

ATLANTIC COUNTY

2025 OPIOID ABATEMENT REPORT

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Opioid Settlement Funding Report		
Sub Division: Atlantic County		
	State ID:	NJ4
	County Name:	Atlantic
	Address:	1333 Atlantic Avenue, Atlantic City, New Jersey, 08401
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$1,735,025.86
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$0.00
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$5,061,802.06
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a county and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$359,753.70
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$502,274.34
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$1,814.71
8a.	Please provide details about any administrative expenses.	Laptop; Monitor; and Universal Mouse; Wireless Keyboard and Case
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$3,916,798.41

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Atlantic County is committed to ensuring that the use of opioid settlement funds reflects the needs and priorities of the community. Atlantic County's goal is to save lives, address equity, and build sustainable programs that respond to the opioid crisis. The County's values of accountability, adaptability, engagement, and collaboration guide all spending decisions to ensure lasting community impact.
11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	Atlantic County determined the best use of opioid abatement funds by Comprehensive Plan, conducting comprehensive surveys, and engaging the Opioid Settlement Committee to gather feedback on funding priorities and programming needs.
12	In this reporting year (7/1/2024 - 6/30/2025), did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received?	Yes, for multiple year funding
12a	Please select years range:	3 - 5 years
13	Please describe your public engagement/input efforts?	Public engagement and input efforts were led by the Opioid Settlement Coordinator and included targeted outreach to community members, local organizations, healthcare providers, and government officials. Efforts involved surveys, and direct communication to ensure community needs and feedback guided the planning and use of opioid abatement funds.
14	Does your county/subdivision have a strategic plan?	Yes
14a	Can we post your strategic plan online?	Yes
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	Yes
15a	Can we post your risk assessment online?	
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	Yes

	2025 Fiscal Program #1	
1	Program Name/Title	Adult Residential Services
2	Agency/Funding Recipient Name	Maryville
3	Agency/Funding Recipient Category	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	Primary problem being addressed by this program:	Treatment -short term residential and detox
5	Brief program description:	Short term residential treatment program supports individuals in early recovery by addressing symptoms and providing comprehensive care. Sub-acute Withdrawl Management (detoxification) program supports individuals in early recovery by addressing withdrawal symptoms and providing comprehensive care. Services include but are not limited to treatment and after care planning; group, individual, and family counseling; MAT; education on relapse prevention and coping skills; and referrals and linkage to next level of care.
6	Program target population:	Others
6(a).	Program target population: - Others	Indigent Atlantic County adult residents 18 yrs and older who are addicted to opioids and other drugs and who meet appropriate ASAM criteria
7	Date this program was funded (please use MM/DD/YYYY)	01/01/2025
8	Amount of funding for this program.	\$59,644.94
8a.	Amount expended:	\$2,130.80
8b.	Amount encumbered/appropriated:	\$57,514.14
9	How often are you disbursing funds to this program?	Quarterly
10	Program Launch Date	01/01/2025
11	Please choose the length of time of this program's duration:	1 year
12	What is the anticipated number of unduplicated clients this program will reach annually?	22
13	Please state this program's statement of impact.	"Provide a safe, medically and clinically equipped environment for treatment and recovery; Reduce the incidence, prevalence, and impact of SUD among Atlantic County residents; Deliver evidence-based, holistic, therapeutic services in which the client may gain insight

13 cont.	Please state this program's statement of impact. cont.	into early recovery issues as well as relapse factors; Foster client empowerment, involvement, and choice; Encourage healthy family supports and relationships."
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	9
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Maryville Short Term Residential and Detox aim to stabilize clients, initiate recovery and reduce relapse measured through treatment completion rates detox transitions and follow up care.
17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
18 (a).	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Evidence-based practices are used at every level of care, including Motivational Interviewing to engage clients, Decisional Balance to assess pros/cons of substance use, Trauma-Focused Cognitive Behavioral Therapy to change thought and behavior patterns, and Dialectical Behavior Therapy to manage stress and emotions. The Matrix Model supports addiction recovery, Seeking Safety addresses trauma and addiction, and Person-Centered Planning ensures client needs guide treatment and discharge planning.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RFP was posted and a committee of opioid taskforce members reviewed proposals using a rating tool to make objective recommendations for funding. This method engages a variety of professionals and a member of the community

21 cont.	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. cont.	in decision making.
	2025 Fiscal Program #2	
1	Program Name/Title	Family Empowerment Recovery Services & Opioid Treatment Services
2	Agency/Funding Recipient Name	Family Empowerment
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	Intensive Outpatient treatment
5	Brief program description:	The Family Empowerment Recovery Services & Opioid Treatment Services for the Atlantic County Department of Human Services Division of Public Health Substance Abuse Services Unit partnership is designed to provide comprehensive supportive services to assist 100 recipients suffering from opioid dependence in overcoming barriers to sobriety and achieving greater self-sufficiency through therapeutic means. This program also offers a broad spectrum of services to help individuals secure identification documents, access employment, and connect with essential community resources when necessary.
6	Program target population:	Others
6(a).	Program target population: - Others	Underserved communities and individuals with co-occurring mental health and substance use challenges
7	Date this program was funded (please use MM/DD/YYYY)	01/01/2025
8	Amount of funding for this program.	\$58,133.54
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$58,133.54
9	How often are you disbursing funds to this program?	Quarterly
10	Program Launch Date	01/01/2025
11	Please choose the length of time of this program's duration:	1 year

12	What is the anticipated number of unduplicated clients this program will reach annually?	100
13	Please state this program's statement of impact.	Family Empowerment is an outpatient treatment facility providing individualized, evidence-based services to support recovery improve stability and enhance overall behavioral health outcomes.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	100
	Other:	100 in IOP treatment
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Family Empowerment Treatment aims to improve recovery, mental health and functioning through therapy and counseling, measured by treatment engagement, system reduction and transition to lower levels of care.
17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
18 (a).	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Family Empowerment addresses opioid use disorder and co-occurring mental health conditions using a coordinated multidisciplinary approach that combines individualized therapy, psychiatric care, and structured group sessions grounded in evidence informed practices.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RFP was posted and a committee of opioid taskforce members reviewed proposals using a rating tool to make objective recommendations for funding. This method engages a variety of professionals and a member of the community in decision making.

	2025 Fiscal Program #3	
1	Program Name/Title	Short term residential treatment #2
2	Agency/Funding Recipient Name	CURA
3	Agency/Funding Recipient Category	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	Primary problem being addressed by this program:	Short term residential treatment
5	Brief program description:	CURA is proposing to serve three (3) Atlantic County indigent and working poor residents in our 28-day Short-Term Residential Substance Abuse Treatment Program. The county resident may be referred by the Atlantic County Department of Human Services Division of Public Health as well as other social and legal entities who serve Atlantic County residents as well as from the residents themselves.
6	Program target population:	Others
6(a).	Program target population: - Others	The target population are English/Spanish speaking adult male, who are uninsured and suffer from Substance Use or Co-Occurring Disorders.
7	Date this program was funded (please use MM/DD/YYYY)	01/01/2025
8	Amount of funding for this program.	\$20,561.52
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$20,561.52
9	How often are you disbursing funds to this program?	Quarterly
10	Program Launch Date	01/01/2025
11	Please choose the length of time of this program's duration:	1 year
12	What is the anticipated number of unduplicated clients this program will reach annually?	3
13	Please state this program's statement of impact.	The program does fill a huge gap in providing service to the Hispanic/Latino community. CURA, Inc. is presently the only recognized Spanish speaking residential treatment program in the state of New Jersey. All of New Jersey's 21 counties has seen most of its increase to have been from the Hispanic/Latino population.

14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	0
	Number of referrals to treatment	0
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Provide culturally appropriate treatment and recovery services to the Hispanic/Latino community. CURA, Inc. is presently the only recognized Spanish speaking residential treatment program in the state of New Jersey. All of New Jersey's 21 counties has seen most of its increase to have been from the Hispanic/Latino population.
17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
18 (a).	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	CURA Inc. Hispanic Treatment Facility addresses opioid use and co-occurring mental health conditions through culturally tailored, evidence-based interventions, including medicated assistant treatment, bilingual counseling, integrated behavioral health services to ensure accessibility and effectiveness for the Hispanic community.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RFP was posted and a committee of opioid taskforce members reviewed proposals using a rating tool to make objective recommendations for funding. This method engages a variety of professionals and a member of the community in decision making.
	2025 Fiscal Program #4	

1	Program Name/Title	Short term residential treatment
2	Agency/Funding Recipient Name	AtlantiCare JBRC
3	Agency/Funding Recipient Category	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	Primary problem being addressed by this program:	Short term residential treatment
5	Brief program description:	Atlanticare JBRC Short Term Residential Treatment provides structured, evidence based care in a supportive environment to help individuals stabilize, begin recovery from substance use disorders and transition to ongoing treatment and community support.
6	Program target population:	Others
6(a).	Program target population: - Others	Individuals with OUD; including co-occurring mental health challenges
7	Date this program was funded (please use MM/DD/YYYY)	01/01/2025
8	Amount of funding for this program.	\$100,000.00
8a.	Amount expended:	\$11,884.50
8b.	Amount encumbered/appropriated:	\$88,115.20
9	How often are you disbursing funds to this program?	Quarterly
10	Program Launch Date	01/01/2025
11	Please choose the length of time of this program's duration:	1 year
12	What is the anticipated number of unduplicated clients this program will reach annually?	125
13	Please state this program's statement of impact.	Atlanticare JBRC Short Term Residential impacts the community by reducing substance use, promoting recovery, and supporting successful reintegration into daily living.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	102
	Number of referrals to treatment	102
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Atlanticare JBRC Short Term aims to achieve sustained recovery and reduced relapse through enhanced treatments services ensuring impact by tracking treatment completion. aftercare

16 cont.	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact? cont.	linkage and client progress.
17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
18 (a).	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Atlanticare JBRC Short Term Residential program addresses opioid use disorder and co-occurring mental health conditions through evidence-based strategies including medication assisted treatment, cognitive behavioral therapy, trauma informed care and integrated behavioral health services to promote stabilization and long-term recovery.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RFP was posted and a committee of opioid taskforce members reviewed proposals using a rating tool to make objective recommendations for funding. This method engages a variety of professionals and a member of the community in decision making.
	2025 Fiscal Program #5	
1	Program Name/Title	Treatment - detox and intensive outpatient
2	Agency/Funding Recipient Name	AtlantiCare FQHC -
3	Agency/Funding Recipient Category	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	Primary problem being addressed by this program:	Treatment - detox and intensive outpatient
5	Brief program description:	AtlantiCare Health Services FQHC provides adult ambulatory Opioid detoxification, also known as withdrawal management services, and intensive outpatient services to resident utilizing service access point at ambulatory facility and community outreach to ensure access to services for those in early recovery.

6	Program target population:	Members of the General Public
7	Date this program was funded (please use MM/DD/YYYY)	01/01/2025
8	Amount of funding for this program.	\$186,600.00
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$186,600.00
9	How often are you disbursing funds to this program?	Quarterly
10	Program Launch Date	01/01/2025
11	Please choose the length of time of this program's duration:	1 year
12	What is the anticipated number of unduplicated clients this program will reach annually?	62
13	Please state this program's statement of impact.	Goals are focused on ensuring safety, minimizing withdrawal symptoms, and laying the groundwork for ongoing treatment and recovery. (1) To provide a safe and comfortable withdrawal from the drug(s) of dependence and enable the patient to become drug free, (2) to provide withdrawal that is compassionate and protects the patient's dignity, and (3) to prepare the patient for ongoing treatment of his/her alcohol and/or other drug dependence. The overarching goal of group treatment during the intensive part of the program is to help individuals attain sobriety and remain drug and alcohol free.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	24
	Number of referrals to treatment	24
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Atlanticare FQHC provides outpatient treatment services aiming to improve recovery outcomes and reduce relapse rates, measured through treatment retention, client progress and successful care transitions.
17	Primary Category:	Treatment

18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Through evidence-based strategies such as medication assisted treatment, integrated behavioral health care and ongoing counseling support.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RFP was posted and a committee of opioid taskforce members reviewed proposals using a rating tool to make objective recommendations for funding. This method engages a variety of professionals and a member of the community in decision making.
	2025 Fiscal Program #6	
1	Program Name/Title	Harm Reduction vending machines
2	Agency/Funding Recipient Name	South Jersey Aids Alliance
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	harm reduction
5	Brief program description:	SJAA Harm Reduction Program provides life saving services Narcan distribution, education, and linkage to care to reduce overdose deaths and the spread of infectious diseases.
6	Program target population:	Others
6(a).	Program target population: - Others	Individuals living with HIV and those at high risk and those with OUD
7	Date this program was funded (please use MM/DD/YYYY)	01/01/2025
8	Amount of funding for this program.	\$85,000.00
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$85,000.00
9	How often are you disbursing funds to this program?	Quarterly
10	Program Launch Date	05/15/2025
11	Please choose the length of time of this program's duration:	1 year

12	What is the anticipated number of unduplicated clients this program will reach annually?	0
13	Please state this program's statement of impact.	South Jersey Aids Alliance is a non-profit organization focused on providing harm reduction efforts implemented by State and local health departments.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	312
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Distributed Narcan to reduce opioid overdose aim to increase community access to life saving interventions measured by reported overdose reversals and distribution tracking data.
17	Primary Category:	Harm Reduction and Overdose Prevention
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
18 (a).	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Vending machines for distributing Narcan is an evidence-based practice that improves access to life saving medication. By increasing accessibility, equity is built within all communities and lives are saved.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RFP was posted and a committee of opioid taskforce members reviewed proposals using a rating tool to make objective recommendations for funding. This method engages a variety of professionals and a member of the community in decision making.
	2025 Fiscal Program #7	
1	Program Name/Title	Atlantic County Recovery Integrated Case Management Program

2	Agency/Funding Recipient Name	Angels in Motion
3	Agency/Funding Recipient Category	Community Based Organizations/Non-Governmental Organizations
4	Primary problem being addressed by this program:	Integrated case management
5	Brief program description:	To provide comprehensive support services to individuals struggling with opioid use disorders (OUD). The program is focused on delivering personalized care, addressing barriers to recovery, and supporting sobriety through a combination of case management, housing assistance, and recovery support services.
6	Program target population:	Others
6(a).	Program target population: - Others	Any resident of Atlantic County with OUD in need of support for services including treatment, resources, recovery, etc.
7	Date this program was funded (please use MM/DD/YYYY)	01/01/2025
8	Amount of funding for this program.	\$340,000.00
8a.	Amount expended:	\$138,437.61
8b.	Amount encumbered/appropriated:	\$201,562.37
9	How often are you disbursing funds to this program?	Others
9(a).	How often are you disbursing funds to this program? - Others	Monthly
10	Program Launch Date	02/01/2025
11	Please choose the length of time of this program's duration:	1 year
12	What is the anticipated number of unduplicated clients this program will reach annually?	41
13	Please state this program's statement of impact.	Angels in Motion (AIM) is a grassroots organization dedicated to transforming the lives of individuals struggling with substance use disorders (SUDs) through a holistic and compassionate approach. Founded with the mission to "meet people where they are," AIM places a strong emphasis on dignity, respect, and the removal of barriers to recovery.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	41

	Other:	41 people served; Services - Recovery Housing, Transportation, Therapy, Necessities, Essential Documents; Treatment Linkage
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	AIM aims to improve client stability, linkage to care through case management, measured by successful referrals, service engagement, and follow up outcomes.
17	Primary Category:	Wraparound and Connected Care Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
18 (a).	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Connections to Care
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The process for case management was outline in RFP titled Comprehensive Outreach Case Management Flow Chart and the flow was derived from competencies related to social work. By providing a format for intake and follow up, all clients should receive the same services.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RFP was posted and a committee of opioid taskforce members reviewed proposals using a rating tool to make objective recommendations for funding. This method engage a variety of professionals and a member of the community in decision making.
	2023 Fiscal Program #1	
1	Program Name/Title	Bridge Clinic Program
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, other modifications/expansions
	2a) If yes, please explain:	Program was extended in time only through 12/31/2024.
3	Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)	\$205,486.08

4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	33
	Other:	Paid 3/27/24 \$40,476.08 Jan-Sept 2023 Paid 4/11/24 \$16,525.84 Oct-Dec 2023 \$205,486.08 Jan - Dec 2024
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	The Bridge clinic a primary component of the Bridge clinic is quick and immediate access to medication for substance use in order to stabilize their withdrawal symptoms. Bridge Program aims to stabilize clients, support recovery and ensure continuity of care using recovery specialists and Medicated assisted treatment with outcomes measured by treatment engagement and transitions.
6	Last Updated Date :	09/03/2025
	2023 Fiscal Program #2	
1	Program Name/Title	Hope1
2	Have there been any modifications or expansions to this program since the initial report? :	Yes - Program has ended/will not be continued
3	Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)	\$0.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Other:	Paid 12/2/2023 \$4,175.80 Rides for Recovery 7/1/23-9/30/23 Paid 2/4/2024 \$4,825.18 Rides for Recovery 10/1/23-12/30/23
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
6	Last Updated Date :	09/26/2024

Opioid Settlement Funding Report		
Sub Division: Atlantic City		
	State ID:	NJ3
	County Name:	Atlantic
	Address:	1301 Bacharach Blvd, ,Ste 306, Atlantic City, New Jersey, 08401
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$719,307.53
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$13,318.19
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$2,308,413.32
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$507,849.94
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$52,075.00
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
8a.	Please provide details about any administrative expenses.	- NONE-
9.	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$1,407,202.61

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Our goals remain guided by programs that help prevent opioid use by assessing the risks present in the community. Education & prevention programs that support individuals and families dealing with the effects of opioid use and providing treatment where necessary are key to reaching our goals.
11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	In conversations with key stakeholders in the city, it was decided by City Administration that there remains a need to show presence throughout the community and engaging at-risk youth and adults in meaningful activities help prevent repeated opioid related activities
12	In this reporting year (7/1/2024 - 6/30/2025), did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received?	Yes, for multiple year funding
12a	Please select years range:	3 - 5 years
13	Please describe your public engagement/input efforts?	We have a team of social workers, community service aides, mental health advocates, and drug and peer recovery specialists that engage the public on a daily basis to get an understanding of the needs. We also work with different social service agencies that provide services to at-risk and disadvantaged individuals in the community.
14	Does your county/subdivision have a strategic plan?	Yes
14a	Can we post your strategic plan online?	
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	No
	2024 Fiscal Program #1	
1	Program Name/Title	Operation Community Engagement

2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	\$507,849.94
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	200
	Reduction in opioid-related incidents:	Assisted 10 individuals get into Sober Living Facilities
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	600 Narcan Kits distributed 18 Overdose Kits distributed Also distributed informational pamphlets on rehabilitation centers
	Number of training/education sessions:	1
	Number of services provided/encounters:	800
	Increased community awareness (please describe):	Participated in Substance Abuse Awareness Events
	Number of referrals to treatment	40
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
6	Last Updated Date :	08/28/2025

Opioid Settlement Funding Report		
Sub Division: Egg Harbor Township		
	State ID:	NJ53
	County Name:	Atlantic
	Address:	3515 Bargaintown Road, Egg Harbor Township, New Jersey, 08234
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$77,274.51
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$6,618.54
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$228,709.10
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$0.00
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
8a.	Please provide details about any administrative expenses.	N/A
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$226,338.32

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Our Township is committed to protecting public health and safety by reducing opioid misuse and its impacts through evidence-based strategies. We will prioritize treatment and recovery supports so individuals and families have access to the resources they need. At the same time, we will also emphasize prevention and education, particularly for youth and at-risk populations.
11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	The Township did not utilize any opioid abatement funds in 2025. Instead, our team is actively assessing community needs and building targeted strategies to ensure these resources are applied effectively beginning in 2026.
12	In this reporting year (7/1/2024 - 6/30/2025), did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received?	No, but plan to in the future
13	Please describe your public engagement/input efforts?	Our team is actively assessing community needs and building targeted strategies to ensure these resources are applied effectively beginning in 2026.
14	Does your county/subdivision have a strategic plan?	No, but we plan to in the future
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	No

Opioid Settlement Funding Report		
Sub Division: Galloway Township		
	State ID:	NJ70
	County Name:	Atlantic
	Address:	300 E. JIMMIE LEEDS RD, GALLOWAY, New Jersey, 08205
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$89,255.80
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$0.00
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$195,852.80
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$38,589.34
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$50,666.46
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
8a.	Please provide details about any administrative expenses.	
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$74,131.41

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Galloway Township has established our drug prevention and awareness program, and is continuing our partnerships with local organizations including our schools, as well as JTAC (Join Together Atlantic County) to promote awareness through messaging. We also started a partnership with a local church to provide help with homeless and addiction services. We are also continuing our Cops in Schools and JTAC program.
11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	We placed a specific target on messaging to promote local and state wide addiction services. Our Township maintained our connection with local schools; however, we also expanded by partnering with JTAC to reach a wider targeted audience. We are currently in a program targeting our motel district which has a high number of reported overdoses. Partnering with a local faith organization near these motels, we are hosting an event that will provide addiction services.
12	In this reporting year (7/1/2024 - 6/30/2025), 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?	This coming fall we are partnering with JTAC to host an event at our schools discussing drug awareness among young people, specifically teenagers. Feedback from this event will present us with more ideas on how to utilize our funds.
14	Does your county/subdivision have a strategic plan?	No, but we plan to in the future
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	No

	2024 Fiscal Program #1	
1	Program Name/Title	Galloway Township Police Department Drug Prevention and Awareness
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	\$38,589.34
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Increased community awareness (please describe):	Our marketing and messaging has increased!
	Other:	We have partnered with JTAC and a local church for addiction and homeless help this year. We are also continuing our partnership with local schools for education and addiction related resources.
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
6	Last Updated Date :	08/13/2025
	2023 Fiscal Program #1	
1	Program Name/Title	JTAC American Medicine Chest Challenge
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)	\$0.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Increased community awareness (please describe):	Social Media posts providing awareness of the prog
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
6	Last Updated Date :	10/28/2024

	2023 Fiscal Program #2	
1	Program Name/Title	Cops in Schools Program
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)	\$0.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	1500
	Number of training/education sessions:	30
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
6	Last Updated Date :	10/28/2024

Opioid Settlement Funding Report		
Sub Division: Hamilton Township, Atlantic County		
	State ID:	NJ81
	County Name:	Atlantic
	Address:	6101 Thirteenth St, Mays Landing, New Jersey, 08330
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$42,084.51
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$0.00
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$150,187.03
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$18,543.61
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$0.00
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
8a.	Please provide details about any administrative expenses.	N/A
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$163,747.70

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Spending during the current period consisted of outfitting Police Officers, Rescue Personnel, and local sports parks with critical medical equipment commonly needed when providing rescue efforts to an overdose person. The critical equipment purchased included AED's, AED cabinets, and suction equipment
11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	Exhibit E: List of Opioid Remediation Uses & Evidence Based Need Assessment
12	In this reporting year (7/1/2024 - 6/30/2025), did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received?	No, but plan to in the future
13	Please describe your public engagement/input efforts?	N/A
14	Does your county/subdivision have a strategic plan?	No, but we plan to in the future
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	Yes
	2025 Fiscal Program #1	
1	Program Name/Title	N/A
2	Agency/Funding Recipient Name	N/A
3	Agency/Funding Recipient Category	First Responders, Law Enforcement, and Emergency Services
4	Primary problem being addressed by this program:	Reduction of Overdose Related Deaths
5	Brief program description:	Purchase of Heart Start Onsite AED & Accessories

6	Program target population:	First Responders, Law Enforcement and other Emergency Responders; Individuals who Use Drugs; Members of the General Public
6(a).	Program target population: - Others	
7	Date this program was funded (please use MM/DD/YYYY)	08/05/2024
8	Amount of funding for this program.	\$18,543.61
8a.	Amount expended:	\$18,543.61
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	Others
9(a).	How often are you disbursing funds to this program? - Others	One time purchase
10	Program Launch Date	07/10/2024
11	Please choose the length of time of this program's duration:	One time only
12	What is the anticipated number of unduplicated clients this program will reach annually?	50
13	Please state this program's statement of impact.	N/A
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Other:	One time purchase of AEDs
15	How frequently are you measuring the tracked key performance indicators?	Annually
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Reduction of Overdose related deaths
17	Primary Category:	Harm Reduction and Overdose Prevention
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Primary Prevention, Education, and Training
18 (a).	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others	
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Prevent Overdose Deaths and Other Harms (Harm Reduction), First Responders, Training

20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	N/A
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	N.J.S.A. 40A:11- Local Public Contract Law & Regulation

Opioid Settlement Funding Report		
Sub Division: Hammonton Town		
	State ID:	NJ83
	County Name:	Atlantic
	Address:	100 Central Ave, Hammonton, New Jersey, 08037
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$22,678.88
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$0.00
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$65,326.42
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$1,000.00
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$6,945.00
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$1,000.00
8a.	Please provide details about any administrative expenses.	coordination fees
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$34,702.54
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Public outreach to the public schools in our Municipality

11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	Work work with our coordinator
12	In this reporting year (7/1/2024 - 6/30/2025), 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?	Our coordinator had events for the public to attend
14	Does your county/subdivision have a strategic plan?	No
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	No

Opioid Settlement Funding Report		
Sub Division: Pleasantville City		
	State ID:	NJ184
	County Name:	Atlantic
	Address:	18 N. First Street, Pleasantville, New Jersey, 08232
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$64,900.03
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$2,324.72
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$230,731.81
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$0.00
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
8a.	Please provide details about any administrative expenses.	None to date.
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$214,132.98
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Strategic plan in the making, to be determined by Board.

11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	Strategic plan in the making, to be determined by Board..
12	In this reporting year (7/1/2024 - 6/30/2025), 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?	Strategic plan in the making, to be determined by Board.
14	Does your county/subdivision have a strategic plan?	No, but we plan to in the future
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	No

Opioid Settlement Funding Report		
Sub Division: Somers Point City		
	State ID:	NJ210
	County Name:	Atlantic
	Address:	1 WEST NEW JERSEY AVE, SOMERS POINT, New Jersey, 08244
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$10,867.18
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	\$0.00
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$52,014.94
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
7	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	\$0.00
8	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025) :	\$0.00
8a.	Please provide details about any administrative expenses.	NA
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$42,272.57
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Under review

11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	Under review
12	In this reporting year (7/1/2024 - 6/30/2025), 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?	NA
14	Does your county/subdivision have a strategic plan?	No, but we plan to in the future
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	No