

# **BERGEN COUNTY**

## **2023 OPIOID ABATEMENT REPORT**

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## *2023 Opioid Abatement Report*

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bergen County**
3. What is your subdivision's State ID? **NJ10**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **MELISSA HOWARD**
  - Name of Administering Agency: **COUNTY OF BERGEN**
  - Business Address: **1 BERGEN COUNTY**
  - City/Town: **HACKENSACK**
  - Lead Contact Phone Number: **201-336-6561**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$2,560,405.74**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are in the initial planning phases of how we will administer the funds. One program that has already been approved is the County Opioid Diversion Court Program.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

## *2023 Opioid Abatement Report*

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Bergen County plans on using a needs assessment and strategic plan approach to ensure we are maximizing the use of the funds**

### **Program 1**

19. Program name/title: **Bergen County Central Municipal Diversion Court**

Agency/funding recipient name: **County of Bergen Prosecutor's Office**

Primary problem being addressed by this program: **Incarcerating of low-level opioid offenses and not providing treatment options.**

Brief program description: **The Bergen County Municipal Diversion Program is available to individuals who have been charged with disorderly persons offenses related to their substance abuse disorder. Program participants are eligible to have charges dismissed after 6 months of compliance with individualized, court approved treatment plan.**

Program target population: **Opioid arrests**

Date this program was funded (please use M/D/Y): **Approved on 2/15/2023, but not yet funded**

Amount of funding for this program: **329,600.00 annually**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **The program has not started as of 6/30/2023**

What key performance indicators are you tracking to ensure success of the program? **Dismissed cases and recovery rates**

Please state this program's statement of impact: **Rehabilitate rather than incarcerate**

How do you plan to measure or track success and impact of this program? **The indicators will be 1) dismissed cases after 6 months 2) arrests rates of those rehabilitated**

20. Primary Category (Please select the category that fits the primary focus of this program). **Diversion from Incarceration**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration, Recovery and Support, Treatment**

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

## *2023 Opioid Abatement Report*

Other (please specify): **The County plans to continue this program after Opioid funding is exhausted**

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

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

What is the reason for this program spending choice? **To assist in recovery**

What outcomes or impact does the program aim to achieve? **By not incarcerating the individual and providing them with a treatment plan so that they would not be put in the same situation again and also help prevent other harmful outcomes of opioid abuse such as death.**

What is the anticipated number of unduplicated clients this program will reach annually? **At this time, it is not determined.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bergenfield Borough**
3. What is your subdivision's State ID? **NJ11**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Richard Cahill**  
  
Name of Administering Agency: **Borough of Bergenfield**  
  
Business Address: **198 N. Washington Ave**  
  
City/Town: **Bergenfield**  
  
Lead Contact Phone Number: **(201)-387-4055 ext. 4053**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$25,988.38**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We have not yet established any goals or priorities**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **No rationale as of yet**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cliffside Park Borough**
3. What is your subdivision's State ID? **NJ33**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Administrator**  
  
Name of Administering Agency: **Borough of Cliffside Park**  
  
Business Address: **525 Palisade Avenue**  
  
City/Town: **Cliffside Park**  
  
Lead Contact Phone Number: **201-313-2006**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$45,628.88**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Our goal is to reduce the number of opioid related deaths in Cliffside Park; through increased knowledge, education and efficacy of students and individuals across the lifespan to mitigate risk and prevent opioid related overdoses and deaths; utilize our health educators to offer health promotion services and provide linkage support; create a digital health marketing campaign for physicians and other health related professionals.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**

## ***2023 Opioid Abatement Report***

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be utilizing a strategic plan based on a needs assessment analysis, epidemiological analysis to identify our objectives, project inputs, identify partners to carry out the plan, outputs, and continue to analyze the impact of the plan through measuring short term, intermediate term and long term outcomes.**

### **Program 1**

19. Program name/title: **Cliffside Park Opioid Awareness Program**

Agency/funding recipient name: **Borough of Cliffside Park**

Primary problem being addressed by this program: **Reduce the number of opioid related deaths and overdoses**

Brief program description: **Increase the knowledge, education and self-efficacy of students and individuals across the lifespan to mitigate risk and prevent opioid related deaths and overdoses.**

Program target population: **Students and all age groups that make up the socio-economic population of Cliffside Park**

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

Amount of funding for this program: **\$45,628.88**

Program launch date: **est. 12/1/23**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Number of first responders, students and other community stake holders trained; number of opioid related overdoses reversed through Naloxone administration compared to previous year(s); number of opioid related deaths and overdoses decreased compared to prior year(s)**

Please state this program's statement of impact: **Reduce the number of opioid related deaths in Cliffside Park**

How do you plan to measure or track success and impact of this program? **Through a comprehensive reporting system that tracks statistics which measure outcomes; continued participation of Opioid Committee and community input.**

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

## ***2023 Opioid Abatement Report***

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency, Diversion from Incarceration, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

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

Other (please specify): **As required by the activity.**

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

What is the reason for this program spending choice? **Compliant control of funds disbursement**

What outcomes or impact does the program aim to achieve? **Reduce the number of opioid related deaths and overdoses**

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

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Dumont Borough**
3. What is your subdivision's State ID? **NJ44**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Chris Rutch**  
  
Name of Administering Agency: **Bergen County**  
  
Business Address: **50 Washington Ave**  
  
City/Town: **Dumont**  
  
Lead Contact Phone Number: **201-387-5022**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$16,979.77**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **L.E.A.D.S. Program Initiative**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Prevention and Awareness**

### **Program 1**

19. Program name/title: **L.E.A.D.S.**

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

Primary problem being addressed by this program: **Prevention and Awareness**

Brief program description: **To bring prevention and awareness to our public**

Program target population: **All**

Date this program was funded (please use M/D/Y): **10/01/23**

Amount of funding for this program: **\$16,979.77**

Program launch date: **10/01/23**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Feedback from the schools and community feedback**

Please state this program's statement of impact: **By bringing awareness to the community from opioid overdoses/deaths**

How do you plan to measure or track success and impact of this program? **Feedback from schools and communities**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

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

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

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

What is the reason for this program spending choice? **Prevention and Awareness to reduce overdoses and death**

## ***2023 Opioid Abatement Report***

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

What is the anticipated number of unduplicated clients this program will reach annually? **400**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Edgewater Borough**
3. What is your subdivision's State ID? **NJ51**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Gregory S. Franz**
  - Name of Administering Agency: **Edgewater Borough**
  - Business Address: **55 River Road**
  - City/Town: **Edgewater**
  - Lead Contact Phone Number: **201-943-1700 ext. 3131**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,169.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Education and Recovery resources could be most advantageous.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

### **Program 1**

19. Program name/title: **Education and Recovery Resources**

Agency/funding recipient name: **Edgewater Borough**

Primary problem being addressed by this program: **Accessible information.**

Brief program description: **On-line resources providing education and recovery information.**

Program target population: **15000**

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

Amount of funding for this program: **N/A**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

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

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

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**



## ***2023 Opioid Abatement Report***

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Elmwood Park Borough**
3. What is your subdivision's State ID? **NJ55**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Roy Riggitano**
  - Name of Administering Agency: **Elmwood Park**
  - Business Address: **182 Market Street**
  - City/Town: **Elmwood Park**
  - Lead Contact Phone Number: **201-417-2138**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,355.47**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).  
**\$15,210.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Through Community Policing, we target junior/high school students, and also to residents. The funds have been encumbered but not yet spent.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Police community to school district, nightly forums.**

### Program 1

19. Program name/title: **Community Policing "Get the word out" opioid addiction**

Agency/funding recipient name: **Elmwood Park**

Primary problem being addressed by this program: **Simply teaching that over-the-counter medicines can lead to opioid addiction**

Brief program description: **Will conduct community policing in schools, borough hall**

Program target population: **Junior High school on up**

Date this program was funded (please use M/D/Y): **11/15/2022**

Amount of funding for this program: **\$15,210.00**

Program launch date: **10/01/23**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Follow up with clients identified**

Please state this program's statement of impact: **Reduce opioid dependence through community policing and education.**

How do you plan to measure or track success and impact of this program? **Through school resource officers, as well as county health department, in which Elmwood Park uses the services**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Workforce Development**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

Other (please specify): **Haven't commenced**

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **Elmwood park has terrific resource officers in school district which is our target**

What outcomes or impact does the program aim to achieve? **Prevention and follow up for those of addiction**

What is the anticipated number of unduplicated clients this program will reach annually? **Cannot say**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Englewood City**
3. What is your subdivision's State ID? **NJ56**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Michael Kaufmann**  
  
Name of Administering Agency: **Michael Kaufmann**  
  
Business Address: **2-10 north van brunt St.**  
  
City/Town: **Englewood**  
  
Lead Contact Phone Number: **201-871-6602**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$270,355.69**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The City will focus on opioid use prevention, education in schools, and senior citizen medication conflicts, as well as other emerging social worker related issues**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## ***2023 Opioid Abatement Report***

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **It will be in the City's strategic plan**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Fair Lawn Borough**
3. What is your subdivision's State ID? **NJ60**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Carol Wagner**  
  
Name of Administering Agency: **Borough of Fair Lawn**  
  
Business Address: **8-01 Fair Lawn Ave.**  
  
City/Town: **Fair Lawn**  
  
Lead Contact Phone Number: **201-794-5327**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,370.74**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.  
**Our goals and priorities for this program focus on improving public awareness and education pertaining to opioid abuse. Specifically, we aim to expand awareness of opioid abuse, risks, and available treatment options through various public outreach efforts such as: educational programs about the risks of opioid abuse, training on naloxone administration, providing free naloxone kits to residents, increasing awareness of available and affordable treatment options, etc. We also aim to increase collaboration efforts with various community stakeholders. For example, working with The Center for Alcohol and Drug Resources to provide training on naloxone administration to the Fair Lawn Police Department, Fair Lawn Borough Staff, and Fair Lawn residents. In addition, we will prioritize supporting community-based organizations that provide peer and recovery support services for individuals suffering from opioid use disorder such as The Counseling Center at Fair Lawn.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

## ***2023 Opioid Abatement Report***

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To prevent negative impacts of drug abuse and to prevent overdoses and potential deaths from opioid overdose.**

### **Program 1**

19. Program name/title: **Opioid Overdose Prevention Program**

Agency/funding recipient name: **Borough of Fair Lawn**

Primary problem being addressed by this program: **Opioid overdose**

Brief program description: **Increasing education of the negative impacts of opioid abuse through training of naloxone administration and providing naloxone kits.**

Program target population: **Training first responders and interested Fair Lawn residents**

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

Amount of funding for this program: **\$14,370.74**

Program launch date: **TBD based on NOGA**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Attendance will be kept through a post training survey**

Please state this program's statement of impact: **The Opioid Overdose Prevention program aims to increase the availability and effective use of naloxone empowering individuals with the knowledge, skills, and confidence to administer this life-saving medication in emergency overdose situations.**

How do you plan to measure or track success and impact of this program? **Tracking of attendance rate of training program and distribution of Naloxone kits.**

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



## ***2023 Opioid Abatement Report***

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Workforce Development**

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

Other (please specify): **Undetermined, dependent on NOGA**

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

Other (please specify): **Paying per training session depending on attendee registration**

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

What is the reason for this program spending choice? **To increase education regarding opioid abuse effects and supporting workforce development initiatives by providing free training of naloxone administration and kits to first responders**

What outcomes or impact does the program aim to achieve? **Increasing awareness and stigma reduction surrounding opioid addiction and overdose.**

What is the anticipated number of unduplicated clients this program will reach annually? **A minimum of 100 participants**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Fairview Borough**
3. What is your subdivision's State ID? **NJ61**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Diane Testa**
  - Name of Administering Agency: **Borough of Fairview**
  - Business Address: **59 Anderson Ave**
  - City/Town: **Fairview**
  - Lead Contact Phone Number: **201-943-3300 ext. 220**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$33,003.50**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**Future use 25% of funding**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Establish a Community Outreach Program and Prevention Programs within our schools**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## *2023 Opioid Abatement Report*

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment**

### **Program 1**

19. Program name/title: **Borough of Fairview Educational Outreach Program**

Agency/funding recipient name: **Bergen County**

Primary problem being addressed by this program: **Educating young adults on opioid addiction and its pitfalls**

Brief program description: **Community Outreach to spread the word on opioid addiction and prevention**

Program target population: **Young adults, Teenagers**

Date this program was funded (please use M/D/Y): **12/01/2023**

Amount of funding for this program: **\$10,000.00**

Program launch date: **12/15/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Have outreach meetings, ask for feedback**

Please state this program's statement of impact: **To provide an outreach program to those in need and educate our youth on the negatives of drug use**

How do you plan to measure or track success and impact of this program? **Through our School Resource Officers, through our Outreach Volunteers**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

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

Other (please specify): **Upon Commencement of Program 12/15/23**

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **To make a difference in the community and educate our youth**

What outcomes or impact does the program aim to achieve? **Save lives, offer assistance, educate our community**

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

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Fort Lee Borough**
3. What is your subdivision's State ID? **NJ64**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Matthew Rutch**  
  
Name of Administering Agency: **Bergen County**  
  
Business Address: **309 Main St.**  
  
City/Town: **Fort Lee**  
  
Lead Contact Phone Number: **201-592-3500 x1032**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$34,565.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.  
**The overarching goals for the Borough of Fort Lee are to reduce the number of opioid related deaths in the Borough. We also want to help borough residents increase their knowledge and education to help lower and prevent the risk of overdoses and deaths related to opioids. We would do this by working with the DARE program in the Borough and utilizing community outreach programs to train residents about the dangers of opioids.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

## *2023 Opioid Abatement Report*

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

**The Borough would look to put a plan together using input and information from the Borough Health Department and Emergency services, specifically the police department. In conjunction with the Fort Lee Municipal alliance to educate students about the dangers of opioids.**

### **Program 1**

19. Program name/title: **Dangers of Opioid education in conjunction w/ the Fort Lee Municipal Alliance**

Agency/funding recipient name: **Borough of Fort Lee**

Primary problem being addressed by this program: **To deliver ongoing training and education to Borough students in the dangers and risks of opioid use.**

Brief program description: **The Borough in conjunction with the Fort Lee Municipal Alliance will use a partial amount of the funds to increase the knowledge, education, and awareness of students in the Borough to mitigate the risk and prevent opioid related overdoses and deaths.**

Program target population: **Students**

Date this program was funded (please use M/D/Y): **1/1/2024**

Amount of funding for this program: **\$10,000.00**

Program launch date: **1/1/2024**

If program has started, how many clients have been seen as of 6/30/2023: **Has not started as of yet.**

What key performance indicators are you tracking to ensure success of the program? **The Municipal Alliance will track the number of students who attend the programs that are offered. The more students that are reached, the more information about opioid usage can be given.**

Please state this program's statement of impact: **This program will be used to educated high school students about the danger of opioid usage.**

How do you plan to measure or track success and impact of this program? **To track success, the best indicator would be attendance. The more students that attend, the more the information is spread.**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

## ***2023 Opioid Abatement Report***

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

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

What is the reason for this program spending choice? **The reason for this program spending choice is to help educate students about the dangers of opioid usage. This will help reduce the risk of opioid overdose or death.**

What outcomes or impact does the program aim to achieve? **To spread as much knowledge as possible about the dangers of opioids.**

What is the anticipated number of unduplicated clients this program will reach annually? **The number is not known as of now.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Franklin Lakes Borough**
3. What is your subdivision's State ID? **NJ65**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Frank O'Brien**
  - Name of Administering Agency: **Franklin Lakes Borough**
  - Business Address: **480 Dekorte Drive**
  - City/Town: **Franklin Lakes**
  - Lead Contact Phone Number: **551-262-2239**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$9,609.24**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,000.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To implement programs that will abate the opioid epidemic through activities and programs.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?



## 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Using funds through our R.E.A.C.H (Reducing Addiction through Care and Help) program**

### Program 1

19. Program name/title: **Supporting teens in reducing their stress (and ours)**

Agency/funding recipient name: **Matt Bellace PH.D.**

Primary problem being addressed by this program: **Reducing stress through healthy alternatives and coping mechanisms**

Brief program description: **Dr. Bellace helps parents and teens foster resilience building skills through a science-based approach and show alternatives to opioids and substance abuse.**

Program target population: **14 – 18-year-olds, adult parents**

Date this program was funded (please use M/D/Y): **04/05/23, 05/03/23**

Amount of funding for this program: **\$5,000.00**

Program launch date: **05/15/23**

If program has started, how many clients have been seen as of 6/30/2023: **1100**

What key performance indicators are you tracking to ensure success of the program? **Attendance and feedback from attendees**

Please state this program's statement of impact: **Shines a light on the use of natural highs as healthy coping mechanisms against stress, alcohol and other drug use. Laugh along with us as we learn how to support young people to make healthy choices.**

How do you plan to measure or track success and impact of this program? **Feedback from attendees**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **Through the R.E.A.C.H initiative, it was voted to be funded**

What outcomes or impact does the program aim to achieve? **Healthy alternatives to stress**

What is the anticipated number of unduplicated clients this program will reach annually? **1100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Garfield City**
3. What is your subdivision's State ID? **NJ71**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Anders Hasseler**  
  
Name of Administering Agency: **City of Garfield**  
  
Business Address: **111 Outwater Lane**  
  
City/Town: **Garfield**  
  
Lead Contact Phone Number: **973-340-2000 x 4032**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$51,222.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,978.63**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$2,079.63**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To educate and assist the public, and to empower and educate the police to fight the epidemic**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## 2024 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment**

### Program 1

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

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

Primary problem being addressed by this program: **Educating kids in drug prevention**

Brief program description: **Parallel to Municipal Alliance Drug prevention**

Program target population: **Middle school & high school**

Date this program was funded (please use M/D/Y): **02/26/23**

Amount of funding for this program: **\$899.00 so far**

Program launch date: **02/26/23**

If program has started, how many clients have been seen as of 6/30/2023: **350**

What key performance indicators are you tracking to ensure success of the program? **Students showing emotional competency and resistance skills, report that substance use is not normal behavior**

Please state this program's statement of impact: **Students intend to abstain from/reduce use of drugs.**

How do you plan to measure or track success and impact of this program? **Fewer students see it as acceptable or cool.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Diversion from Incarceration, Prevention and Education**

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

Other (please specify): **Ever year**

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

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

### 24. Rationale for Program

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **Working with the school**

What outcomes or impact does the program aim to achieve? **Prevent drug use in school-aged kids**

What is the anticipated number of unduplicated clients this program will reach annually? **350**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Glen Rock Borough**
3. What is your subdivision's State ID? **NJ73**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Lenora Benjamin**  
  
Name of Administering Agency: **Borough of Glen Rock**  
  
Business Address: **1 Harding Plaza**  
  
City/Town: **Glen Rock**  
  
Lead Contact Phone Number: **201-670-3956**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$13,109.93**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

### Program 1

19. Program name/title: **Opioid Awareness from Youth to Senior**

Agency/funding recipient name: **CRAN Community Relations Advocacy Network**

Primary problem being addressed by this program: **Awareness at every age and stage**

Brief program description: **Communication on the need for awareness of the hazards of opioid use at every age and stage of life**

Program target population: **Wide**

Date this program was funded (please use M/D/Y): **Not to date**

Amount of funding for this program: **Undetermined at data**

Program launch date: **Not determined at date**

If program has started, how many clients have been seen as of 6/30/2023: **Not started**

What key performance indicators are you tracking to ensure success of the program? **Unsure**

Please state this program's statement of impact: **Unsure**

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

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

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

Other (please specify): **Undetermined**

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

Other (please specify): **None disbursed to date**

### 24. Rationale for Program

What is the reason for this program spending choice? **Wide population awareness**

What outcomes or impact does the program aim to achieve? **Awareness and education**

## ***2023 Opioid Abatement Report***

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

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hackensack City**
3. What is your subdivision's State ID? **NJ78**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **James A. Mangin**  
  
Name of Administering Agency: **City of Hackensack**  
  
Business Address: **65 Central Ave.**  
  
City/Town: **Hackensack**  
  
Lead Contact Phone Number: **201-646-3935**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$107,394.46**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We plan to use the funds to partner with Hackensack University Medical Center for opioid addiction issues.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## ***2023 Opioid Abatement Report***

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment together with budget constraints**

### **Program 1**

19. Program name/title: **Hackensack City/HUMC Opioid Addiction/Education Partnership**

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

Primary problem being addressed by this program: **Opioid addiction**

Brief program description: **Educating the public on the problems faced by persons addicted to opioids**

Program target population: **General public**

Date this program was funded (please use M/D/Y): **Approved on 1/01/2023**

Amount of funding for this program: **\$124,000.00**

Program launch date: **N.A.**

If program has started, how many clients have been seen as of 6/30/2023: **N.A.**

What key performance indicators are you tracking to ensure success of the program? **Unknown at this time**

Please state this program's statement of impact: **Unknown at this time**

How do you plan to measure or track success and impact of this program? **To be determined**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

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

What is the reason for this program spending choice? **The City lacks the structure alone for the delivery of services**

## ***2023 Opioid Abatement Report***

What outcomes or impact does the program aim to achieve? **Educating the public at large**

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

**Unknown at this time**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hasbrouck Heights Borough**
3. What is your subdivision's State ID? **NJ87**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Robert Brady**
  - Name of Administering Agency: **Borough of Hasbrouck Heights**
  - Business Address: **320 Boulevard**
  - City/Town: **Hasbrouck Heights**
  - Lead Contact Phone Number: **201-288-0195**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$15,172.54**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Support First Responders as well as promote prevention strategies**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## ***2023 Opioid Abatement Report***

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Undecided at this time**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hillsdale Borough**
3. What is your subdivision's State ID? **NJ92**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **David Young**  
  
Name of Administering Agency: **Hillsdale Borough**  
  
Business Address: **380 Hillsdale Ave**  
  
City/Town: **Hillsdale**  
  
Lead Contact Phone Number: **201-666-4800**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,694.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Combating opioid abuse here in the Borough by investing in opioid use prevention programs**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Prevent addiction through early intervention/awareness**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Little Ferry Borough**
3. What is your subdivision's State ID? **NJ114**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisette M Duffy**
  - Name of Administering Agency: **Borough of Little Ferry**
  - Business Address: **215-217 Liberty Street**
  - City/Town: **Little Ferry**
  - Lead Contact Phone Number: **201-641-2166**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,087.77**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?



## 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Based on our town's demographics and those of bordering towns, we see a need to educate our high school students as well as their parents and guardians on substance abuse.**

### Program 1

19. Program name/title: **Educating Students and the Public on the Opioid Crisis**

Agency/funding recipient name: **Borough of Little Ferry**

Primary problem being addressed by this program: **Preventing and Detecting Opioid Abuse**

Brief program description: **Educate the public which includes parents and minors on substance abuse and misuse inclusive of substance use disorders.**

Program target population: **200+ High school grade 11 & 12 with parents and guardians**

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

Amount of funding for this program: **\$4,500.00**

Program launch date: **October 2023 target date**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Audience response and engagement**

Please state this program's statement of impact: **Preventing and Detecting Opioid Misuse**

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

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **Seeing a need on educating our high school students**

## ***2023 Opioid Abatement Report***

What outcomes or impact does the program aim to achieve? **Preventive use and misuse of Opioid**

What is the anticipated number of unduplicated clients this program will reach annually? **200 - 300**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lodi Borough**
3. What is your subdivision's State ID? **NJ116**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Marc Nicholas Schrieks**  
  
Name of Administering Agency: **Marc Nicholas Schrieks**  
  
Business Address: **1 Memorial Dr**  
  
City/Town: **Lodi**  
  
Lead Contact Phone Number: **973-859-7402**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,723.50**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **No.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Still evolving plan**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lyndhurst Township**
3. What is your subdivision's State ID? **NJ120**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Chris Battaglia**
  - Name of Administering Agency: **Township of Lyndhurst**
  - Business Address: **367 Valley Brooks Avenue**
  - City/Town: **Lyndhurst**
  - Lead Contact Phone Number: **201-804-2457**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,135.37**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Substance abuse and mental health awareness**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## *2023 Opioid Abatement Report*

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

### **Program 1**

19. Program name/title: **Lyndhurst Municipal Alliance - Anti-Substance Abuse Programs**

Agency/funding recipient name: **Lyndhurst Municipal Alliance**

Primary problem being addressed by this program: **Lack of awareness to existing substance abuse programs**

Brief program description: **Use of high-tech drinking-while-driving simulator; fostering a positive relationship between our youth and the police department. Police work with youth volunteers to place warning messages on alcohol in liquor stores**

Program target population: **Mostly Youth, but all Lyndhurst residents**

Date this program was funded (please use M/D/Y): **05/11/2023**

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

Program launch date: **07/2023-06/2024**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Number of participants**

Please state this program's statement of impact: **Establishing various anti-substance abuse programs**

How do you plan to measure or track success and impact of this program? **Number of participants & number of abuse crimes in community**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **Overall health of community**

What outcomes or impact does the program aim to achieve? **Substance free community**

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

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

### **Program 2**

19. Program name/title: **Lyndhurst Municipal Alliance - Pro-Mental Health Programs**

Agency/funding recipient name: **Lyndhurst Municipal Alliance**

Primary problem being addressed by this program: **Addressing youth and residents' mental health issues**

Brief program description: **Mental health first aid open house**

Program target population: **All Lyndhurst youth and residents in need of mental health support and resources**

Date this program was funded (please use M/D/Y): **05/11/2023**

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

Program launch date: **07/2023 - 06/2024**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Number of participants**

Please state this program's statement of impact: **Establishing pro mental health resources**

How do you plan to measure or track success and impact of this program? **Number of participants, number of mental health related crimes in our community**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

## *2023 Opioid Abatement Report*

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

What is the reason for this program spending choice? **To address youth and residents' mental health issues**

What outcomes or impact does the program aim to achieve? **To provide support and resources to address mental health issues**

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

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mahwah Township**
3. What is your subdivision's State ID? **NJ122**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Corinne Hockman**  
  
Name of Administering Agency: **Township of Mahwah**  
  
Business Address: **475 Corporate Dr**  
  
City/Town: **Mahwah**  
  
Lead Contact Phone Number: **201-529-5757**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$30,349.95**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.  
**The Township of Mahwah plans on investing in a K-9 which will be trained to aid in preventing opioid distribution. It will also help us find individuals needing further assistance in rehabilitation or education purposes.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

**A plan was established between administration, police admin, and council to determine how the money would be best spent**

### Program 1

19. Program name/title: **Opioid K-9**

Agency/funding recipient name: **Township of Mahwah**

Primary problem being addressed by this program: **Distribution of Opioids**

Brief program description: **K-9 will be trained to uncover the presence of Opioids which will allow officers to get the drugs off of the streets**

Program target population: **Opioid Distributors**

Date this program was funded (please use M/D/Y): **9/2023**

Amount of funding for this program: **\$20,000.00**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **The amount of confiscations**

Please state this program's statement of impact:

How do you plan to measure or track success and impact of this program? **Track the amount of opioids we confiscate from our area**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **We feel that this is a good way to address the distribution as well as find individuals who may be good candidates for education**

What outcomes or impact does the program aim to achieve? **Get opioids off the streets and find individuals to possibly help with excess funds in education and rehabilitation**

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

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **New Milford Borough**
3. What is your subdivision's State ID? **NJ154**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Christine Demiris**
  - Name of Administering Agency: **Borough of New Milford**
  - Business Address: **930 River Road**
  - City/Town: **New Milford**
  - Lead Contact Phone Number: **201-967-7056**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$15,492.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

### Program 1

19. Program name/title: **D.E.A.'s National Drug Take Back**

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

Primary problem being addressed by this program: **Misuse of prescription drugs**

Brief program description: **Collect unused prescription drugs**

Program target population: **All**

Date this program was funded (please use M/D/Y): **4/22/23 - but funds have not been dispersed yet**

Amount of funding for this program: **\$272.20**

Program launch date: **4/22/23**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **National Program**

What outcomes or impact does the program aim to achieve? **Reduce the amount prescriptions being misused**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

## ***2023 Opioid Abatement Report***

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **North Arlington Borough**
3. What is your subdivision's State ID? **NJ157**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stephen Lolacono**
  - Name of Administering Agency: **Borough of North Arlington**
  - Business Address: **214 Ridge Road**
  - City/Town: **North Arlington**
  - Lead Contact Phone Number: **201-991-6060 x107**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$5,124.21**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Harm Reduction**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No.**
15. Can we post your strategic plan online? **No.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No.**

## ***2023 Opioid Abatement Report***

17. Can we post your risk assessment online? **No.**

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment.**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Oakland Borough**
3. What is your subdivision's State ID? **NJ162**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **David Young**
  - Name of Administering Agency: **Oakland Borough**
  - Business Address: **1 Municipal Plaza**
  - City/Town: **Oakland**
  - Lead Contact Phone Number: **201-337-8111 ext. 2014**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,104.52**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,188.20**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Combating opioid abuse here in the Borough by investing in opioid use prevention programs.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Youth prevention programs provide largest local impact**

### Program 1

19. Program name/title: **L.E.A.D.**

Agency/funding recipient name: **OAKLAND MUNICIPAL ALLIANCE**

Primary problem being addressed by this program: **DRUG USE AMONG K-12 STUDENTS**

Brief program description: **L.E.A.D. is a known Statewide program geared towards alcohol and drug use prevention.**

Program target population: **K-12 GRADE STUDENTS**

Date this program was funded (please use M/D/Y): **05/18/23**

Amount of funding for this program: **\$5,188.20**

Program launch date: **JANUARY 2023**

If program has started, how many clients have been seen as of 6/30/2023: **APPROX. 200**

What key performance indicators are you tracking to ensure success of the program? **Students' mood, behavior, interested in school etc.**

Please state this program's statement of impact: **Provide Information, Enhance Skills, Modify/Changing Policies**

How do you plan to measure or track success and impact of this program? **The amount of calls of service the Police Department receives for drug related issues.**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Workforce Development**

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

Other (please specify): **EVERY YEAR**

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

Other (please specify): **WHEN A PROGRAM QUALIFIES**

### 24. Rationale for Program

What is the reason for this program spending choice? **Gives the students an opportunity to bond with the officers that teach the program in a drug/alcohol free environment.**

## ***2023 Opioid Abatement Report***

What outcomes or impact does the program aim to achieve? **Reduction of drug use.**

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

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Palisades Park Borough**
3. What is your subdivision's State ID? **NJ168**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Roy Riggitano**  
  
Name of Administering Agency: **Borough of Palisades Park**  
  
Business Address: **275 Broad Ave**  
  
City/Town: **Palisades Park**  
  
Lead Contact Phone Number: **201-957-5551**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$26,625.62**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Community outreach and education programs**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will study our last 3 years police response to overdoses to find out which demographic and age group to target with education and prevention**

### **Program 1**

19. Program name/title: **Opioid education and prevention**

Agency/funding recipient name: **Borough of Palisades Park**

Primary problem being addressed by this program: **Overdose awareness**

Brief program description: **Education and prevention through community out reach**

Program target population: **High school students and the general public**

Date this program was funded (please use M/D/Y): **Awaiting funding approval**

Amount of funding for this program: **\$15,000.00 to \$20,000.00**

Program launch date: **October 2023**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Number of naloxone deployments by the police**

Please state this program's statement of impact: **Opioid overdose prevention through education**

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

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

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

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

What is the reason for this program spending choice? **Community education and prevention**

What outcomes or impact does the program aim to achieve? **Community awareness**

## ***2023 Opioid Abatement Report***

What is the anticipated number of unduplicated clients this program will reach annually? **300**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Paramus Borough**
3. What is your subdivision's State ID? **NJ169**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Hector Olmo**  
  
Name of Administering Agency: **Borough of Paramus**  
  
Business Address: **1 Jockish Square**  
  
City/Town: **Paramus**  
  
Lead Contact Phone Number: **(201) 265-2100 ext. 2211**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$45,123.14**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**NA**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan?
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## *2023 Opioid Abatement Report*

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **"NA"**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ramsey Borough**
3. What is your subdivision's State ID? **NJ189**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Bruce Vozeh**  
  
Name of Administering Agency: **Borough of Ramsey**  
  
Business Address: **33 North Central Avenue**  
  
City/Town: **Ramsey**  
  
Lead Contact Phone Number: **201-825-3400**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$16,076.60**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,361.85**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.  
**Law enforcement faces a challenge in detecting and interdicting fentanyl laced drugs. Borough is using some of the funding for the purchase, train and field a narcotics detection dog.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## ***2023 Opioid Abatement Report***

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

### **Program 1**

19. Program name/title: **Narcotics Detection Dog**

Agency/funding recipient name: **Borough of Ramsey**

Primary problem being addressed by this program: **Challenge in detecting and interdicting drugs specifically fentanyl laced drugs.**

Brief program description: **Borough Police Dept is purchasing, training and fielding a narcotics detection dog.**

Program target population: **Borough of Ramsey residents 14,351**

Date this program was funded (please use M/D/Y): **Preliminary funding started 6/28/23**

Amount of funding for this program: **\$19,440 initially and annual \$4,140 (spent \$5,361.85 as of 6/30/23)**

Program launch date: **June 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Canine still in training phase**

What key performance indicators are you tracking to ensure success of the program?  
**Performance indicators will be prevention and the amount of opioids removed from the community due to success of program**

Please state this program's statement of impact: **Program will be to focus on prevention of the first-time user from having access to drugs and preventing drug dealers from operating in and through the Borough of Ramsey. Our goal is to reduce the harms related to the opioid epidemic.**

How do you plan to measure or track success and impact of this program? **Through the actual results the Borough sees and drugs that are taken off the streets and community outreach and feedback on the program success. The dog will be integrated into the community policing effort, regarding education, prevention and intervention efforts.**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

## ***2023 Opioid Abatement Report***

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

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

What is the reason for this program spending choice? **Most effective way with limited resources to reduce access and supply in the community**

What outcomes or impact does the program aim to achieve? **Prevention through access to supply and reduction in harm to the residents of the community**

What is the anticipated number of unduplicated clients this program will reach annually?  
**Estimated at 100+**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## *2023 Opioid Abatement Report*

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ridgefield Borough**
3. What is your subdivision's State ID? **NJ194**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Frank Elenio**
  - Name of Administering Agency: **Borough of Ridgefield**
  - Business Address: **700 Shaler Blvd**
  - City/Town: **Ridgefield**
  - Lead Contact Phone Number: **201-401-7600**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$ 6500**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Inform residents of the dangers of opioids and offer avenues for treatment**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## *2023 Opioid Abatement Report*

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Increased incidents involving opioids**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ridgefield Park Village**
3. What is your subdivision's State ID? **NJ195**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michael Liantonio**  
  
Name of Administering Agency: **Finance**  
  
Business Address: **234 Main Street**  
  
City/Town: **Ridgefield Park**  
  
Lead Contact Phone Number: **201-641-4950**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$9,171.31**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Funds usage will focus on educating the Ridgefield Park Village Police in the area of Education and Prevention of Opioid usage. Obtained education will be delivered to Schools and the Elderly population, providing the cautious use, negative, and lasting impact of Opioid usage.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## ***2023 Opioid Abatement Report***

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Focus is on Education & Prevention**

### **Program 1**

19. Program name/title: **Ridgefield Park Drug Prevention & Education**

Agency/funding recipient name: **John Anlian, Mayor**

Primary problem being addressed by this program: **Educate Schools and Elderly of Illegal and Safe use of Opioid Drugs**

Brief program description: **Ridgefield Park Village Police will educate the public in the areas of Education and Prevention of Opioid usage. Opioid education will be delivered to Schools and the Elderly population, providing the cautious use, negative and lasting impact of Opioid usage.**

Program target population: **3,000 - 5,000 Students and Elderly Residents**

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

Amount of funding for this program: **\$2,000.00 – Not Yet Spent**

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

If program has started, how many clients have been seen as of 6/30/2023: **1,800 Students in Schools**

What key performance indicators are you tracking to ensure success of the program? **Monthly reporting of Drug Overdoses reported in Ridgefield Park Village**

Please state this program's statement of impact: **Steady decline in reported drug overdoses.**

How do you plan to measure or track success and impact of this program? **Track Monthly Overdoses reported in Ridgefield Park Village. React to positive/negative trend changes.**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Workforce Development**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

Other (please specify): **Finds will be distributed on an as needed basis.**

## *2023 Opioid Abatement Report*

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

What is the reason for this program spending choice? **Educating the public on the health impact of Opioid use.**

What outcomes or impact does the program aim to achieve? **Steady reduction in reported drug overdoses.**

What is the anticipated number of unduplicated clients this program will reach annually? **3,000 - 5,000 residents.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ridgewood Village**
3. What is your subdivision's State ID? **NJ196**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Robert G Rooney**  
  
Name of Administering Agency: **Village of Ridgewood**  
  
Business Address: **131 N Maple Avenue**  
  
City/Town: **Ridgewood**  
  
Lead Contact Phone Number: **201-670-5500**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$59,596.30**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Educate public on drug abuse issues.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic**

### Program 1

19. Program name/title: **MISUSE OF OPIOIDS**

Agency/funding recipient name: **Board of Education**

Primary problem being addressed by this program: **OPIOID MISUSE**

Brief program description: **Support efforts to discourage or prevent misuse of opioids**

Program target population: **10000**

Date this program was funded (please use M/D/Y): **12/1/23**

Amount of funding for this program: **\$59,596.30**

Program launch date: **12/1/23**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Survey**

Please state this program's statement of impact: **Unknown**

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

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **Priority**

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

What is the anticipated number of unduplicated clients this program will reach annually? **2000**

## ***2023 Opioid Abatement Report***

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **River Edge Borough**
3. What is your subdivision's State ID? **NJ198**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisette Aportela, Borough Administrator**  
  
Name of Administering Agency: **Borough of River Edge**  
  
Business Address: **705 Kinderkamack Road**  
  
City/Town: **River Edge**  
  
Lead Contact Phone Number: **201-599-6304**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,186.97**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **River Edge's goal is to supplement the L.E.A.D (formerly DARE) program in educating our youth of the dangers of opioid use. We are currently coordinating having a renowned speaker, Matthew Bocchi, speak to our high school students to conduct his presentation, entitled Overcome: The Matthew Bocchi Story. Mr. Bocchi is making this presentation at several schools in NJ.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?

## ***2023 Opioid Abatement Report***

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Our children are very vulnerable due to social media peer pressure and encountering prescribed opioids for sports injuries and other medical issues, which is a slippery slope towards addiction.**

### **Program 1**

19. Program name/title: **Overcome: The Matthew Bocchi Story**

Agency/funding recipient name: **River Edge Borough**

Primary problem being addressed by this program: **Learning to deal with trauma in a healthy manner and not numbing oneself through drug and alcohol abuse.**

Brief program description: **Matthew Bocchi will present the trauma he experienced as a result of losing his father on 9/11, how he spiraled in drug and alcohol abuse, and how he was inspired to get sober. He will speak to the group as a whole and meet with students individually.**

Program target population: **students in grades 9-12**

Date this program was funded (please use M/D/Y): **8/14/2023**

Amount of funding for this program: **\$6,000.00**

Program launch date: **Anticipated by 12/31/2023 - currently coordinating booking the speaker**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Observation of student engagement in the general program and quantifying the one-on-one sessions**

Please state this program's statement of impact: **The impact is to teach the teens how to cope with trauma and struggles in a healthy manner and not succumb to the escapism opioids appear to provide at the risk of addiction and death.**

How do you plan to measure or track success and impact of this program? **Survey the students on the general presentation and a separate survey for those who participated in the one-on-one session.**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

## ***2023 Opioid Abatement Report***

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

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

What is the reason for this program spending choice? **Giving a vulnerable age group an opportunity to learn from someone who has been through the trials and tribulations of addiction instead of a parental or authority figure lecture.**

What outcomes or impact does the program aim to achieve? **Provide teens with coping tools, letting them know that they are not alone, display an honest accounting instead of citing statistics.**

What is the anticipated number of unduplicated clients this program will reach annually? **1000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Rutherford Borough**
3. What is your subdivision's State ID? **NJ204**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Gordon L. Stelter**  
  
Name of Administering Agency: **Borough of Rutherford**  
  
Business Address: **176 Park Avenue**  
  
City/Town: **Rutherford**  
  
Lead Contact Phone Number: **(201) 460-3026**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,365.43**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Program yet to be determined.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Program yet to be determined.**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Saddle Brook Township**
3. What is your subdivision's State ID? **NJ205**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Peter LoDico**
  - Name of Administering Agency: **Saddle Brook Township**
  - Business Address: **55 Mayhill Street**
  - City/Town: **Saddle Brook**
  - Lead Contact Phone Number: **1-201-587-2909**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$19,405.42**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Our goal is to run training programs for our first responders on administering Naloxone as well as its purchase**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic plan**

### Program 1

19. Program name/title: **Saddle Brook Strategic Planning**

Agency/funding recipient name: **Saddle Brook Township**

Primary problem being addressed by this program: **Awareness, prevention and recovery of opioid use**

Brief program description: **reaching out to emergency responders and schools**

Program target population: **1200**

Date this program was funded (please use M/D/Y): **8/1/23**

Amount of funding for this program: **\$8,000.00**

Program launch date: **10/1/23**

If program has started, how many clients have been seen as of 6/30/2023: **n/a**

What key performance indicators are you tracking to ensure success of the program? **Utilizing feedback from first responders as to how many residents use opioid drug as well as school administrators on a monthly basis**

Please state this program's statement of impact: **We will be able to ascertain the use of opioids**

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

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

Other (please specify): **as needed**

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **As a new program we need to know what funds are needed to be spent**

What outcomes or impact does the program aim to achieve? **To educate and prevent opioid use as well as recovery from overdose**

What is the anticipated number of unduplicated clients this program will reach annually? **1200**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Teaneck Township**
3. What is your subdivision's State ID? **NJ223**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **Scott Salmon**
  - Name of Administering Agency: **Township of Teaneck**
  - Business Address: **818 Teaneck Road**
  - City/Town: **Teaneck**
  - Lead Contact Phone Number: **908-312-2124**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,820.21**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Addressing community outreach and prevention in addition to treatment options for those who are experiencing substance use disorder.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## ***2023 Opioid Abatement Report***

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment in tandem with strategic plan**

### **Program 1**

19. Program name/title: **Opioid Prevention, Education and Community Outreach**

Agency/funding recipient name: **Township of Teaneck**

Primary problem being addressed by this program: **Address gaps related to substance abuse disorder**

Brief program description: **Address gaps related to substance abuse disorder through community outreach and education**

Program target population: **Teaneck Residents**

Date this program was funded (please use M/D/Y): **10/31/2023**

Amount of funding for this program: **\$11,820.21**

Program launch date: **10/1/2024**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **Address gaps related to substance abuse disorder through community outreach and education**

How do you plan to measure or track success and impact of this program? **Pre and post surveys**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency, Prevention and Education, Recovery and Support, Treatment, Workforce Development**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **Prevention and education and community outreach to address gaps related to substance abuse disorder**

What outcomes or impact does the program aim to achieve? **Increased community outreach, prevention, and substance use education.**

What is the anticipated number of unduplicated clients this program will reach annually? **100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Tenaflly Borough**
3. What is your subdivision's State ID? **NJ224**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Susan Corrado**  
  
Name of Administering Agency: **Tenaflly**  
  
Business Address: **100 Riveredge Road**  
  
City/Town: **Tenaflly**  
  
Lead Contact Phone Number: **201-568-6100**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,951.25**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**NA**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide training and equipment**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Use for training and equipment**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Waldwick Borough**
3. What is your subdivision's State ID? **NJ237**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Steven Neale**  
  
Name of Administering Agency: **Borough of Waldwick**  
  
Business Address: **63 Franklin Turnpike**  
  
City/Town: **Waldwick**  
  
Lead Contact Phone Number: **201-652-5300 x 227**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,947.25**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are having a warrior's night out. Which will have an opioid booth to educate the public about opioid abuses.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Plan on using strategic planning to use the funds in the best possible way.**

### **Program 1**

19. Program name/title: **Warriors Night out**

Agency/funding recipient name: **Borough of Waldwick**

Primary problem being addressed by this program: **Educating the public about the risks and dangers of opioids**

Brief program description: **Will be an event, with food, music, games and stations with first responders to educate the public on the dangers of opioids.**

Program target population: **5000 within the borough of Waldwick or neighboring municipalities.**

Date this program was funded (please use M/D/Y): **8/15/2023**

Amount of funding for this program: **Exact funding is not available yet. Expecting around \$5,000**

Program launch date: **10/20/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Number of people who attend the event.**

Please state this program's statement of impact: **The impact of this program will be to educate the public about the risks and dangers of opioids.**

How do you plan to measure or track success and impact of this program? **Community feedback, attendance figures.**

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

**Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Recovery and Support**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

**24. Rationale for Program**

## ***2023 Opioid Abatement Report***

What is the reason for this program spending choice? **To begin to educate the public on the risks and dangers of opioids.**

What outcomes or impact does the program aim to achieve? **To provide education in a fun environment about opioids.**

What is the anticipated number of unduplicated clients this program will reach annually? **Hard to know exactly but we are hoping for a high attendance.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wallington Borough**
3. What is your subdivision's State ID? **NJ239**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Melissa Dabal**  
  
Name of Administering Agency: **Borough of Wallington**  
  
Business Address: **24 Union Blvd**  
  
City/Town: **Wallington**  
  
Lead Contact Phone Number: **201-280- 4645**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$12,218.19**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To support first responders and opioid use prevention.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Support first responders and opioid use prevention**

## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Westwood Borough**
3. What is your subdivision's State ID? **NJ256**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Durene M. Ayer**  
  
Name of Administering Agency: **Borough of Westwood**  
  
Business Address: **101 Washington Avenue**  
  
City/Town: **Westwood**  
  
Lead Contact Phone Number: **201-664-7100**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$7,488.36**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Developing a strategic plan with the Police Department, Health Department, Municipal Alliance Committee and regional school district.**

### **Program 1**

19. Program name/title: **Borough of Westwood - Opioid Education/Prevention Program**

Agency/funding recipient name: **Borough of Westwood**

Primary problem being addressed by this program: **Stop/Prevent usage**

Brief program description: **Through the use of education, develop a campaign to fight opioid use.**

Program target population: **K through 12th grade**

Date this program was funded (please use M/D/Y): **1/6/23**

Amount of funding for this program: **\$7,488.36**

Program launch date: **September 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Not yet started.**

What key performance indicators are you tracking to ensure success of the program? **Number of students participating in the programs.**

Please state this program's statement of impact: **To educate students on the detrimental use of opioids.**

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

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

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

Other (please specify): **The Borough will be purchasing the materials for use by the various entities.**

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

What is the reason for this program spending choice? **Reach the younger population.**

What outcomes or impact does the program aim to achieve? **Deter the younger population from using opioids.**

## ***2023 Opioid Abatement Report***

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

**Approximately 3,000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**



## ***2023 Opioid Abatement Report***

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wyckoff Township**
3. What is your subdivision's State ID? **NJ262**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Diana McLeod**  
  
Name of Administering Agency: **Township of Wyckoff**  
  
Business Address: **340 Franklin Avenue**  
  
City/Town: **Wyckoff**  
  
Lead Contact Phone Number: **201-891-7000 X 1050**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$12,473.92**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To be determined**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

## ***2023 Opioid Abatement Report***

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To be determined**