

CAPE MAY COUNTY

2025 OPIOID ABATEMENT REPORT

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Opioid Settlement Funding Report		
Sub Division: Cape May County		
	State ID:	NJ26
	County Name:	Cape May
	Address:	4 Moore Rd ,DN907, Cape May Court House, New Jersey, 08210
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$630,952.23
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):	\$2,248,171.54
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) :	\$1,278.00
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) :	\$1,278.00
8a.	Please provide details about any administrative expenses.	Advertisements for Public Listening Session - 2024: \$185.00 for advertisement in the Shoppe and \$848.00 for advertisements in the Cape May County Herald. Food Costs for Family member Focus Group at Rutgers Coop Extension - 2024: \$245.00 for food trays. Total expenses related to 2024 public input process: \$1,278.00

9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$2,604,966.56
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Overarching goals and values: Cape May County is committed to maximizing the allotment of opioid settlement funds by leveraging a transparent and accessible public input process to identify the needs of residents who live with or have experienced an opioid use disorder and their families and then augment the existing continuum of care to enhance the capacity to care for residents and committing to heal our community from the negative effects caused by the opioid epidemic.
11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	Cape May County designed a transparent and accessible public input process to engage residents and solicit stakeholder feedback by creating an opioid settlement website, implementing both a community and treatment agency survey, planning public listening sessions, and conducting stakeholder focus groups including the recovery community, youth serving organizations, family members, faith-based organizations and criminal justice involved individuals. A survey of active users is planned for the future.
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?	See response to question #11 above - surveys and focus groups completed in July 2024. Active User survey planned for Fall of 2025.
14	Does your county/subdivision have a strategic plan?	No, but we plan to in the future
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, 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: Lower Township		
	State ID:	NJ118
	County Name:	Cape May
	Address:	2600 Bayshore Rd, Villas, New Jersey, 08251
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$34,897.72
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	\$1,046.93
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	\$140,949.03
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) :	\$13,735.00
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).	\$3,795.00
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.	\$120,341.77
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Taught Botvin LifeSkills to children in enrolled in Summer Camp and Police Camp. Important to ensure that children make healthy decisions throughout their life.

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.	Utilized an evidence based prevention program, Botvin LifeSkills, to teach children the skills they need to make healthy decisions.
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	Summer Camp
2	Agency/Funding Recipient Name	Lower Township
3	Agency/Funding Recipient Category	County or Municipality (including Departments and Municipal Alliances)
4	Primary problem being addressed by this program:	Prevention of future opioid use
5	Brief program description:	Campers were taught how to make positive choices using Botvins Life Skills.
6	Program target population:	Children and Young Adults - 0-13 (through 8th grade)
7	Date this program was funded (please use MM/DD/YYYY)	03/11/2025
8	Amount of funding for this program.	\$17,530.00
8a.	Amount expended:	\$13,735.00
8b.	Amount encumbered/appropriated:	\$3,795.00

9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	06/23/2025
11	Please choose the length of time of this program's duration:	Less than 1 year
12	What is the anticipated number of unduplicated clients this program will reach annually?	120
13	Please state this program's statement of impact.	Implementing the Botvin LifeSkills Training program in a summer camp setting provides youth with essential skills to resist peer pressure, manage stress, and make healthy decisions. By combining evidence-based prevention education with the immersive, supportive environment of camp, participants build resilience and strong peer connections. Research shows LifeSkills Training reduces early use of alcohol, tobacco, and other gateway substances—key risk factors for later opioid misuse. As a result, youth leave camp with lifelong tools that lower their risk of experimenting with opioids and strengthen protective factors that support long-term health and well-being.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	120
	Number of training/education sessions:	45
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?	<p>Outcomes / Impact Aimed For</p> <p>Increased protective factors: Youth demonstrate stronger decision-making, refusal, and coping skills.</p> <p>Reduced risk behaviors: Lower likelihood of experimenting with alcohol, tobacco, or other gateway substances.</p> <p>Improved social-emotional skills: Better communication, stress management, and self-confidence.</p> <p>Enhanced resilience: Youth report greater ability to handle peer pressure and avoid risky situations.</p>

16 cont.	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact? cont.	Long-term opioid prevention: By reducing early substance use, participants have a lower risk of later opioid misuse. Tracking is measured by continued participation and engagement in the program .
17	Primary Category:	Primary Prevention, Education, and Training
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Wraparound and Connected Care Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Connections to Care, Prevent Misuse of Opioids
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The Botvin LifeSkills Training (LST) program is an evidence-based prevention curriculum recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute on Drug Abuse (NIDA). By targeting the root causes of risky behaviors, it provides youth with the skills and resilience needed to avoid early substance use, a key risk factor for opioid misuse and later opioid use disorder (OUD).
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.	Lower Township partnered with Cape Assist to provide the Life Skills Program. Cape Assist is a nonprofit organization based in Wildwood, New Jersey, dedicated to preventing and treating substance misuse and related issues in Cape May County through education, advocacy, counseling, and community collaboration.

Opioid Settlement Funding Report		
Sub Division: Middle Township		
	State ID:	NJ133
	County Name:	Cape May
	Address:	33 Mechanic Street, Cape May Court House, New Jersey, 08210
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$19,997.19
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):	\$106,069.73
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What amount of your opioid abatement funds did you transfer to the county?	
6	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 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.	\$106,069.73
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	The Township will finalize an evidence based plan to support the spending decisions of opioid abatement funds.

11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	N/A - no spending during the reporting period
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?	No

Opioid Settlement Funding Report		
Sub Division: Ocean City		
	State ID:	NJ163
	County Name:	Cape May
	Address:	200 Asbury Avenue, Ocean City, New Jersey, 08226
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$93,857.34
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):	\$342,568.44
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) :	\$169,497.88
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.	
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$69,372.84

10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	Our goal is to promote education and awareness of opioid abuse through the use of the settlement funds. We also strive to prepare our first responders with the equipment and training they need to help treat and prevent opioid related overdoses.
11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	Our police, fire, EMS and social services offices select programs and equipment purchases that best fit the mission of the settlement funds.
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
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?	Yes
	2025 Fiscal Program #1	
1	Program Name/Title	Operational Readiness for First Responders
2	Agency/Funding Recipient Name	Ocean City Fire Department
3	Agency/Funding Recipient Category	First Responders, Law Enforcement, and Emergency Services
4	Primary problem being addressed by this program:	Opiate use disorder
5	Brief program description:	Practical strategies for first responders to recognize and better manage opiate use disorder.

6	Program target population:	First Responders, Law Enforcement and other Emergency Responders
6(a).	Program target population: - Others	
7	Date this program was funded (please use MM/DD/YYYY)	03/12/2025
8	Amount of funding for this program.	\$30,150.00
8a.	Amount expended:	\$30,150.00
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	03/12/2025
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?	68
13	Please state this program's statement of impact.	This program will have a direct impact on patients who suffer from opioid use disorder as it will empower first responders to recognize and better understand this medical condition as well as foster empathy and compassion and further enhance treatment expertise.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Other:	We continually track the number of opioid responses, and the number of naloxone kits distributed
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?	We anticipate more positive interaction with patients suffering from opiate use disorder and better patient outcomes. How do you plan to measure or track that impact? We have no specific method to track the impact in a reliable way.
17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention; Primary Prevention, Education, and Training

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), Prevent Misuse of Opioids, 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.	This program will help first responders to recognize the many factors associated with opiate use disorder that directly affect the effectiveness of treatment strategies. It will also help first responders to see this condition as a multifaceted illness and encourage greater empathy and compassion for what these patients are struggling with.
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.	This training program was procured after our agency was contacted directly by the course author. The training seemed valuable for our staff and was available without direct cost to the department.
	2025 Fiscal Program #2	
1	Program Name/Title	LEAD Graduation
2	Agency/Funding Recipient Name	Ocean City Police Department
3	Agency/Funding Recipient Category	Schools, Colleges, Universities
4	Primary problem being addressed by this program:	Implement strategies to educate and safeguard youth against the impacts of opioid misuse and violence.
5	Brief program description:	Foster stronger connections between law enforcement and youth to address issues related to drugs and violence through education, outreach, and community engagement and to provide a mobile medicine drop.
6	Program target population:	Children and Young Adults - 0-13 (through 8th grade)
7	Date this program was funded (please use MM/DD/YYYY)	09/09/2024
8	Amount of funding for this program.	\$4,595.21
8a.	Amount expended:	\$4,595.21
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	On as needed basis
10	Program Launch Date	04/11/2025
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?	60
13	Please state this program's statement of impact.	Foster stronger connections between law enforcement and youth to address issues related to drugs and violence through education, outreach, community engagement and get potentially harmful drugs off the street.
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:	A predetermined amount of events
15	How frequently are you measuring the tracked key performance indicators?	Monthly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Foster stronger connections between law enforcement and youth to address issues related to drugs and violence through education, outreach and community engagement.
17	Primary Category:	Primary Prevention, Education, and Training
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Prevent Misuse of Opioids
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Provide the leadership, resources and management to ensure law enforcement agencies have the means to partner with educators, community leaders, and families to foster violence and substance use prevention in local schools and communities. We succeed by providing proven and effective programs to deter youth and adults from drug use, drug related crimes, bullying and violence. We are committed to reinforcing the mutual respect, goodwill and relations between law enforcement and their communities

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.	Local procurement policies and state contract purchases as applicable
	2025 Fiscal Program #3	
1	Program Name/Title	LEAD Program Vehicle
2	Agency/Funding Recipient Name	Ocean City Police Department
3	Agency/Funding Recipient Category	Schools, Colleges, Universities
4	Primary problem being addressed by this program:	Implement strategies to educate and safeguard youth against the impacts of opioid misuse and violence.
5	Brief program description:	Foster stronger connections between law enforcement and youth to address issues related to drugs and violence through education, outreach, and community engagement and to provide a mobile medicine drop.
6	Program target population:	Others
6(a).	Program target population: - Others	Children and young adults of all ages
7	Date this program was funded (please use MM/DD/YYYY)	02/06/2025
8	Amount of funding for this program.	\$83,553.90
8a.	Amount expended:	\$83,553.90
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	04/01/2025
11	Please choose the length of time of this program's duration:	5+ years
12	What is the anticipated number of unduplicated clients this program will reach annually?	200
13	Please state this program's statement of impact.	Foster stronger connections between law enforcement and youth to address issues related to drugs and violence through education, outreach, community engagement and get potentially harmful drugs off the street.
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:	A predetermined amount of events

15	How frequently are you measuring the tracked key performance indicators?	Monthly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Foster stronger connections between law enforcement and youth to address issues related to drugs and violence through education, outreach and community engagement
17	Primary Category:	Primary Prevention, Education, and Training
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Treatment
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.	Provide the leadership, resources and management to ensure law enforcement agencies have the means to partner with educators, community leaders, and families to foster violence and substance use prevention in local schools and communities. We succeed by providing proven and effective programs to deter youth and adults from drug use, drug related crimes, bullying and violence. We are committed to reinforcing the mutual respect, goodwill and relations between law enforcement and their communities
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.	NJ State contract
	2025 Fiscal Program #4	
1	Program Name/Title	Electronic Traffic Signs
2	Agency/Funding Recipient Name	Ocean City Police Department
3	Agency/Funding Recipient Category	Schools, Colleges, Universities;Others
3(a).	Agency/Funding Recipient Category - Others	Ocean City Schools and residents
4	Primary problem being addressed by this program:	Implement strategies to educate and safeguard youth against the impacts of opioid misuse.

5	Brief program description:	Deter opioid use by delivering quick, impactful messages to a wide audience in real time. By displaying reminders about the dangers of opioids, promoting treatment resources, or sharing prevention slogans, the signs increase public awareness and create a moment of reflection for drivers. This visible, repetitive messaging can discourage misuse, reduce stigma around seeing help, and connect people to local support services
6	Program target population:	Others
6(a).	Program target population: - Others	Children and young adults of all ages
7	Date this program was funded (please use MM/DD/YYYY)	10/31/2024
8	Amount of funding for this program.	\$17,065.65
8a.	Amount expended:	\$17,065.65
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	As needed basis
10	Program Launch Date	01/01/2025
11	Please choose the length of time of this program's duration:	5+ years
12	What is the anticipated number of unduplicated clients this program will reach annually?	1500
13	Please state this program's statement of impact.	This programs statement of impact is to provide a constant, highly visible reminder of the risks associated with opioid misuse. By reaching drivers and passengers in real time, these signs raise awareness, spark reflection, and encourage healthier choices.
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:	Posting the signs in the city at a predetermined time when traffic and population is at its peak.
15	How frequently are you measuring the tracked key performance indicators?	Monthly

16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Traffic volume data, vehicle counts, message rotation logs, surveys and feedback.
17	Primary Category:	Primary Prevention, Education, and Training
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Treatment
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 Misuse of Opioids
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Provide the leadership, resources and management to ensure law enforcement agencies have the means to partner with educators, community leaders, and families to foster violence and substance use prevention in local schools and communities. We succeed by providing proven and effective programs to deter youth and adults from drug use, drug related crimes, bullying and violence. We are committed to reinforcing the mutual respect, goodwill and relations between law enforcement and their communities
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.	NJ state contract
	2025 Fiscal Program #5	
1	Program Name/Title	AED & CPR Equipment
2	Agency/Funding Recipient Name	City of Ocean City
3	Agency/Funding Recipient Category	First Responders, Law Enforcement, and Emergency Services
4	Primary problem being addressed by this program:	Opioid overdose treatment
5	Brief program description:	First responder equipment to prevent opioid overdoses
6	Program target population:	Others
6(a).	Program target population: - Others	All residents and visitors of Ocean City

7	Date this program was funded (please use MM/DD/YYYY)	05/01/2025
8	Amount of funding for this program.	\$24,133.12
8a.	Amount expended:	\$24,133.12
8b.	Amount encumbered/appropriated:	\$0.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	06/01/2025
11	Please choose the length of time of this program's duration:	Others
11 (a).	Please choose the length of time of this program's duration: - Others	10 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	20
13	Please state this program's statement of impact.	These purchases will give the Fire/EMS/Police access to new and identical life-saving equipment when needed, and allow the public to access AED's at high traffic locations.
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:	OCFD will maintain records of life saving incidents.
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?	We hope to achieve return of spontaneous circulation (ROSC) in cardiac arrest victims.
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).	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)

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.	Overdose/cardiac arrest victims who survive will be directed to follow-up treatment for addiction therapy education and prevention
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	Bergen County cooperative pricing contract
	2024 Fiscal Program #1	
1	Program Name/Title	Ocean City High School After Prom Program
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, modification to funding amount
	2a) If yes, please explain:	Funding for this program has been advanced for the second year in a row.
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	\$10,000.00
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:	590
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:	This program is designed to provide a drug and alcohol free event for students to attend following the traditional High School Prom. The event featured activities and resources designed to promote drunk driving awareness and the dangers of drug use (including opioids), while also providing a number of fun and interactive activities over the course of five hours
6	Last Updated Date :	08/27/2025

Opioid Settlement Funding Report		
Sub Division: Upper Township		
	State ID:	NJ232
	County Name:	Cape May
	Address:	P.O. Box 205, Tuckahoe, New Jersey, 08250
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	\$8,545.02
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):	\$30,447.14
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
9	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$0.00
10	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	No formal decisions made to date.

11	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	No formal decisions made to date.
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?	None to date.
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