.47
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:	\$1.75
3	Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.	\$102,841.17
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.	\$68,500.47

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	The Borough of Freehold is a diverse community facing many challenges related to substance abuse. Our desire is to use these funds to provide treatment resources to those who are un or underinsured to access recovery resources. Our desire is to aide young people, adults and senior citizens alike.
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.	Borough officials and staff partnered with available local health groups such as Freehold Neighborhood Connections to Health, the Freehold Aea Health Department and other addiction resources to target identified needs and fill gaps in resources.
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?	Thus far, we have focused on coolaborating with community health oriented organizations and our Municipal Alliance.
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: Freehold Township		
	State ID:	NJ69
	County Name:	Monmouth
	Address:	1 Municipal Plaza, Freehold, New Jersey, 07728
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$110,440.89
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:	\$4,345.54
3	Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.	\$168,020.80
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.	
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$174,050.69
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	We spent the year securing contracts for treatment scholarships

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 addition to providing treatment to uninsured, we are also providing training to area CBOs that provide services to children. Training is evidence-based program that teaches recreation leaders how to manage mental health issues in children.
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?	Municipal Alliance convenes monthly. Representatives are citizens and area stakeholders
14	Does your county/subdivision have a strategic plan?	No
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	Yes
15a	Can we post your risk assessment online?	
16	Did your subdivision fund any programs using opioid abatement funds in this reporting year?	No

Opioid Settlement Funding Report		
Sub Division: Hazlet Township		
	State ID:	NJ89
	County Name:	Monmouth
	Address:	1766 Union Ave, Hazlet, New Jersey, 07730
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$76,018.80
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.	\$83,908.61
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) :	\$1,500.00
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.	\$82,408.61

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	This year we intend to gather information via surveys/focus groups in high schools to decide what types of programming would be most effective for the targeted groups in our community. We also plan to have Narcan trainings as well as support other prevention programs. Another goal is to dedicated certain funds to assist in the recovery of an individual with substance use disorder. We will work with a local non-profit to properly vet the person and ensure to get a report of how the funds were used and any outcomes.
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.	This past year the funds were put in the responsibility of the Municipal Drug Alliance. The committee met and we decided on hosting the Black Poster Project in the town's high school.
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?	Participating in Hazlet Day, hosting tables during parent-teacher conferences, offering free programs to not just our community but surrounding communities.
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?	Yes
15a	Can we post your risk assessment online?	
16	Did your subdivision fund any programs using opioid abatement funds in this reporting year?	Yes
	2024 Fiscal Program List	
1	Program Name/Title	Black Poster Project
2	Agency/Funding Recipient Name	Hazlet High School

3	Agency/Funding Recipient Category	County or Municipality (including Departments and Municipal Alliances)
4	Primary problem being addressed by this program:	Overdose victims and their families
5	Brief program description:	A visual display of those lost to overdose
6	Program target population:	Children and Young Adults - 14-18 (high school aged)
7	Date this program was funded (please use MM/DD/YYYY)	5/17/2024
8	Amount of funding for this program.	\$1,500.00
8a.	Amount expended:	\$1,500.00
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	5/17/2024
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?	0
13	Please state this program's statement of impact.	We used funds to sponsor the Black Poster Project, which included a visual display of individuals who have died due to overdose as well as special attention to families who have lost multiple members, military, and a touch of suicide awareness, as well as speakers in recovery and additional counseling services for the students who participated in the program.
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 training/education sessions:	1
	Number of services provided/encounters:	1
	Increased community awareness (please describe):	Providing a visual display of overdose losses
15	How frequently are you measuring the tracked key performance indicators?	The display was held at the high school on 5/17.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	To provide awareness.
17	Primary Category:	Primary Prevention, Education, and Training
18	The following are other categories that may apply (include all categories with the	None of the above

	exception of the Primary category you chose above).	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	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.	We had speakers in recovery and counseling services to bring awareness to high school students.
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.	Any and all services through the town go through a requisition process, approved through a PO process and procurement thresholds abide the LPCL.

Opioid Settlement Funding Report		
Sub Division: Holmdel Township		
	State ID:	NJ95
	County Name:	Monmouth
	Address:	4 Crawford's Corner Road, Holmdel, New Jersey, 07733
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$109,823.04
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.	\$154,345.82
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) :	\$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).	\$109,823.04
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 do not have any expenses with regards to the Settlement Funds. We haven't spent anything yet.
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$154,345.82

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	At the current time, we do not have any immediate plans to use the funds. We have scheduled discussions with our first responders in town to come up with a needs assessment to spend down the funding.
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 Police Department provides us with specific trends and statistics that better help to target a specific use for the settlement funds whether it be a certain demographic.
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?	We keep open discussions with the public to address purposes to use the settlement.
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

Opioid Settlement Funding Report		
Sub Division: Howell Township		
	State ID:	NJ98
	County Name:	Monmouth
	Address:	4567 Route 9 North, Howell Township, Floor 2, Howell, New Jersey, 07731
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$168,291.86
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.	\$255,225.69
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) :	\$22,697.75
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.	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.	\$158,397.95

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	To report at council meetings on settlement agreement so Howell is transparent with funding and spending; many people and families were impacted by the opioid epidemic's tragedy, and they should know how the money is being spent To provide benefit to those impacted by opioid misuse and abuse epidemic To implement targeted, effective, and evidence-based opioid misuse and abuse prevention programs across community populations (from pre-schoolers to seniors) through school, police, other organizations, and community partnerships To work with Howell Police to assist populations vulnerable to substance use and mental health issues, with consideration to the substance use disorder and criminal activity intersection To work with Howell Public Schools Pre-K-to-8 and Howell High School to reach students and parents for prevention and life skills programs; without this partnership, it is almost impossible to educate and impact youth and families To collaborate with community organizations and professionals to implement "in-house" Alliance prevention programs tailored to our specific community mental health and substance use needs To collect and analyze data to gauge programs' effectiveness over time To solicit program suggestions from council and community that comply with spending criteria
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 across community, substance use/mental health data and trends analysis (local, county, and state), evidence-based program research, collaboration with county and other municipalities on opioid settlement agreement-funded strategies (to avoid duplication and to get new ideas), and ideas from community members
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

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?	We engage the public in an on-going fashion at town council meetings and Alliance meetings
13	Please describe your public engagement/input efforts?	We engage the public by reporting on strategic planning, programs implemented, and available/spent funding at 2-4 town council meetings a year, plus discuss the same at our 6 Alliance meetings throughout the year (open to the public); we also developed a new form to solicit program ideas from cross-department staff at Howell Township, community members, and service organization
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?	Yes
	2024 Fiscal Program List	
1	Program Name/Title	Community behavioral health education & outreach
2	Agency/Funding Recipient Name	Marni Elson Victor, Little Hat Marketing
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Mental health, substance use, stigma
5	Brief program description:	To educate the public on how to identify warning signs of mental health/substance use disorders, how to offer support, and how to access available resources in the community; also, youth substance use prevention
6	Program target population:	Members of the General Public
7	Date this program was funded (please use MM/DD/YYYY)	09/28/2023
8	Amount of funding for this program.	\$1,173.00
8a.	Amount expended:	\$1,173.00

8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	Several times a year (dates have not be pre-planned on a specific timeline for future spending)
10	Program Launch Date	09/28/2023
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?	25000
13	Please state this program's statement of impact.	To empower community members through behavioral health education, awareness, and resources dissemination to promote prevention, intervention, treatment and recovery (mental health and 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 training/education sessions:	1
	Increased community awareness (please describe):	Based on potential information reach throughout community through events, flyers, banners, press releases, and social media posts
	Other:	Number of flyers distribute (digital and print) and prominent display of banners at town hall and police dept.; social media posts and press releases done
15	How frequently are you measuring the tracked key performance indicators?	On-going (no set schedule)
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Number of flyers distributed (digital and print) and prominent display of banners at town hall and police dept. to increase public access to mental health and substance use treatment and support resources; social media posts and press releases done; track based on community engagement, public feedback, and calls received
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).	Recovery Supports,Treatment,Community education, engagement, and awareness
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.	Prevent opioid use disorder and co-occurring substance use and mental health disorders by preventing underage use of nicotine, marijuana, alcohol, and other substances that are precursors to opioid misuse; prevent illicit use and misuse of prescription and fake/prescribed pills; advocate for early intervention and access to recovery, treatment, therapy, and other support services
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.	Used professional resources in local community and established vendors for graphic design and print who offer low prices and who are active in our community
	2024 Fiscal Program List	
1	Program Name/Title	Student and parent education
2	Agency/Funding Recipient Name	Kevin Brooks, Therapeutic Impact LLC, Think NJ LLC, HealthEdco/WRS Group, Cerebellum, Little Hat Marketing, Amsley Promotions, NJ Elks, Atlantic Print and Design, and Daybreak Marketing
3	Agency/Funding Recipient Category	Behavioral health prevention education companies, graphic designers and printers serving the local community who offer competitive pricing, vetted presenters, and healthcare professionals
4	Primary problem being addressed by this program:	Parent and student substance use prevention and mental health awareness education
5	Brief program description:	To educate students (K-12) and parents about substance use prevention, mental health awareness, available support resources, and stigma, as well as life skills, peer pressure, and decision-making
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), Members of the General Public, Parents
7	Date this program was funded (please use MM/DD/YYYY)	10/17/2023
8	Amount of funding for this program.	\$8,531.75
8a.	Amount expended:	\$8,531.75

8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	On-going as programs develop and prove effective
10	Program Launch Date	10/17/2023
11	Please choose the length of time of this program's duration:	On-going as programs develop and prove effective
12	What is the anticipated number of unduplicated clients this program will reach annually?	10000
13	Please state this program's statement of impact.	Programs include Hooked on Fishing, Not on Drugs; L.E.A.D. (Law Enforcement Against Drugs 5th-grade program), and NJ Elks Peer Leadership Conference; high school student presentation (life skills, decision-making, consequences, mental health, and substance use prevention), opioid misuse and youth (including illicit pills and social media access and proper injury treatment without prescription pain pills), and 3rd-8th-grade parent information cards (distributed with tech pick-up to all families at beginning of school year; includes mental health/substance use issues warning signs and variety of support resources), in-school support resources for middle school staff to educate students on mental health/substance use prevention and health decision-making and relationships (videos, activities, and demo kits for middle school SAC and health/physical education teachers); we revamped our former "Tackling Opioids Through Prevention" FY 2023 program and moved it here--it is now "Youth Athlete Wellness Strategies" (opioid misuse and One Pill Can Kill are still a part of the overall wellness presentation for parents)
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:	10000
	Increased community awareness (please describe):	Through distribution of resources, student events (Hooked on Fishing, Not on Drugs and L.E.A.D. program), and presentations

15	How frequently are you measuring the tracked key performance indicators?	On-going through qualitative and quantitative data and inquiries with questions and for more information/support services
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Prevention of first time use through substance use/mental health education and mental health awareness; early intervention through increased access to and awareness of local, county, state, and national support programs and resources
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).	Recovery Supports,Treatment,Wraparound and Connected Care Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	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.	Prevention of first time use through substance use/mental health education and mental health awareness; early intervention through increased access to and awareness of local, county, state, and national support programs and resources (prevention of underage nicotine, alcohol, and marijuana use and fake/prescription pills that can lead to opioid addiction later on or death by accidental fentanyl poisoning)
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.	Used community partners, educational resources provides, and local businesses that are reasonably priced and deliver quality goods that meet our purposes
	2024 Fiscal Program List	
1	Program Name/Title	Community and Police Engagement
2	Agency/Funding Recipient Name	USA Tents
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Fostering positive and on-going police-community relations
5	Brief program description:	To create a safe and neutral space at community events for social interaction between police, youth, and community members at large, as well as an area for police demos and dissemination of information/resources

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,Members of the General Public
7	Date this program was funded (please use MM/DD/YYYY)	05/23/2024
8	Amount of funding for this program.	\$2,745.00
8a.	Amount expended:	\$2,745.00
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	05/23/2024
11	Please choose the length of time of this program's duration:	On-going at community events
12	What is the anticipated number of unduplicated clients this program will reach annually?	25000
13	Please state this program's statement of impact.	To encourage police-community-youth engagement at public events in a welcoming, roomy, and relaxed setting; to allow for police activity/equipment demonstrations, dissemination of literature and resources (crime, substance use, and mental health issue prevention), and to foster relationship between the police and community members built on trust and communication over time; to have youth engage with police officers as role models and sources of 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)?	
	Number of participants served:	25000
	Increased community awareness (please describe):	See above explanation #13
	Other:	Number of community members at separate community events held throughout the year
15	How frequently are you measuring the tracked key performance indicators?	On-going through qualitative and quantitative data (for example, number of flyers disseminated)

16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	See explanation #13
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).	Recovery Supports, Treatment
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	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.	Prevention of early substance use and mental health issues that can lead to opioid misuse; foster positive relationships with police so they are called upon as resources for support and early intervention to divert substance use and criminal activity from occurring/recurring
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.	Used a reasonably priced custom tent vendor who offered double-sized tents manufactured in U.S.
	2023 Fiscal Program List	
1	Program Name/Title	Pre-K to 8, High School & Town Buildings Substance Use Prevention and Potential Overdose Mitigation
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:	Completed purchase and installation of middle school vape detectors in bathrooms for additional \$10,248.00 in funding during FY 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)?	
	Other:	\$10,248.00 additional funds expended for FY 2024
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: Long Branch City		
	State ID:	NJ117
	County Name:	Monmouth
	Address:	344 Broadway, City of Long Branch, Long Branch, New Jersey, 07740
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$439,783.70
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:	\$8,795.67
3	Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.	\$709,028.28
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.	\$552,501.68
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	We are looking to open a Health and Wellness center and initiate new 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.	It is discussed with a planning committee
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?	Future events will be held once the Health and Wellness Center is open
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: Manalapan Township		
	State ID:	NJ123
	County Name:	Monmouth
	Address:	120 Freehold Road, Manalapan Township, New Jersey, 07726
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$110,584.59
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.	\$166,020.09
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.	We have not encumbered or spent any administrative funds this reporting period
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$166,020.09
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	The Township of Manalapan plans to work with their Community Alliance to spend the funding as allowable.

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
16	Did your subdivision fund any programs using opioid abatement funds in this reporting year?	No

Opioid Settlement Funding Report		
Sub Division: Marlboro Township		
	State ID:	NJ129
	County Name:	Monmouth
	Address:	1979 Township Drive, Marlboro, New Jersey, 07746
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$117,750.21
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.	\$199,987.03
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).	\$80,000.00
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.	
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$119,987.03

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	The Township is home to New Hope Integrated Behavioral Health Care and Discovery Institute for Addictive Disorders, two large private not-for-profit treatment facilities with approximately 260 beds collectively. The Township has directed the use of settlement funds to support transportation to treatment or recovery programs or services sponsored by these two facilities for persons with OUD and any co-occurring SUD/MH conditions.
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 consulted with both clinical and administrative staff at the two facilities as well as emergency management services personnel affiliated with the volunteer first aid organizations operating within its borders regarding the need to supplement transport services for persons with OUD and any co-occurring SUD/MH conditions.
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 Township consulted with both clinical and administrative staff at the two facilities as well as emergency management services personnel affiliated with the volunteer first aid organizations operating within its borders regarding the need to supplement transport services for persons with OUD and any co-occurring SUD/MH conditions. On June 20, 2024, at a public meeting of the Marlboro Township Council, the governing body entertained and approved resolutions 2024-151 and 2024-152 for the execution of agreements with each of New Hope and Discovery House for the funding of transport services through the use of settlement funds.
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	Assistance to New Hope Integrated Behavioral Health Care
2	Agency/Funding Recipient Name	New Hope Integrated Behavioral Health Care
3	Agency/Funding Recipient Category	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	Primary problem being addressed by this program:	Transportation to treatment facilities
5	Brief program description:	Support transportation to treatment or recovery programs
6	Program target population:	Individuals in Recovery, Individuals in Treatment
7	Date this program was funded (please use MM/DD/YYYY):	06/20/2024
8	Amount of funding for this program.	\$40,000.00
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$40,000.00
9	How often are you disbursing funds to this program?	Upon receipt and review of invoice for services from the New Hope Integrated Behavioral Health Care facility.
10	Program Launch Date	06/20/2024
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?	360
13	Please state this program's statement of impact.	The Township is home to New Hope Integrated Behavioral Health Care, a large private not-for-profit treatment facility with approximately 130 beds. The Township has directed the use of settlement funds to support transportation to treatment or recovery programs or services sponsored by this facility for persons with OUD and any co-occurring SUD/MH conditions.
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:	180
	Number of services provided/encounters:	180
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?	Supplementing transport services for persons with OUD and any co-occurring SUD/MH conditions will alleviate the strain on local volunteer emergency medical services. Program outcomes will be tracked using dispatch call data generated by the Marlboro Department of Public Safety Police Communications Bureau.
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).	Recovery Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Support People in Treatment and Recovery, 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 program will facilitate transportation of affected individuals to medical facilities for treatment.
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 consulted with both clinical and administrative staff at the facility as well as emergency management services personnel affiliated with the volunteer first aid organizations operating within its borders regarding the need to supplement transport services for persons with OUD and any co-occurring SUD/MH conditions.
	2024 Fiscal Program List	
1	Program Name/Title	Assistance to Discovery Institute for Addictive Disorders
2	Agency/Funding Recipient Name	Discovery Institute for Addictive Disorders
3	Agency/Funding Recipient Category	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	Primary problem being addressed by this program:	Transportation to treatment facilities
5	Brief program description:	Support transportation to treatment or recovery programs

6	Program target population:	Individuals in Recovery,Individuals in Treatment
7	Date this program was funded (please use MM/DD/YYYY):	06/20/2024
8	Amount of funding for this program.	\$40,000.00
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$40,000.00
9	How often are you disbursing funds to this program?	Upon receipt and review of invoice for services from the Discovery Institute for Addictive Disorders facility.
10	Program Launch Date	06/20/2024
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?	180
13	Please state this program's statement of impact.	The Township is home to Discovery Institute for Addictive Disorders, a large private not-for-profit treatment facility with approximately 130 beds. The Township has directed the use of settlement funds to support transportation to treatment or recovery programs or services sponsored by this facility for persons with OUD and any co-occurring SUD/MH conditions.
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:	180
	Number of services provided/encounters:	180
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?	Supplementing transport services for persons with OUD and any co-occurring SUD/HM conditions will alleviate the strain on local volunteer emergency medical services. Program outcomes will be tracked using dispatch call data generated by the Marlboro Department of Public Safety Police Communications Bureau.
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).	Recovery Supports

19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Support People in Treatment and Recovery, 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 program will facilitate transportation of affected individuals to medical facilities for treatment.
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 consulted with both clinical and administrative staff at the two facilities as well as emergency management services personnel affiliated with the volunteer first aid organizations operating within its borders regarding the need to supplement transport services for persons with OUD and any co-occurring SUD/MH conditions.
	2023 Fiscal Program List	
1	Program Name/Title	Education of police officers
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:	No funds were encumbered or expended on this program. After engaging the public, funds will be used for the 2024 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)?	
	Other:	Program was not funded.
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: Middletown Township		
	State ID:	NJ136
	County Name:	Monmouth
	Address:	1 Kings Highway , Middletown, New Jersey, 07748
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$298,787.47
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.	\$414,662.58
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) :	\$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.	\$495,098.50

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	We're in the planning phase, but working on an RFP to have a contract with Uber Health to provide transportation to Middletown residents for doctor appointments, prescription pick-up, etc. We would have a part-time coordinator for scheduling rides. We are also thinking about a per diem social worker to support families who have lost someone to an overdose and to be a resource in our senior center and library. We are also planning to spend money on prevention education and programming 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.	We have an internal committee that discusses best practices and follows state guidelines and recommendations. We also participate in county opioid settlement planning discussions to share ideas from other municipalities and the county.
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?	None yet.
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: Millstone Township		
	State ID:	NJ138
	County Name:	Monmouth
	Address:	470 Stage Coach Road, Millstone Township, New Jersey, 08510
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$1,526.07
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.	\$4,305.35
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.	
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$3,586.60

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	The Township has a Municipal Drug Alliance that is currently meeting with County and School officials on the plan the best use for the funds. Once plans are finalized a plan will be implemented with the Township.
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.	Our committees are still discussing the best way to use the opioid funds that were provided to the Township.
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?	Our Drug Alliance has been meeting with County, School and local communities to implement a plan.
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: Neptune Township		
	State ID:	NJ152
	County Name:	Monmouth
	Address:	25 Neptune Blvd, Neptune, New Jersey, 07753
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$205,528.61
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.	\$308,559.03
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) :	\$8,242.80
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).	\$197,285.81
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.	\$300,316.23

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	We plan on doing a community survey and a Risk Assessment profile. We also are in the process of hiring another paramedic on staff to assist with refusals. Plus, management developing a new policy. The Township has encumbered the \$197,285.81 into unappropriated funds. This is a reserve account until we dedicate another program to the funds.
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 did a needs assessment and found that our town needed to help with refusals. We hired a paramedic that would visit the patients the next day; either drive them to seek treatment and/or provide needed assistance after the initial medical call for help.
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 conducted several round tables at Town Hall, with local treatment service providers, to gather ideas about a program to best help the residents of Neptune. We developed a plan based on the need to help with refusals after the Police/EMS go to a call for medical attention.
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
	2024 Fiscal Program List	
1	Program Name/Title	EMS Substance Abuse Outreach
2	Agency/Funding Recipient Name	Neptune Township EMS Department

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:	Decline in treatment after a 911 call of suspected overdose.
5	Brief program description:	SAOC will provide patient follow-ups, assistance with recovery and provision of resources to those patients or residents identified as having experienced an overdose and have a Substance Use Disorder. The SAOC will provide education to both patients and family as well as local responders.
6	Program target population:	Individuals in Treatment, Individuals who Use Drugs, Members of the General Public
7	Date this program was funded (please use MM/DD/YYYY):	03/15/2024
8	Amount of funding for this program.	\$8,242.80
8a.	Amount expended:	\$8,242.80
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	03/15/2024
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?	15
13	Please state this program's statement of impact.	SAOC to provide patient follow ups, assistance with recovery and provision of resources to those patients or residents identified as having experienced an overdose, and have a Substance Use Disorder (SUD). The outreach SAOC will provide education to both patients and family and friends as well as local responders.
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)?	
	Increased community awareness (please describe):	Attend local health fairs and other community events with literature and points of discussion regarding prevention of problematic use of opioids.
	Number of referrals to treatment	

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 SAOC will be tracking the progress ongoing and share a report at an Advisory meeting. We hope that patients get the assistance they need to start recovery. The SAOC will have education and transportation available to meet their needs.
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, 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, Prevent Overdose Deaths and Other Harms (Harm Reduction), First Responders
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 SAOC will organize regular Neptune Township Opioid Settlement Advisory meetings to focus on appropriate use of "Opioid Settlement Funds" to support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health condition (SUD/MH) through evidence-based or evidence-informed programs or strategies.
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.	Neptune Township conducted several round tables at Town Hall. It was determined that refusal of treatments after an overdose was a crucial point that needed to be addressed. The idea of an SAOC was developed at those meetings.

Opioid Settlement Funding Report		
Sub Division: Ocean Township, Monmouth County		
	State ID:	NJ165
	County Name:	Monmouth
	Address:	601 Deal Road, Ocean, New Jersey, 07712
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$116,359.75
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.	\$174,690.29
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) :	\$51,589.01
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).	\$108,016.44
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.	\$48,971.13
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Our goals focus primarily on mental health services, prevention & education, and workforce development for conditions related to Opioid Use Disorder and any co-occurring substance use disorder/Mental Health conditions across age groups.
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 rely on evidence-based practices and strategies of Griffin & Botvin, Shapiro, Patricia Conrod/Venture Lab, Merton Strommen/Search Institute and Jonathan Haidt as well as the list of Opioid Remediation uses. We also considered information provided by the county regarding their risk assessment profile.
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?	Residents with a personal or professional interest in Opioid Use Disorder and any co-occurring substance use disorder/Mental Health conditions across age groups were asked to share their input.
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	EMDR Training For Trauma
2	Agency/Funding Recipient Name	PESI
3	Agency/Funding Recipient Category	Non- profit Professional training company
4	Primary problem being addressed by this program:	Workforce Development: Lack of therapist who provide trauma informed therapy
5	Brief program description:	4-day EMDR training
6	Program target population:	Children and Young Adults - 19-24 (post-grad through college), First Responders, Law Enforcement and other Emergency Responders, 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	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)	3/26/2024
8	Amount of funding for this program.	\$499.99
8a.	Amount expended:	\$499.99
8b	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	5/13/2024
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?	100

13	Please state this program's statement of impact.	Trained mental health staff to do EMDR to effectively address trauma. Trauma/PTSD/ACES are risk factor for OUD & SUD/MH.
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 training/education sessions:	4
	Other:	Number of clients effectively served with this empirically validated treatment who present to our office with PTSD/trauma and w/without substance disorder.
15	How frequently are you measuring the tracked key performance indicators?	Clients' complete satisfaction surveys at the end of their treatment.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Improved treatment and better outcomes for clients with trauma who are at risk for an SUD or have an SUD
17	Primary Category:	Workforce Development and Capacity Building
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Treatment
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, Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome
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.	EMDR is an evidenced based practice in the treatment of PTSD which is often co-occurring with OUD and other SUD 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.	Vendor specific training service. Followed our Ocean Township accounting policies and procedures.

	2024 Fiscal Program List	
1	Program Name/Title	Older Adults Part 1 & 2 Substance abuse training
2	Agency/Funding Recipient Name	NAADAC
3	Agency/Funding Recipient Category	Non-Profit association for Addiction Professionals.
4	Primary problem being addressed by this program:	Shortage of therapist trained to work with geriatric population with SUD
5	Brief program description:	How to treat seniors with SUD/MH
6	Program target population:	Individuals in Recovery, Individuals in Treatment, Individuals who Use Drugs, Adults - 65 years and older
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)	5/28/2024
8	Amount of funding for this program.	\$50.00
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$50.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	5/29/2024
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?	50
13	Please state this program's statement of impact.	Enhance staff treatment of adults 65 and older who are at risk to develop or have an OUD or SUD/MH condition.

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:	Counselors' ability to effectively work with adults aged 65 and over who are at risk to develop or have an OUD or SUD/MH condition.
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?	Client's complete satisfaction surveys at end of treatment.
17	Primary Category:	Workforce Development and Capacity Building
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Treatment
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, 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.	By providing therapists with evidence-based practices and strategies to implement in their work with adults aged 65 and over who are at risk to develop or have an OUD or SUD/MH condition.
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.	Followed our Ocean Township accounting policies and procedures. Vendor specific training service.
	2024 Fiscal Program List	
1	Program Name/Title	Students Against Destructive Decisions
2	Agency/Funding Recipient Name	Dan Duddy, LLC

3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Underage drinking & drugging while driving
5	Brief program description:	Father shared story of losing son in fatal accident while son's friend and teammate was driving intoxicated
6	Program target population:	Children and Young Adults - 14-18 (high school aged)
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)	4/23/2024
8	Amount of funding for this program.	\$1,000.00
8a.	Amount expended:	\$1,000.00
8b	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	5/15/2024
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?	0
13	Please state this program's statement of impact.	Raise awareness of the negative impact of DUI to students who will be attending prom and harm of substance use.
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 training/education sessions:	1

	Increased community awareness (please describe):	Hazards of DUI and substance use.
15	How frequently are you measuring the tracked key performance indicators?	School administration received verbal feedback from the students following presentation.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Program aims to impact students' decision making in regard to driving while impaired and making healthy decisions regarding all substance use. The impact of this and all prevention programs reflected in student behavior.
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, Treatment
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Support People in Treatment and Recovery, 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 serves as a cautionary tale to all students, especially those who exhibit impulsive and sensation seeking behaviors which are 2 of the 4 personality types research has identified that put youth at a higher risk for substance abuse problems and related issues (Conrod/Venture Lab).
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.	Vendor specific training service. Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Ocean High on Life...Not Drugs campaign @ Fall Fest
2	Agency/Funding Recipient Name	Fire Safety Education

3	Agency/Funding Recipient Category	Nonprofit provides prevention and treatment promotional materials.
4	Primary problem being addressed by this program:	Parent education & family communication
5	Brief program description:	Education for parents to talk with children about impact of OUD and SUD/MH conditions and healthy alternatives
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 in Recovery, Individuals in Treatment, Individuals who Use Drugs, Members of the General Public
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)	9/19/2023
8	Amount of funding for this program.	\$3,280.14
8a.	Amount expended:	\$3,280.14
8b	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	9/30/2023
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?	0
13	Please state this program's statement of impact.	Increase effective communication between parents and kids about OUD and SUD/MH conditions and healthy alternatives.
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:	379
	Increased community awareness (please describe):	Info on OUD and SUD/MH conditions and healthy alternatives shared.
15	How frequently are you measuring the tracked key performance indicators?	During 6-hour event 379 individuals received this information.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increase family communication.
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:	Support People in Treatment and Recovery, 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.	Info distributed reflects research and concepts of Conrod/Venture Lab, Merton Strommen/Search Institute and Jonathan Haidt.
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.	Vendor specific products. Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Ocean High School and Intermediate School SASSI-A3

2	Agency/Funding Recipient Name	SASSI Institute
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Adolescent substance misuse
5	Brief program description:	Provide a reliable and valid screening tool to identify high or low probability of substance use in high-risk students
6	Program target population:	Children and Young Adults - 0-13 (through 8th grade), Children and Young Adults - 14-18 (high school aged)
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)	8/29/2023
8	Amount of funding for this program.	\$2,177.50
8a.	Amount expended:	\$2,177.50
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	8/9/2023
11	Please choose the length of time of this program's duration:	Training is two sessions for two staff. Application of SASSI-3A will be ongoing as long as the need for the screening tool is there and funds are available.
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 assist high school and intermediate school SAC with providing effective assessment and referral of students.
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:	25
15	How frequently are you measuring the tracked key performance indicators?	Students are tracked by the school regarding their follow up with referrals made as a result of the assessment.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increase in reliable and valid assessment of students at risk for substance use or who use substances. Feedback from SACs.
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:	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 instrument also provides clinical insight into family and social risk factors and a prescription drug abuse scale that identifies teens likely to be abusing prescription medication.
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.	Product, SASSI-3A, is exclusive to this company. Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Shawn Metz -Presentations for youth at risk
2	Agency/Funding Recipient Name	Shawn Metz Motivation LLC
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Youth identified by school as high risk for substance abuse
5	Brief program description:	Identified students present in small groups to learn about the risks of substance use

6	Program target population:	Children and Young Adults - 14-18 (high school aged), Individuals who Use Drugs, Students identified as high risk to use substances.
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)	12/1/2023
8	Amount of funding for this program.	\$1,200.00
8a.	Amount expended:	\$1,200.00
8b	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	10/17/2023
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?	0
13	Please state this program's statement of impact.	In small group setting students learn from someone in recovery about the dangers of OUD and SUD/MH conditions, alternative behaviors and coping skills.
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:	40
15	How frequently are you measuring the tracked key performance indicators?	At the completion of each session.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Provide education and encouragement to students identified as at risk by a professional motivation speaker who is in recovery. Students' attendance and participation were noted by administration as an indicator of this programs impact on attendees.

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, 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 intervention is reflective of evidence-based practices which include the research of Search Institute, 40 Developmental Assets.
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.	Service provided unique to vendor. Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Intermediate School Fatal Vision
2	Agency/Funding Recipient Name	Innocorp, LTD
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Student lack of awareness of effects of alcohol and cannabis intoxication
5	Brief program description:	To provide the intermediate school with alcohol and cannabis Fatal Visions Goggles for students to simulate the effects of alcohol and drug intoxication without actually using these substances. To enhance discussion of and increase understanding of the negative impact of substance use.
6	Program target population:	Children and Young Adults - 0-13 (through 8th grade)
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but	12/4/2023

	not yet spent in this reporting period (7/1/2023 - 6/30/2024)	
8	Amount of funding for this program.	\$9,658.44
8a.	Amount expended:	\$9,658.44
8b	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	12/18/2023
11	Please choose the length of time of this program's duration:	Ongoing
12	What is the anticipated number of unduplicated clients this program will reach annually?	0
13	Please state this program's statement of impact.	Increase student awareness of the impact of alcohol and cannabis on their body and brain. Increase thoughtful discussion of healthy choices and the potential negative consequences of substance use.
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:	445
	Number of training/education sessions:	8
15	How frequently are you measuring the tracked key performance indicators?	School administration received verbal feedback from the students following activity.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Program aims to impact students' decision making in regard to using cannabis and alcohol and making healthy decisions regarding all substance use. The impact of this and all prevention programs is reflected in student behavior.
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.	This intervention reflects evidence-based practices which include the research of Search Institute, 40 Developmental Assets.
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.	Vendor specific product. Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Intermediate School L.E.A.D Program
2	Agency/Funding Recipient Name	JCM Associates
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	adolescent substance use
5	Brief program description:	An anti-drug curriculum facilitated by law enforcement officers for fifth grade students.
6	Program target population:	Children and Young Adults - 0-13 (through 8th grade), 6th grade students
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)	3/26/2024
8	Amount of funding for this program.	\$1,938.75
8a.	Amount expended:	\$1,938.75

8b	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	9/8/2023
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?	0
13	Please state this program's statement of impact.	To enhance the relationship between local law enforcement and youth while addressing risk factor for all substance abuse.
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:	235
	Number of training/education sessions:	10
15	How frequently are you measuring the tracked key performance indicators?	Skill attainment and behavioral skills demonstrated by students.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The objectives of the L.E.A.D. program include refusal skills, fostering leadership skills, promoting character development, and enhancing social and emotional learning.
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, 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	This national program itself aligns with evidence -based public health (EBPH) approaches.

	conditions through evidence-based or evidence-informed practices or strategies.	
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.	Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Opioid Medication and Seniors
2	Agency/Funding Recipient Name	Wegmans
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Misuse of opioids by adults' age 60 and over
5	Brief program description:	Seniors meet enjoy a light lunch or snack while learning about the impact of opioid medication
6	Program target population:	Adults age 60 and over
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)	10/25/2023
8	Amount of funding for this program.	\$84.06
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$84.06
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	10/25/2023
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?	0
13	Please state this program's statement of impact.	Educate seniors and raise awareness of the dangers of Opioid addiction and OUD with police present.
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:	34
	Other:	1 sessions held.
15	How frequently are you measuring the tracked key performance indicators?	Participant feedback following discussion.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increase awareness. Participant feedback following discussion.
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, 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.	Be increasing awareness on OUD, providing resources and the fostering of community connection with our department to provide support and referral.
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.	Followed our Ocean Township accounting policies and procedures.

	2024 Fiscal Program List	
1	Program Name/Title	Cell Phone Social Media Task Force
2	Agency/Funding Recipient Name	Amazon
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Increase rates of anxiety and depression in youth.
5	Brief program description:	Provide research to Ocean School District Cell Phone Social Media Task Force about the negative impact of phone-based childhood on our youth and ways to help
6	Program target population:	Cell phone social media committee members
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)	4/3/2024
8	Amount of funding for this program.	\$882.28
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$882.28
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	6/10/2024
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?	0
13	Please state this program's statement of impact.	Educate and awareness for committee members to help increase wellbeing of youth during school day.
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:	46
15	How frequently are you measuring the tracked key performance indicators?	Increase awareness of committee members.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Improve mental wellbeing of youth during the school day
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
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.	By providing the research of Jonathan Haidt, THE ANXIOUS GENERATION, to the committee.
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.	Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Mental Health & Substance Abuse Treatment
2	Agency/Funding Recipient Name	TheraManager, LLC
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Substance misuse disorders and mental health disorders
5	Brief program description:	Program provides mental health and substance abuse treatment
6	Program target population:	Individuals in Recovery, Individuals in Treatment, Individuals who Use Drugs,

		Licensed therapists see Ocean residents ages 8-100.
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)	5/20/2024
8	Amount of funding for this program.	\$2,250.00
8a.	Amount expended:	\$0.00
8b	Amount encumbered/appropriated:	\$2,250.00
9	How often are you disbursing funds to this program?	Program can no longer afford electronic record due to new owner and increased cost. Fund is to transfer files to new platform to be determined.
10	Program Launch Date	5/24/2024
11	Please choose the length of time of this program's duration:	This is one time cost for conversion only.
12	What is the anticipated number of unduplicated clients this program will reach annually?	195
13	Please state this program's statement of impact.	This use of funds will in part help us to safely store the records of the clients we see who present with SUD and SU/MH and MH conditions.
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:	Proper maintenance of client records.
15	How frequently are you measuring the tracked key performance indicators?	Use of record.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	This fund will allow the counseling program to continue in light of this unanticipated cost increase and restricted budgets.
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).	None of the above
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD), 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.	We use empirically validated therapies and techniques, such as ME, CBT and EMDR in our work with clients.
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.	Vendor is specific to this purpose. Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Professional Training Seminars & Education Programs On OUD & SUD/MH Conditions
2	Agency/Funding Recipient Name	Amazon
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Speaker and mic for trainings and education programs
5	Brief program description:	We host workforce development seminars for therapists and educational programs for public about OUD and SUD/MH
6	Program target population:	Members of the General Public, Mental Health and Substance Abuse Counselors
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)	4/3/2024
8	Amount of funding for this program.	\$1,417.94

8a.	Amount expended:	\$0.00
8b	Amount encumbered/appropriated:	\$1,417.94
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	4/4/2024
11	Please choose the length of time of this program's duration:	Speaker and mic will be used ongoing.
12	What is the anticipated number of unduplicated clients this program will reach annually?	0
13	Please state this program's statement of impact.	Workforce Development for therapists to learn empirically validated therapies and techniques to effectively treat OUD and SUD/MH conditions. Increase public awareness of OUD and SUD/MH conditions and related 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 participants served:	150
15	How frequently are you measuring the tracked key performance indicators?	Audience response
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increase awareness of therapies counselors can implement to treat clients. Increase public awareness.
17	Primary Category:	Workforce Development and Capacity Building
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
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, 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.	By featuring empirically validated therapies at professional trainings and providing info based on research to public.
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.	Followed our Ocean Township accounting policies and procedures.
	2024 Fiscal Program List	
1	Program Name/Title	Anxious Generation- How to Help Youth
2	Agency/Funding Recipient Name	Barnes
3	Agency/Funding Recipient Category	Private/For-profit Organizations
4	Primary problem being addressed by this program:	Increase rates of anxiety and depression in youth.
5	Brief program description:	Provide research to Ocean School District Faculty and Board of Ed about the negative impact of phone-based childhood on our youth and ways to help
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), Members of the General Public, School faculty and involved adults
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)	6/13/2024
8	Amount of funding for this program.	\$1,680.00
8a.	Amount expended:	\$0.00

8b	Amount encumbered/appropriated:	\$1,680.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	6/18/2024
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?	0
13	Please state this program's statement of impact.	Provide research to Ocean District school faculty and Board of Ed about the negative impact of a phone-based childhood and to learn about ways schools can help.
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:	70
15	How frequently are you measuring the tracked key performance indicators?	Increased awareness of faculty and Board of Ed as evidenced by changes made in school policy regarding cell use.
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Improved mental wellbeing of youth during school day. Improved school climate.
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, 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.	By providing the research of Jonathan Haidt, THE ANXIOUS GENERATION, to the committee which discusses challenges and ways schools can 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.	Purchase time sensitive. Vendor could deliver on time. Followed our Ocean Township accounting policies and procedures.
	2023 Fiscal Program List	
1	Program Name/Title	Matt Bellace, Ph.D, Motivational Speaker and Comedian
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:	1645
	Number of training/education sessions:	4
	Increased community awareness (please describe):	Yes, parents, students and school faculty.
	Other:	Total cost of program: \$5,000.
4	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
	2023 Fiscal Program List	
1	Program Name/Title	Trauma, Addiction and Men: Create Connection, Increase Vulnerability and Improve Treatment Outcomes
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:	39
	Number of training/education sessions:	1
	Other:	Total Cost of Program: \$7500 Workforce Development to enhance provision of trauma-informed care to individuals with OUD and SUD/MH & their families.
4	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
	2023 Fiscal Program List	
1	Program Name/Title	2 Day Seminar: EMDR: A Rapid, Safe and proven Treatment for Trauma
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:	Original vendor cost budgeted for this 2-day training \$16,750. Final vendor cost \$13,000. Additional items for initial seminar program set up and actual event \$3,807.30. Total cost of event: \$16,807.31.
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:	51
	Number of training/education sessions:	2
	Other:	2-Day workforce Development to enhance provision of trauma-informed care to

		individuals with OUD and SUD/MH & their families.
4	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
	2023 Fiscal Program List	
1	Program Name/Title	Ocean High on Life...Not Drugs Campaign @ National Night Out
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:	Original cost budgeted for \$2,489.91. Additional items for event totaled \$36.97. Total cost of event \$2,526.88.
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:	875
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:	Families received info on how to talk to kids about healthy alternatives to substance use via literature & promotions.

Opioid Settlement Funding Report		
Sub Division: Red Bank Borough		
	State ID:	NJ193
	County Name:	Monmouth
	Address:	90 Monmouth Street, Red Bank, New Jersey, 07701
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$119,159.05
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.	\$178,892.86
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) :	\$35,964.72
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).	\$29,555.28
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.	All expenses are being charged to the social worker services with Pulsse Services.
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$113,372.86
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	All future available funds will be spent on our social workers with Pulsse Services or another vendor

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.	Administrator and governing body decided on this based on evidence informed practices.
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:	3 - 5 years
13	Please describe your public engagement/input efforts?	The governing body discussed the program and listened to the public for feedback
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

Opioid Settlement Funding Report		
Sub Division: Tinton Falls Borough		
	State ID:	NJ225
	County Name:	Monmouth
	Address:	566 Tinton Avenue, Tinton Falls, New Jersey, 07724
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$73,949.53
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.	\$111,020.04
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) :	\$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.	\$111,020.04
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	The Borough is currently implementing a Drug Alliance Committee to determine goals for the future.

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
16	Did your subdivision fund any programs using opioid abatement funds in this reporting year?	No

Opioid Settlement Funding Report		
Sub Division: Wall Township		
	State ID:	NJ238
	County Name:	Monmouth
	Address:	2700 Allaire Rd, Wall, New Jersey, 07719
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$138,468.51
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.	\$207,882.06
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.	\$207,882.06
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	No current year spending.

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.	No current year spending
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?	Still be formulated.
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