

# **OCEAN COUNTY**

## **2025 OPIOID ABATEMENT REPORT**

## Table of Contents

|                                  |    |
|----------------------------------|----|
| Ocean County .....               | 1  |
| Barnegat Township .....          | 25 |
| Beachwood Borough .....          | 32 |
| Berkeley Township .....          | 35 |
| Brick Township .....             | 37 |
| Jackson Township .....           | 42 |
| Lacey Township .....             | 46 |
| Lakewood Township .....          | 57 |
| Little Egg Harbor Township ..... | 59 |
| Manchester Township .....        | 63 |
| Point Pleasant Borough .....     | 68 |
| Stafford Township .....          | 70 |
| Toms River Township .....        | 74 |

| Opioid Settlement Funding Report |  |   |
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| Sub Division: Ocean County       |  |   |
|                                  | State ID:  | NJ164   |
|                                  | County Name:   | Ocean   |
|                                  | Address:   | PO Box 2191, Toms River, New Jersey, 08754  |
| Fiscal Year: 2025                |  |   |
|                                  |  |   |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$2,969,974.57  |
| 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                   | \$265,000.74  |
| 3                                | The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued): | \$8,979,492.70  |
| 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) :                                      | \$1,163,545.44  |
| 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).      | \$536,454.56  |
| 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.                      | \$5,464,668.20  |
| 10                               | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                       | In 2023 In alignment with the national opioid settlement requirements, the County met its goal of establishing the Ocean County Opioid Advisory Council (OCOAC), developed bylaws |

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| 10<br>cont. | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions cont.  | to guide its operations, and built a governance framework to ensure accountability. The Council led a comprehensive community needs assessment and strategic planning process, including public input to inform the use of settlement funds. Beginning in early 2024, the County activated this framework by partnering with community organizations to implement the prioritized services identified in the multi year Plan. Throughout 2024 and into 2025, the Council has continued to engage stakeholders, monitor program implementation, and report progress and use of funds to the public, while increasing services to include Targeted Outreach and Engagement.  |
| 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 Ocean County Opioid Advisory Council operates under a multi-year Strategic Plan developed through a comprehensive planning process. This included a community needs assessment, public input via surveys and forums, and analysis of key opioid-related data (e.g., treatment access, overdose deaths, arrests, and neonatal abstinence syndrome). Findings were aligned with evidence-based strategies, approved opioid remediation uses, and existing service plans. Originally approved in 2023 and updated in June 2024 to reflect additional funding and evolving priorities, the Council continued to follow this Strategic Plan in guiding funding decisions during the current reporting year. The full Plan is available at:<br><a href="https://www.co.ocean.nj.us/OC/OCDHS/frmOpioidCouncil.aspx">https://www.co.ocean.nj.us/OC/OCDHS/frmOpioidCouncil.aspx</a> . |
| 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?   | The Ocean County Opioid Advisory Council (OCOAC) has engaged the public through ongoing outreach efforts to inform the planning and allocation of opioid settlement funds. Initial   |

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| 13<br>cont. | Please describe your public engagement/input efforts? cont.                                     | engagement included a countywide online needs assessment survey and three public forums in 2023 (two in-person, one virtual), where residents were invited to share input, complete surveys, and submit written testimony. A dedicated email address was also established to collect additional feedback. A thematic analysis of this input, along with participant information, was used to inform the Council's executive planning session. Current engagement efforts continue to build on and incorporate findings from these earlier activities. During this reporting period OCOAC holds quarterly open public meetings, which include reports from agencies and funding recipients, along with opportunities for public input. Meeting minutes and program monitoring reports are shared on the OCOAC website. |
| 14          | Does your county/subdivision have a strategic plan?   | Yes   |
| 14a         | Can we post your strategic plan online?   | Yes   |
|             |   | <a href="https://www.co.ocean.nj.us/OC/OCDHS/fmOpioidCouncil.aspx">https://www.co.ocean.nj.us/OC/OCDHS/fmOpioidCouncil.aspx</a>   |
| 15          | Have you completed a Risk Assessment profile for demographic or geographic impact?              | Yes   |
| 15a         | Can we post your risk assessment online?  | Yes   |
|             |   | <a href="https://www.co.ocean.nj.us/OC/OCDHS/fmOpioidCouncil.aspx">https://www.co.ocean.nj.us/OC/OCDHS/fmOpioidCouncil.aspx</a>   |
| 16          | Did your subdivision fund any new programs using opioid abatement funds in this reporting year? | Yes   |
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|             | <b>2025 Fiscal Program #1</b>   |   |
| 1           | Program Name/Title  | Opioid Mitigation Consulting  |
| 2           | Agency/Funding Recipient Name   | Ocean County Board of Health  |
| 3           | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances);Others   |
| 3(a).       | Agency/Funding Recipient Category - Others  | Quasi-Governmental partner  |
| 4           | Primary problem being addressed by this program:  | Overdose prevention, public awareness and education, for individuals and businesses   |

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| 5       | Brief program description:   | Opioid Prevention Consulting to provide education, resources and opioid use reduction consultation to retail business locations in an effort to mitigate the opioid crisis  |
| 6       | Program target population:   | Individuals in Recovery;<br>Individuals in Treatment;<br>Members of the General Public  |
| 7       | Date this program was funded (please use MM/DD/YYYY)                                     | 11/20/2024  |
| 8       | Amount of funding for this program.  | \$200,000.00  |
| 8a.     | Amount expended:   | \$0.00  |
| 8b.     | Amount encumbered/appropriated:  | \$200,000.00  |
| 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:                             | Others  |
| 11 (a). | Please choose the length of time of this program's duration: - Others                    | 1 year contract with possible option to renew for an additional one-year cycle  |
| 12      | What is the anticipated number of unduplicated clients this program will reach annually? | 120   |
| 13      | Please state this program's statement of impact.   | The Ocean County Health Department (OCHD) will develop and distribute an Overdose Mitigation Toolkit to all inspected restaurants. The toolkit will include general overdose information, county-specific data, Narcan use and access, and guidance on scheduling environmental scans with the overdose mitigation team. A second-tier approach involves targeted outreach to high-risk businesses and geographic areas, based on local overdose data. While business engagement is the primary focus, OCHD will also prioritize Narcan distribution and training for Ocean County residents, empowering them to respond during an overdose with protections under the Good Samaritan Law. Additional outreach will include coordination with local police, EMS, hospitals, federally qualified health care facilities, and urgent care centers to share program goals and gather information on businesses frequently responding to overdose incidents. All efforts aim to reduce stigma around substance use and overdose |

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| 13<br>cont. | Please state this program's statement of impact.<br>cont.  | while increasing community readiness and collaboration.   |
| 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 harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  | 775 Narcan kits distributed   |
|             | Increased community awareness (please describe):   | 232 events  |
|             | Other:   | Goal 120 businesses (as reflected above) 97 businesses engaged  |
| 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?  | Objective to outreach and engage 10 businesses located in hot spot areas monthly. Outcome to provide educational information for 50%of engaged from beginning to completion; 100% of sites to accept Narcan training/kit; increased knowledge from pre to post survey; 50% reduction in onsite overdose (if applicable); 50% reduction in 911/police calls for substance use related incidents; 1 meeting with first responders/community partners/stakeholders monthly |
| 17          | Primary Category:  | Primary Prevention, Education, and Training   |
| 18          | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention  |
| 19          | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Prevent Overdose Deaths and Other Harms (Harm Reduction), 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. | Providing education and support to businesses on substance use and overdose prevention enhances community awareness, preparedness, and response. Helping employers develop internal policies and train staff equips them to recognize substance use, respond to overdoses, and connect individuals to resources. Educational outreach, including Narcan (naloxone) distribution and training, is an evidence-based strategy proven to reduce overdose fatalities.       |

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| 21  | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | The County executed a Request for Competitive Contract Proposals per N.J.S.A. 40A:11-4.3. The Ocean County Opioid Advisory Council formed a Proposal Review Committee, comprised of members free from any real or perceived conflicts of interest in any agency that could conceivably apply for any of the funding opportunities. The Proposal Review Committee was charged with developing the scopes of work for each solicitation, the review and evaluation of proposals for funding, and making recommendations to the Board of Commissioners. The OCOAC invited additional reviewers to participate in this process to ensure transparency and accountability, specifically individuals with lived experience with substance use disorder, including those in long term recovery, family members and friends. |
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|     | <b>2025 Fiscal Program #2</b>  |  |
| 1   | Program Name/Title   | Targeted Outreach and Engagement   |
| 2   | Agency/Funding Recipient Name  | Hope Sheds Light   |
| 3   | Agency/Funding Recipient Category  | Community Based Organizations/Non-Governmental Organizations   |
| 4   | Primary problem being addressed by this program:   | Outreach Individuals with Substance Use Disorder, Overdose Prevention  |
| 5   | Brief program description:   | Targeted Outreach and Engagement is to foster novel approaches to outreach individuals experiencing substance use disorders and their families in order to encourage the initiation of treatment, as well as innovative strategies to inspire engagement in substance use treatment  |
| 6   | Program target population:   | Individuals in Recovery;<br>Individuals in Treatment   |
| 7   | Date this program was funded (please use MM/DD/YYYY)   | 08/21/2024   |
| 8   | Amount of funding for this program.  | \$125,300.00   |
| 8a. | Amount expended:   | \$55,482.12  |
| 8b. | Amount encumbered/appropriated:  | \$69,817.88  |
| 9   | How often are you disbursing funds to this program?  | One time only  |



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| 10      | Program Launch Date  | 09/01/2024   |
| 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                    | 4 month program with potential option to renew for 2 additional one- year programs   |
| 12      | What is the anticipated number of unduplicated clients this program will reach annually? | 96   |
| 13      | Please state this program's statement of impact.   | <p>Hope Sheds Light (HSL) seeks to borrow from the prevention framework to launch a countywide outreach and meaningful engagement program to prevent the increase in overdoses throughout Ocean County and increase the number of individuals engaged in long-term self-directed recovery from SUD. Universal and Selected: HSL will focus our outreach and treatment initiation efforts by centering our initiative on both a Universal and Selected population. HSL will establish a multi-disciplinary team to conduct community-level (universal) outreach efforts in towns that have been identified in the Ocean County Overdose Response Plan experiencing the highest rates of overdoses. HSL has included a Memorandum of Agreement with multiple organizations who have agreed to participate on the Hot Spot team to conduct community education and resource dissemination including harm reduction tools such as Narcan and wound care kits. This outreach will be designed to educate the entire community regarding drug trends and information on the continuum of services available throughout the county. The Hot Spot outreach team will conduct the outreach in each town on a rotating basis throughout the week. The locations will vary depending on the data collected by the Ocean County Overdose Response Plan. HSL will utilize funds from this proposal to purchase a conversation van equipped with electricity, running water capabilities, a sitting area, and storage creating a full-service year-round mobile resource center. The Van will promote all partnering agencies and can offer increased opportunities for specialized support such</p> |

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| 13<br>cont. | Please state this program's statement of impact.<br>cont.  | as showers, haircuts, pop-up meetings, and light lunches to name a few. Will offer ongoing engagement with residents who access support during Code Red and Code Blue days throughout the year. This selected group is predominately unhoused or their housing status is fragile. The team will work collaboratively to offer immediate onsite services if desired such as harm reduction supplies, health screenings, and transportation to the treatment or other services. HSL seeks to target individuals moving into Sober Living from detox and/or inpatient treatment. This population of individuals is in early recovery and is at greater risk of relapse as they continue to stabilize in their recovery. Sober Living homes or Recovery Residencies as they are now referred to, are self-governed and relatively unregulated. Residents are expected to be in a position to pay their rent and move-in deposit from day one and there is no required participation in a structured recovery program. As such, the quality of the recovery environment in each location varies greatly and persons newly reentering the community often need increased assistance connecting to resources and a supportive recovering community. HSL seeks to increase the number of residents housed in recovery homes who engage in comprehensive case management that will lead to a connection to resources that will stabilize the individual and move that person along the continuum of the stages of 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)? |  |
|             | Increased community awareness (please describe):   | Number of Resource Events Attended: Target was 96 number attended 140  |
|             | Other:   | Hot Spot outreaches: Target 10 Provided 78   |
| 15          | How frequently are you measuring the tracked key performance indicators?   | Quarterly  |

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| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | Goals outlined include:<br>Onboard 6 Recovery Houses - HSL will attend regularly scheduled house meetings once a month to meet one-on-one with residents. Our goal is to increase the number of residents who engage in enhanced outreach services from 12% to 25% in the first year.<br>Track number of Hot Spot outreaches - HSL will also collect process data such as the number of outreach events and, where appropriate collect sign sheets to establish the number of people contacted, the number of direct referrals made, the amount of harm reduction supplies distributed, and the amount of information disseminated.   |
| 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; Recovery Supports   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care   |
| 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. | Targeted Outreach and Engagement strategies (e.g., peer outreach, street-based engagement, mobile units, culturally tailored approaches/education/stigma reduction) are evidenced backed strategies to supporting individuals in treatment.   |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The County executed a Request for Competitive Contract Proposals per N.J.S.A. 40A:11-4.3. The Ocean County Opioid Advisory Council formed a Proposal Review Committee, comprised of members free from any real or perceived conflicts of interest in any agency that could conceivably apply for any of the funding opportunities. The Proposal Review Committee was charged with developing the scopes of work for each solicitation, the review and evaluation of proposals for funding, and making recommendations to the Board of Commissioners. The OCOAC invited additional reviewers to participate in this process to ensure transparency and accountability, specifically individuals with lived experience with substance use disorder, |

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| 21<br>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.<br>cont. | including those in long term recovery, family members and friends.  |
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|             | <b>2025 Fiscal Program #3</b>   |   |
| 1           | Program Name/Title  | Targeted Outreach and Engagement/CaredFor Application   |
| 2           | Agency/Funding Recipient Name   | Preferred Behavioral Health Group   |
| 3           | Agency/Funding Recipient Category   | Community Based Organizations/Non-Governmental Organizations;Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)   |
| 4           | Primary problem being addressed by this program:  | Individuals with Substance Use Disorder, Individuals in Need of Treatment and Peer Supports   |
| 5           | Brief program description:  | Targeted Outreach and Engagement strategies (e.g., peer outreach, street-based engagement, mobile units, culturally tailored approaches/education/stigma reduction) are evidenced backed strategies to supporting individuals in treatment. |
| 6           | Program target population:  | Individuals in Recovery;<br>Individuals in Treatment  |
| 7           | Date this program was funded (please use MM/DD/YYYY)  | 08/21/2024  |
| 8           | Amount of funding for this program.   | \$29,400.00   |
| 8a.         | Amount expended:  | \$0.00  |
| 8b.         | Amount encumbered/appropriated:   | \$29,400.00   |
| 9           | How often are you disbursing funds to this program?   | Quarterly   |
| 10          | Program Launch Date   | 09/01/2024  |
| 11          | Please choose the length of time of this program's duration:  | Others  |
| 11<br>(a).  | Please choose the length of time of this program's duration: - Others   | 4 month contract with option to renew for 2 additional one-year periods.  |
| 12          | What is the anticipated number of unduplicated clients this program will reach annually?  | 100   |

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| 13 | Please state this program's statement of impact. | <p>Proposes to enhance its integrated model of care to assist Ocean County residents with easier access to Preferred Behavioral Health Group's Substance Use Services continuum. These services are focused on supporting, enhancing, and encouraging the emotional development of client life skills to maximize individual functioning. Preferred proposes seamless, immediate access to clients currently in a residential level of care via care coordination for all individuals being discharged from a detoxification facility. To do this, PBHG will offer priority appointments for those discharged from detoxification or inpatient facilities such as Emergency Departments, other residential programs, and substance use inpatient programs. Proposed program will provide peer motivation and direction to enhance/promote recovery success through the effective use of Peer Recovery Specialists who have had similar experiences and proven success in establishing and maintaining recovery. PBHG will utilize CaredFor software to engage clients. CaredFor is HIPAA compliant application for clients to share, support, and to track progress. With this app, PBHG can create inspirational, informative content, request and assess quality surveys and client satisfaction, send appointment reminders, manage users, and track outcomes and output metrics. CaredFor will also limit no-show rates by offering appointment reminders and direct lines to PBHG clinical staff. CaredFor offers enhancement to peer recovery support through posts, comments, and "likes" to create discussion around wellness. App includes a Recovery/Healing Tracker tool for members to track &amp; share their recovery and healing progress. The app also features clinical tools such as digital curriculum with automated steps and tasks, and gratitude journals. PBHG's goal for the proposed project is to the development of a stronger, accessible system of care for Ocean County residents.</p> |
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| 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:   | 54   |
| 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?  | Agency plans to serve 100 individuals for this proposed project. PBHG will monitor quality and data in the electronic health record and ancillary reports, with client satisfaction through annual surveys. Number of CaredFor Application users will be captured.   |
| 17 | Primary Category:  | Recovery Supports  |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Primary Prevention, Education, and Training; Treatment   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Treat Opioid Use Disorder (OUD), Support People in Treatment and Recovery, Connections to Care   |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Targeted Outreach and Engagement strategies (e.g., peer outreach, street-based engagement, mobile units, culturally tailored approaches/education/stigma reduction) are evidenced backed strategies to supporting individuals in treatment.  |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The County executed a Request for Competitive Contract Proposals per N.J.S.A. 40A:11-4.3. The Ocean County Opioid Advisory Council formed a Proposal Review Committee, comprised of members free from any real or perceived conflicts of interest in any agency that could conceivably apply for any of the funding opportunities. The Proposal Review Committee was charged with developing the scopes of work for each solicitation, the review and evaluation of proposals for funding, and making recommendations to the Board of Commissioners. The OCOAC invited additional reviewers to participate in this process to ensure transparency and accountability, specifically individuals with lived experience with substance use disorder, including those in long term recovery, |

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| 21<br>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.<br>cont. | family members and friends.   |
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|             | <b>2025 Fiscal Program #4</b>   |   |
| 1           | Program Name/Title  | The REAL (Recovery Engagement & Linkage) Team   |
| 2           | Agency/Funding Recipient Name   | Bright Harbor Healthcare  |
| 3           | Agency/Funding Recipient Category   | Community Based Organizations/Non-Governmental Organizations;Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)   |
| 4           | Primary problem being addressed by this program:  | Increase access to substance use disorder care, peer support and Harm Reduction services/supplies   |
| 5           | Brief program description:  | Targeted Outreach and Engagement is to foster novel approaches to outreach individuals experiencing substance use disorders and their families in order to encourage the initiation of treatment, as well as innovative strategies to inspire engagement in substance use treatment |
| 6           | Program target population:  | Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>Individuals in Recovery;<br>Individuals in Treatment   |
| 7           | Date this program was funded (please use MM/DD/YYYY)  | 08/21/2024  |
| 8           | Amount of funding for this program.   | \$533,300.00  |
| 8a.         | Amount expended:  | \$169,200.95  |
| 8b.         | Amount encumbered/appropriated:   | \$364,099.05  |
| 9           | How often are you disbursing funds to this program?   | Quarterly   |
| 10          | Program Launch Date   | 09/01/2024  |
| 11          | Please choose the length of time of this program's duration:  | Others  |
| 11<br>(a).  | Please choose the length of time of this program's duration: - Others   | 4 month contract with option to renew for 2 additional one-year periods.  |

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| 12 | What is the anticipated number of unduplicated clients this program will reach annually?   | 400   |
| 13 | Please state this program's statement of impact.   | <p>The REAL (Recovery Engagement &amp; Linkage) Team is a multifaceted project. The core project components proposed for successful targeted outreach and engagement will be the establishment of the first Recovery Café and YPR Chapter in NJ fostering long-term engagement and growth of the peer support movement; Fast Access to Harm Reduction through Lock Box distribution and Mobile Health &amp; Wellness outreach including MAT; Low threshold access to services including Confidential Warm Line and After Hours appointments when the agency is typically closed to the public; and Family &amp; Community support and education to reduce isolation and increase awareness. Outreach services and specific activities designed to initiate and maintain treatment will consist of increasing access to Harm Reduction services and supplies through mobile outreach (five days per week) and lock box program, which will be available at most Bright Harbor locations and any local business site willing to participate in the program; peer support services and LGBTQIA+ recovery meetings weekly, establishing the first Recovery Café in NJ, and the first Young People in Recovery Chapter in Ocean County; reducing overdose deaths by offering fast access to care via mobile and onsite access to MAT, after-hours appointments, and a warm line; assisting those in need with service navigation, referrals, and linkage; promoting community education/public awareness to reduce stigma and support family members with virtual and in-person groups, 1:1 family support offered by clinicians and peer support, host a minimum of 1 YPR event annually.</p> |
| 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)? |   |



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|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  | 913 Harm Reduction Kits distributed   |
|    | Number of services provided/encounters:  | 2690  |
| 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?  | <p>Number of participants that would be served in a year: Estimated at 400 annually. LOS Breakdown:</p> <ul style="list-style-type: none"> <li>-200 Active Service = Number of contacts made that are receiving on-going engagement or outreach support through the REAL team in any capacity over 35 days.</li> <li>-150 Outreach Re-Engagement Contacts = Number of referrals who engaged at least 1 time with the REAL team and reengagement efforts made, Number of anonymous contacts made by street outreach team, Number of calls to the warm line and inquires submitted through our website or email requiring follow-up engagement efforts.</li> <li>-50 = Family members engaged through in person or virtual support and SUD education sessions or events.</li> </ul> |
| 17 | Primary Category:  | Recovery Supports   |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention; Primary Prevention, Education, and Training   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care, Prevent Overdose Deaths and Other Harms (Harm Reduction)   |
| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Targeted Outreach and Engagement strategies (e.g., peer outreach/support, street-based engagement, mobile units, culturally tailored approaches/education/stigma reduction) are evidenced backed strategies to supporting individuals in treatment  |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The County executed a Request for Competitive Contract Proposals per N.J.S.A. 40A:11-4.3. The Ocean County Opioid Advisory Council formed a Proposal Review Committee, comprised of members free from any real or perceived conflicts of interest in any agency that could  |

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| 21<br>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.<br>cont. | conceivably apply for any of the funding opportunities. The Proposal Review Committee was charged with developing the scopes of work for each solicitation, the review and evaluation of proposals for funding, and making recommendations to the Board of Commissioners. The OCOAC invited additional reviewers to participate in this process to ensure transparency and accountability, specifically individuals with lived experience with substance use disorder, including those in long term recovery, family members and friends. |
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|             | <b>2025 Fiscal Program #5</b>   |   |
| 1           | Program Name/Title  | Targeted Outreach and Engagement  |
| 2           | Agency/Funding Recipient Name   | Sea Change Recovery Community Organization  |
| 3           | Agency/Funding Recipient Category   | Community Based Organizations/Non-Governmental Organizations  |
| 4           | Primary problem being addressed by this program:  | Engage individuals at risk of overdose, in need of recovery and harm reduction services and Substance Use Treatment   |
| 5           | Brief program description:  | Targeted Outreach and Engagement will offer harm reduction services, peer support and outreach to support people with substance use disorders, provide peer support, mobile and street outreach, linkage to additional services   |
| 6           | Program target population:  | Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals who Use Drugs  |
| 7           | Date this program was funded (please use MM/DD/YYYY)  | 08/21/2024  |
| 8           | Amount of funding for this program.   | \$96,000.00   |
| 8a.         | Amount expended:  | \$24,000.00   |
| 8b.         | Amount encumbered/appropriated:   | \$72,000.00   |
| 9           | How often are you disbursing funds to this program?   | Quarterly   |
| 10          | Program Launch Date   | 09/01/2024  |
| 11          | Please choose the length of time of this program's duration:  | Others  |
| 11<br>(a).  | Please choose the length of time of this program's duration: - Others   | 4 month contract term with possible option of 2 additional one- year periods  |

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| 12 | What is the anticipated number of unduplicated clients this program will reach annually?   | 80  |
| 13 | Please state this program's statement of impact.   | Program will expand harm reduction services, one-to-one peer support, and outreach services to support people with SUD by offering: education and access to harm reduction supplies, referrals to drug treatment, medical care and social services; link to food and basic necessities; offer peer based recover coaching providing non-clinical, person centered, strengths based wellness-focused, trauma informed support for individuals and their families from pretreatment to maintenance; outreach services to engage with population s who typically have difficulty accessing harm reduction, substance use disorder treatment, and recovery support services to identify unconventional outreach settings; provide consistent schedule for street outreach and on-demand services. |
| 14 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|    | Number of services provided/encounters:  | 808   |
|    | Other:   | 80 outreach efforts per year 97 outreach efforts completed this cycle   |
| 15 | How frequently are you measuring the tracked key performance indicators?   | Quarterly   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | To determine the program's effectiveness, we will use quantitative and qualitative data and evaluate that data monthly. Data will be collected and stored using Salesforce, HIPAA-compliant cloud-based software to help our organization track goals, deliver services, track individual recovery plans, and measure participant outcomes throughout their recovery journey. It will also streamline care transitions and collaborative care with community partners and improve our ability to provide warm handoffs. Will evaluate the data gathered from the program evaluation, including the demographics of the participants served, harm  |

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| 16<br>cont. | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact? cont.  | reduction supplies distributed, the types and frequency of services they are utilizing, how many program unduplicated participants we have, and what the participant talked about or requested that we were unable to provide. This evaluation will allow us to adapt the program to changing needs and ensure its continued effectiveness.   |
| 17          | Primary Category:  | Primary Prevention, Education, and Training   |
| 18          | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention  |
| 19          | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care, Prevent Overdose Deaths and Other Harms (Harm Reduction)   |
| 20          | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Targeted Outreach and Engagement strategies (e.g., peer outreach, street-based engagement, mobile units, culturally tailored approaches/education/stigma reduction) are evidenced backed strategies to supporting individuals in treatment  |
| 21          | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The County executed a Request for Competitive Contract Proposals per N.J.S.A. 40A:11-4.3. The Ocean County Opioid Advisory Council formed a Proposal Review Committee, comprised of members free from any real or perceived conflicts of interest in any agency that could conceivably apply for any of the funding opportunities. The Proposal Review Committee was charged with developing the scopes of work for each solicitation, the review and evaluation of proposals for funding, and making recommendations to the Board of Commissioners. The OCOAC invited additional reviewers to participate in this process to ensure transparency and accountability, specifically individuals with lived experience with substance use disorder, including those in long term recovery, family members and friends |
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|             | <b>2025 Fiscal Program #6</b>  |   |

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| 1       | Program Name/Title   | Targeted Outreach and Engagement  |
| 2       | Agency/Funding Recipient Name  | Lakewood Community Services Corporation   |
| 3       | Agency/Funding Recipient Category  | Community Based Organizations/Non-Governmental Organizations;Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)   |
| 4       | Primary problem being addressed by this program:   | Outreach and education about identifying SUD, risk related to Opioid use, Naloxone and prevention education   |
| 5       | Brief program description:   | Targeted Outreach and Engagement is to foster novel approaches to outreach individuals experiencing substance use disorders and their families in order to encourage the initiation of treatment, as well as innovative strategies to inspire engagement in substance use treatment |
| 6       | Program target population:   | Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Members of the General Public   |
| 7       | Date this program was funded (please use MM/DD/YYYY)                                     | 08/21/2024  |
| 8       | Amount of funding for this program.  | \$16,000.00   |
| 8a.     | Amount expended:   | \$7,913.34  |
| 8b.     | Amount encumbered/appropriated:  | \$8,086.66  |
| 9       | How often are you disbursing funds to this program?                                      | Quarterly   |
| 10      | Program Launch Date  | 09/01/2024  |
| 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                    | 4 month contract with option to renew for 2 additional one-year periods.  |
| 12      | What is the anticipated number of unduplicated clients this program will reach annually? | 100   |
| 13      | Please state this program's statement of impact.   | Targeted Outreach and Engagement fund to support outreach and engagement for adults and youth experiencing substance use disorder (SUD) in Ocean County who are not receiving treatment. LCSC provides direct, in person outreach to groups within Ocean County as well             |

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| 13<br>cont. | Please state this program's statement of impact.<br>cont.  | as private meetings with potential service recipients (individuals with SUD and/or their family who are not engaged in treatment or recovery. Outreach includes providing information about programming and program referral information combined with information about identifying SUD, risk related to the use of Fentanyl and other opioids and provide information about the use of Naloxone for overdose prevention.  |
| 14          | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|             | Number of participants served:   | 570   |
| 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?  | 18 presentations to groups of 3 or more attendees annually, including two larger group presentations to 30 individuals = at least 100 or more individuals who learn about the signs and dangers related to SUD and about Naloxone use for drug overdose and connections for Naloxone use education, as tracked by attendance records. 40 individual meetings with individuals, families, community leaders, clergy, schools, service providers annually who learn about the signs and dangers related to SUD and about Naloxone use for drug overdose as tracked by calendar schedules and meeting notes. |
| 17          | Primary Category:  | Primary Prevention, Education, and Training   |
| 18          | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                       | Recovery Supports   |
| 19          | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care, Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)  |

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| 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. | Targeted Outreach and Engagement strategies (e.g., peer outreach, street-based engagement, mobile units, culturally tailored approaches/education/stigma reduction) are evidenced backed strategies to supporting individuals in treatment.  |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The County executed a Request for Competitive Contract Proposals per N.J.S.A. 40A:11-4.3. The Ocean County Opioid Advisory Council formed a Proposal Review Committee, comprised of members free from any real or perceived conflicts of interest in any agency that could conceivably apply for any of the funding opportunities. The Proposal Review Committee was charged with developing the scopes of work for each solicitation, the review and evaluation of proposals for funding, and making recommendations to the Board of Commissioners. The OCOAC invited additional reviewers to participate in this process to ensure transparency and accountability, specifically individuals with lived experience with substance use disorder, including those in long term recovery, family members and friends. |

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|   | <b>2024 Fiscal Program #1</b>  |   |
| 1 | Program Name/Title   | Innovative Substance Use Programming – Pathways to Workplace Wellness   |
| 2 | Have there been any modifications or expansions to this program since the initial report? :  | Yes, other modifications/expansions   |
|   | 2a) If yes, please explain:  | This program was initially awarded a one-year contract, with the option to renew for two additional one-year periods. The current year represents the first of the two renewal periods. |
| 3 | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)   | \$99,782.55   |
| 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)? |   |

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|   | Number of participants served:   | 15  |
|   | Number of training/education sessions:   | 45  |
|   | Other:   | 196 registered portal users   |
| 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 :  | 09/08/2025  |
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|   | <b>2024 Fiscal Program #2</b>  |   |
| 1 | Program Name/Title   | Prevention and Early Intervention – We’re Not Buying It 2.0   |
| 2 | Have there been any modifications or expansions to this program since the initial report? :  | Yes, other modifications/expansions   |
|   | 2a) If yes, please explain:  | 1 year contract with option to renew for 2 additional one-year periods. Currently in the first of the two optional renewal periods.   |
| 3 | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)   | \$222,298.00  |
| 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:   | 19  |
|   | Number of training/education sessions:   | 122   |
| 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 :  | 09/08/2025  |
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|   | <b>2024 Fiscal Program #3</b>  |   |
| 1 | Program Name/Title   | Care Management for Individuals with Substance Use Disorders with Comprehensive Wraparound Supports   |
| 2 | Have there been any modifications or expansions to this program since the initial report? :  | Yes, other modifications/expansions   |
|   | 2a) If yes, please explain:  | Project contracted for a one-year term, with the option to renew for up to 2 additional one-year periods. The agreement is currently in the first of the two optional renewal |



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| cont. | 2a) If yes, please explain: cont.  | periods   |
| 3     | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)   | \$224,238.54  |
| 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:   | 303   |
| 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 :  | 09/11/2025  |
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|       | <b>2024 Fiscal Program #4</b>  |   |
| 1     | Program Name/Title   | Care Management for Individuals with Substance Use Disorders with Comprehensive Wraparound Supports   |
| 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 1 year award with option to renew for 2 additional one-year periods. Currently in the first of the two optional renewal periods |
| 3     | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)   | \$259,691.57  |
| 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:   | 109   |
|       | Number of training/education sessions:   | 41  |
|       | Increased community awareness (please describe):   | 144 outreach efforts  |
| 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 :  | 09/08/2025  |
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|       | <b>2024 Fiscal Program #5</b>  |   |

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| 1 | Program Name/Title   | Care Management for Individuals with Substance Use Disorders with Comprehensive Wraparound Supports                              |
| 2 | Have there been any modifications or expansions to this program since the initial report? :  | Yes, other modifications/expansions  |
|   | 2a) If yes, please explain:  | One year term with the option to renew for 2 additional one year terms. Currently in the first of the 2 optional renewal periods |
| 3 | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)   | \$100,938.37   |
| 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:   | 334  |
|   | Increased community awareness (please describe):   | 368 events   |
| 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 :  | 09/08/2025   |

| Opioid Settlement Funding Report |  |  |
|----------------------------------|--|--|
| Sub Division: Barnegat Township  |  |  |
|                                  | State ID:  | NJ5  |
|                                  | County Name:   | Ocean  |
|                                  | Address:   | 900 W. Bay Avenue, Barnegat, New Jersey, 08005       |
| Fiscal Year: 2025                |  |  |
|                                  |  |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$79,915.06  |
| 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                   | \$3,437.01   |
| 3                                | The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued): | \$288,185.63   |
| 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) :                                      | \$53,204.05  |
| 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).      | \$3,000.00   |
| 8                                | Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 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.                      | \$217,831.42   |

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| 10  | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | Continuing current programs and researching new ones for more awareness and drug prevention and education, and alternatives, especially for teens, all led by our police dept personnel |
| 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 use and select from the list of Opioid remediation uses and continue to brainstorm with county and other muni units  |
| 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 one year funding   |
| 13  | Please describe your public engagement/input efforts?   | participation on National Take Back, Arrive Alive Tours and National Night Out public events  |
| 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?   | Yes   |
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|     | <b>2025 Fiscal Program #1</b>   |   |
| 1   | Program Name/Title  | FATAL VISION GOGGLES  |
| 2   | Agency/Funding Recipient Name   | BARNEGAT TOWNSHIP POLICE DEPT   |
| 3   | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances);First Responders, Law Enforcement, and Emergency Services  |
| 4   | Primary problem being addressed by this program:  | DRUG AWARENESS, DUI IDENTIFICATION & MITIGATION   |
| 5   | Brief program description:  | fatal vision goggles, kits and impairment training  |

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| 6   | Program target population:   | Individuals who Use Drugs;Members of the General Public  |
| 7   | Date this program was funded (please use MM/DD/YYYY)   | 11/07/2024   |
| 8   | Amount of funding for this program.  | \$3,320.00   |
| 8a. | Amount expended:   | \$3,320.00   |
| 8b. | Amount encumbered/appropriated:  | \$0.00   |
| 9   | How often are you disbursing funds to this program?  | One time only  |
| 10  | Program Launch Date  | 08/08/2024   |
| 11  | Please choose the length of time of this program's duration:   | 4-5 years  |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 1000   |
| 13  | Please state this program's statement of impact.   | reduction of dui and recognition of individuals under the influence of drugs   |
| 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)?                                   |  |
|     | Reduction in opioid-related 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?  | less dui and driving accidents   |
| 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  |
| 19  | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Prevent Misuse of Opioids,Prevent Overdose Deaths and Other Harms (Harm Reduction),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. | identification and mitigation and communication with individuals that may not know the extent of their use or degree and identify the risks and consequences of their actions. |
| 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.                               | approved purchase orders then approved by Twp committee on monthly bill lists  |
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|     | <b>2025 Fiscal Program #2</b>  |   |
| 1   | Program Name/Title   | MESSAGE SIGN  |
| 2   | Agency/Funding Recipient Name  | BARNEGAT TOWNSHIP POLICE DEPT   |
| 3   | Agency/Funding Recipient Category  | County or Municipality (including Departments and Municipal Alliances)  |
| 4   | Primary problem being addressed by this program:   | DRUG AWARENESS AND DUI  |
| 5   | Brief program description:   | message board to make all drivers aware of drug awareness and driving while under the influence of drugs              |
| 6   | Program target population:   | Children and Young Adults - 19-24 (post-grad through college);Individuals who Use Drugs;Members of the General Public |
| 7   | Date this program was funded (please use MM/DD/YYYY)   | 05/06/2025  |
| 8   | Amount of funding for this program.  | \$39,450.00   |
| 8a. | Amount expended:   | \$39,450.00   |
| 8b. | Amount encumbered/appropriated:  | \$0.00  |
| 9   | How often are you disbursing funds to this program?  | One time only   |
| 10  | Program Launch Date  | 12/05/2024  |
| 11  | Please choose the length of time of this program's duration:   | 2-3 years   |
| 12  | What is the anticipated number of unduplicated clients this program will reach annually?   | 2500  |
| 13  | Please state this program's statement of impact.   | we hope for increased driver awareness and consequences of driving under the influence of drugs                       |
| 14  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|     | Increased community awareness (please describe):   | traffic flow, positioning near schools and key driver stops to make awareness known.                                  |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Semi-annually   |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | reduction in DUIs and drug overdose incidents   |
| 17  | Primary Category:  | Primary Prevention, Education, and Training   |

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| 18    | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | 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. | goal to reduce DUIs and address those that may consider driving while under the influence of drugs.                               |
| 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.                               | approved purchase orders and Twp committee approval on bill list at twp monthly meetings  |
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|       | <b>2025 Fiscal Program #3</b>  |   |
| 1     | Program Name/Title   | EMT COURSE  |
| 2     | Agency/Funding Recipient Name  | BARNEGAT TOWNSHIP POLICE DEPT   |
| 3     | Agency/Funding Recipient Category  | County or Municipality (including Departments and Municipal Alliances); First Responders, Law Enforcement, and Emergency Services |
| 4     | Primary problem being addressed by this program:   | life saving measures and training to address drug overdoses   |
| 5     | Brief program description:   | basic initial EMT training course   |
| 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)   | 02/04/2025  |
| 8     | Amount of funding for this program.  | \$5,000.00  |
| 8a.   | Amount expended:   | \$5,000.00  |
| 8b.   | Amount encumbered/appropriated:  | \$0.00  |
| 9     | How often are you disbursing funds to this program?  | One time only   |
| 10    | Program Launch Date  | 01/07/2025  |
| 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?   | 50  |
| 13    | Please state this program's statement of impact.   | saving lives  |

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| 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:   | number of saved lives from overdoses   |
| 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?  | saving lives....recording the number of people life saving measures were used on     |
| 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).   | Others   |
| 18 (a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others  | emt life saving measures   |
| 19      | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Prevent Overdose Deaths and Other Harms (Harm Reduction), 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. | not known  |
| 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.                               | approved Twp purchase orders, approved by Twp committee on bill list for twp meeting |
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|         | <b>2024 Fiscal Program #1</b>  |  |
| 1       | Program Name/Title   | NATIONAL NIGHT OUT PERFORMANCE   |
| 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)   | \$3,000.00   |
| 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:   | 2000   |



|   |  |  |
|---|--|--|
| 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:  | in addition to the paid amount, the \$3,000 reported as encumbered was for this national night out program |
| 6 | Last Updated Date :  | 08/14/2025   |
|   |  |  |
|   |  |  |
|   | <b>2024 Fiscal Program #2</b>  |  |
| 1 | Program Name/Title   | NATIONAL TAKE BACK DAY   |
| 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)   | \$2,434.05   |
| 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)? |  |
|   | Reduction in opioid-related incidents:   |  |
| 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 :  | 08/12/2025   |

| Opioid Settlement Funding Report |  |  |
|----------------------------------|--|--|
| Sub Division: Beachwood Borough  |  |  |
|                                  | State ID:  | NJ7  |
|                                  | County Name:   | Ocean  |
|                                  | Address:   | 1600 Pinewald Road, Beachwood, New Jersey, 08722     |
| Fiscal Year: 2025                |  |  |
|                                  |  |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$18,239.36  |
| 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): | \$65,704.42  |
| 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) :                                      | \$36,484.66  |
| 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).      | \$19,503.15  |
| 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.                      | \$0.00   |

|    |   |   |
|----|---|---|
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | This year, our subdivision focused on enhancing community safety and engagement. Funds were used to upgrade our K9 unit to support efforts in combating opioid-related issues within the Borough. Additionally, we hosted a "Coffee with a Cop" event to foster positive relationships with residents and increase visibility of our officers. These initiatives reflect our commitment to addressing the national opioid crisis and maintaining a strong, proactive presence in the community.   |
| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | This year, we relied on a combination of evidence-informed strategies and identified community needs to guide the use of opioid abatement funds. Our decision to invest in upgrading the K9 unit was based on data indicating a rise in opioid-related incidents within the Borough. The K9 unit plays a critical role in narcotics detection and enforcement, which directly supports our goal of reducing the presence and impact of opioids in our community. Additionally, our community engagement efforts, such as the "Coffee with a Cop" event, were informed by best practices in community policing and public health outreach. These initiatives aim to build trust, raise awareness, and ensure residents feel empowered to report concerns and seek help, which are key components of a comprehensive opioid response. |
| 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 public engagement efforts focused on building trust and open communication with the community. We hosted a "Coffee with a Cop" event to create a welcoming space for residents to share concerns, ask questions, and engage directly with our officers. This initiative helped strengthen community relationships and allowed us to gather valuable input on public safety priorities.  |

|     |   |     |
|-----|---|-----|
| 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?              | 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? | No  |
|     |   |     |

| Opioid Settlement Funding Report |  |  |
|----------------------------------|--|--|
| Sub Division: Berkeley Township  |  |  |
|                                  | State ID:  | NJ13   |
|                                  | County Name:   | Ocean  |
|                                  | Address:   | 627 Pinewald-Keswick Rd, Bayville, New Jersey, 08721 |
| Fiscal Year: 2025                |  |  |
|                                  |  |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$60,539.07  |
| 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): | \$384,905.70   |
| 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.  | 0  |
| 9                                | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                      | \$384,905.70   |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | To provide clear support functions to the community through our Police and Recreations departments through resolutions as authorized by the following:<br>1) National Opioid Settlement Agreements<br>2) AG Memorandum of Agreement<br>3) State compliance laws |
| 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. | Through review of our local needs as defined by our Police and Recreations departments along with the listing of allowable uses as outlined at ( <a href="https://nj.gov/opioidfunds/FAQs/">nj.gov/opioidfunds/FAQs/</a> )                                      |
| 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?   | Planning for public engagement through our recreations and police department public activities as well as requestion for public comment during a public meeting in the future.  |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
|    |   |   |
| 16 | Did your subdivision fund any new programs using opioid abatement funds in this reporting year?   | No  |
|    |   |   |

| Opioid Settlement Funding Report |  |   |
|----------------------------------|--|---|
| Sub Division: Brick Township     |  |   |
|                                  | State ID:  | NJ19  |
|                                  | County Name:   | Ocean   |
|                                  | Address:   | 401 Chambersbridge Rd, Brick, New Jersey, 08723   |
| Fiscal Year: 2025                |  |   |
|                                  |  |   |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$233,531.14  |
| 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): | \$726,896.39  |
| 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) :                                      | \$342,909.80  |
| 7                                | Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).      | \$8,750.00  |
| 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.                      | \$775,934.83  |
| 10                               | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                       | The Township has purchased 10 AutoPulse NXT Starter Kits. We plan to purchase 2 Basic Life Support Ambulances in the coming year. |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | As the opioid epidemic has spread through Brick Township, our emergency response has been stretched necessitating the need to add new ambulances and replace aging apparatus. Since 2015, we have seen an increase in calls requiring Narcan. |
| 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?   | I do not know of any that have taken place as of yet.   |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No, but we plan to in the future  |
|    |   |   |
| 16 | Did your subdivision fund any new programs using opioid abatement funds in this reporting year?   | Yes   |
|    |   |   |
|    |   |   |
|    |   |   |
|    | <b>2025 Fiscal Program #1</b>   |   |
| 1  | Program Name/Title  | Bright Harbor   |
| 2  | Agency/Funding Recipient Name   | Brick Police Department   |
| 3  | Agency/Funding Recipient Category   | Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider);Private/For-profit Organizations   |
| 4  | Primary problem being addressed by this program:  | Addiction & Substance Abuse/Mental Health/Homelessness  |
| 5  | Brief program description:  | Referral/Treatment of those suffering from Substance Abuse and Mental Health issues   |
| 6  | Program target population:  | Individuals experiencing Homelessness;<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs;<br>Members of the General Public                      |



|         |  |   |
|---------|--|---|
| 7       | Date this program was funded (please use MM/DD/YYYY)   | 04/04/2025  |
| 8       | Amount of funding for this program.  | \$35,000.00   |
| 8a.     | Amount expended:   | \$35,000.00   |
| 8b.     | Amount encumbered/appropriated:  | \$0.00  |
| 9       | How often are you disbursing funds to this program?  | Quarterly   |
| 10      | Program Launch Date  | 12/03/2024  |
| 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  | Enter into a contract annually so for as long as the program is productive  |
| 12      | What is the anticipated number of unduplicated clients this program will reach annually?   | 350   |
| 13      | Please state this program's statement of impact.   | To reduce substance abuse, to provide support and treatment to those suffering from substance abuse and mental health issues  |
| 14      | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |   |
|         | Number of participants served:   | 235   |
|         | Number of services provided/encounters:  | 235   |
|         | Number of referrals to treatment   | 235   |
| 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?  | Aim to provide necessary assistance to those suffering from addiction and mental illness  |
| 17      | Primary Category:  | Wraparound and Connected Care Supports  |
| 18      | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                       | Diversion and Re-entry Support;<br>Harm Reduction and Overdose Prevention;<br>Housing;<br>Recovery Supports;<br>Treatment   |
| 19      | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Treat Opioid Use Disorder (OUD),<br>Support People in Treatment and Recovery,<br>Connections to Care,<br>Address the Needs of Criminal Justice-Involved Persons,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction), |

|          |  |   |
|----------|--|---|
| 19 cont. | Please select the Schedule B strategy(ies) that fits the primary focus of this program: cont.  | First Responders, Leadership, Planning and Coordination, Training           |
| 20       | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | By providing a means to treatment   |
| 21       | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | Via NJ purchasing practices and the requisition/purchase order process      |
|          |  |   |
|          |  |   |
|          | <b>2025 Fiscal Program #2</b>  |   |
| 1        | Program Name/Title   | Auto Pulse  |
| 2        | Agency/Funding Recipient Name  | Brick EMS/Rescue  |
| 3        | Agency/Funding Recipient Category  | First Responders, Law Enforcement, and Emergency Services                   |
| 4        | Primary problem being addressed by this program:   | Ability to render aid to overdose victims                                   |
| 5        | Brief program description:   | Purchase of Autopulse machines to render aid                                |
| 6        | Program target population:   | Others  |
| 6(a).    | Program target population: - Others  | Any person (s) that falls victim to a fatal overdose                        |
| 7        | Date this program was funded (please use MM/DD/YYYY)   | 06/16/2025  |
| 8        | Amount of funding for this program.  | \$307,909.80  |
| 8a.      | Amount expended:   | \$307,909.80  |
| 8b.      | Amount encumbered/appropriated:  | \$0.00  |
| 9        | How often are you disbursing funds to this program?  | One time only   |
| 10       | Program Launch Date  | 09/12/2025  |
| 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?   | 60  |
| 13       | Please state this program's statement of impact.   | We hope to save lives by providing life saving measures to overdose victims |
| 14       | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |   |

|         |  |   |
|---------|--|---|
|         | Number of services provided/encounters:  | 0   |
| 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 save lives by providing life saving measures to overdose victims |
| 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. | By saving the lives of victims  |
| 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.                               | Cooperative procurement program   |

| Opioid Settlement Funding Report |  |  |
|----------------------------------|--|--|
| Sub Division: Jackson Township   |  |  |
|                                  | State ID:  | NJ102  |
|                                  | County Name:   | Ocean  |
|                                  | Address:   | 95 West Veterans Highway, Jackson Township,<br>New Jersey, 08527 |
| Fiscal Year: 2025                |  |  |
|                                  |  |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$131,179.08   |
| 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): | \$467,409.55   |
| 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) :                                      | \$6,068.66   |
| 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).      | \$6,369.25   |
| 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.                      | \$454,971.64   |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | <p>The Township of Jackson remains committed to ensuring that the opioid settlement funds are utilized in a thoughtful and impactful way to address the ongoing opioid crisis in our community. While we have only expended a small portion of the available funds to date, our overarching goals and guiding values continue to shape our spending decisions as we plan for future initiatives.</p> <p>Promoting Public Health and Safety: Our foremost priority is to safeguard the health and well-being of our residents by addressing the causes and consequences of opioid misuse. We aim to support initiatives that provide prevention, education, and treatment services to reduce opioid-related harm.</p> <p>Supporting Recovery and Rehabilitation: We value long-term recovery for individuals and families impacted by opioid addiction. As such, we are committed to investing in resources such as peer support programs, recovery housing, and employment assistance that promote stability and reintegration into the community.</p> <p>Strengthening Community Resilience: Building a stronger, more resilient community remains central to our mission. We intend to allocate funding toward education, awareness, and engagement programs that empower residents and strengthen the community's capacity to respond to the crisis.</p> <p>By upholding these goals and values, the Township of Jackson is taking deliberate steps to ensure that settlement funds are applied strategically, with the greatest possible benefit to our residents and community as a whole.</p> |
| 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. | <p>During this reporting year, our expenditures of opioid abatement funds were limited, as we continue to take a careful and deliberate approach to planning. In determining the best use of these resources, we relied on the guiding goals and values previously outlined by the Township, while also considering the list of approved Opioid Remediation uses and</p>  |

|             |  |  |
|-------------|--|--|
| 11<br>cont. | 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.<br>cont. | reviewing local needs and priorities. Our approach is informed by strategies that emphasize prevention, treatment, recovery, and community resilience. As spending expands in future years, these principles will continue to direct our decision-making to ensure the funds are used effectively and for the greatest community impact. |
| 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 public engagement efforts this year were primarily carried out through community outreach events such as National Night Out, which provided an opportunity for residents to connect with local officials, law enforcement, and service providers.  |
| 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   |
|             |  |  |
|             |  |  |
|             |  |  |
|             | <b>2024 Fiscal Program #1</b>  |  |
| 1           | Program Name/Title   | Medical Supplies/Life Saving Equipment   |
| 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:  | This program was approved last year  |
| 3           | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)   | \$6,068.66   |
| 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 harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                        | 11         |
|   | Number of services provided/encounters:  | 25         |
|   | Number of referrals to treatment   | 25         |
| 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 :  | 09/23/2025 |

| Opioid Settlement Funding Report |  |  |
|----------------------------------|--|--|
| Sub Division: Lacey Township     |  |  |
|                                  | State ID:  | NJ106  |
|                                  | County Name:   | Ocean  |
|                                  | Address:   | 818 LACEY ROAD, Forked River, New Jersey, 08731      |
| Fiscal Year: 2025                |  |  |
|                                  |  |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$73,805.99  |
| 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): | \$262,981.57   |
| 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) :                                      | \$82,082.67  |
| 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).      | \$30,072.53  |
| 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.                      | \$128,732.13   |



|    |   |   |
|----|---|---|
| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | <p>Our municipality's overarching goals continue to center on building a healthier, more resilient community through comprehensive approaches to addressing the opioid crisis. We remain committed to allocating resources across the full spectrum of intervention—prevention, education, treatment, and recovery support services—while expanding our focus on harm reduction and community-based solutions. Our core values emphasize equitable access to care, evidence-based interventions, and measurable improvements in public health outcomes. We prioritize strengthening collaborative partnerships with healthcare providers, community-based organizations, schools, and regional coalitions to maximize impact and avoid duplication of services. This year's spending decisions reflect our commitment to sustainable, data-driven solutions that address both immediate crisis response needs and long-term community recovery. We have placed particular emphasis on reaching underserved populations, supporting families affected by addiction, and building local capacity for ongoing prevention and treatment services. Our approach balances urgent intervention needs with strategic investments in infrastructure and programs that will continue benefiting our community beyond the settlement funding period.</p> |
| 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. | <p>Building upon the foundation established by our collaborative Task Force in the previous reporting period, we continued our data-driven approach to allocate opioid abatement funds for maximum community impact. Our decision-making process involved ongoing partnership with the Municipal Alliance, Board of Education, municipal police department, and community non-profits to assess evolving needs and measure the effectiveness of previously implemented programs. During this reporting period, we conducted a comprehensive review of our initial interventions, analyzing updated overdose statistics, treatment accessibility metrics,</p>  |

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| 11<br>cont. | 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.<br>cont. | and we are embarking on a community feedback survey to identify areas requiring enhanced support or new approaches. This evaluation will hopefully reveal both successes from our previous investments and emerging gaps that needed to be addressed. Our funding decisions prioritized evidence-based strategies that demonstrated measurable outcomes, including expanding successful school-based prevention programs, strengthening recovery support services for individuals and families, and enhancing community education initiatives that showed promise in reducing addiction stigma. We also allocated resources toward innovative approaches identified through our Task Force's continuous monitoring of best practices and community-specific needs. The goal remained consistent with our founding mission: to effectively combat the opioid crisis through strategic, collaborative investments that create sustainable improvements in public health and safety while adapting our response to meet the evolving needs of our community. |
| 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?  | We are engaging the public with a community needs assessment survey which is slated to come out September 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?  | Yes   |
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|             | <b>2025 Fiscal Program #1</b>  |   |

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|-----|--|--|
| 1   | Program Name/Title   | Teen Mental Health First Aid Training  |
| 2   | Agency/Funding Recipient Name  | LACEY TWP BOARD OF EDUCATION   |
| 3   | Agency/Funding Recipient Category  | Schools, Colleges, Universities  |
| 4   | Primary problem being addressed by this program:   | All Sophomore & Junior classes will be trained in teen Mental Health First Aid to identify at risk peers   |
| 5   | Brief program description:   | The Teen Mental Health First Aid (tMHFA) program trains high school students to recognize the signs of mental health and substance use challenges in their peers, have supportive conversations, and connect them to a trusted adult.  |
| 6   | Program target population:   | Children and Young Adults - 14-18 (high school aged)   |
| 7   | Date this program was funded (please use MM/DD/YYYY)   | 03/14/2025   |
| 8   | Amount of funding for this program.  | \$7,689.05   |
| 8a. | Amount expended:   | \$7,689.05   |
| 8b. | Amount encumbered/appropriated:  | \$0.00   |
| 9   | How often are you disbursing funds to this program?  | One time only  |
| 10  | Program Launch Date  | 03/14/2025   |
| 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?   | 625  |
| 13  | Please state this program's statement of impact.   | Teen Mental Health First Aid (tMHFA) teaches high school students how to identify, understand and respond to signs and symptoms of mental health or substance-use issues in their friends and peers, and research demonstrates it is "an effective, feasible, and scalable training program for increasing mental health literacy and decreasing mental health stigma in adolescents in the short term." |
| 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:   | 625  |
|     | Number of training/education sessions:   | 20   |
| 15  | How frequently are you measuring the tracked key performance indicators?   | Semi-annually  |

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| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | <ul style="list-style-type: none"> <li>• Increase the knowledge, attitudes and behaviors that adolescents require to better support peers with mental health problems or mental health crises Improve mental health literacy, increase the quality of first aid actions provided to peers—including those at risk of suicide—and decrease stigmatizing attitudes towards mental illness. For implementing tMHFA, a measurement approach would involve pre/post surveys focusing on the core outcomes, with follow-up assessments at 6-12 months to track retention of knowledge and skills.</li> </ul>   |
| 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; Recovery Supports; Treatment   |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Support People in Treatment and Recovery, Connections to Care, Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction), 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. | <p>Teen Mental Health First Aid teaches high school students how to identify, understand and respond to signs and symptoms of mental health or substance-use issues in their friends and peers. The program explicitly includes substance use as a core component, recognizing the interconnected nature of mental health and substance use challenges.</p> <ol style="list-style-type: none"> <li>1. Early Identification and Recognition</li> <li>2. Standardized Action Plan</li> <li>3. Stigma Reduction</li> <li>4. Crisis Intervention Co-occurring Disorders Approach</li> </ol> <p>The program recognizes that Many teens with mental health challenges feel alone, dealing with depression, anxiety or substance use in silence, acknowledging the common co-occurrence of mental health and substance use disorders.</p> |

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| 21    | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | The Board of Education utilized an approved state contract vendor to purchase the materials. The curriculum was administered by the teaching staff.   |
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|       | <b>2025 Fiscal Program #2</b>  |   |
| 1     | Program Name/Title   | TOGETHER RISING UPON SUCCESSFUL TRANSITIONS   |
| 2     | Agency/Funding Recipient Name  | LACEY TWP BOARD OF EDUCATION  |
| 3     | Agency/Funding Recipient Category  | Schools, Colleges, Universities   |
| 4     | Primary problem being addressed by this program:   | Students in grades 9-12 were placed into an alternative day program, which sought to intervene academically, socially & emotionally for identified students.  |
| 5     | Brief program description:   | Students in grades 9-12 were placed into an alternative day program, which sought to intervene academically, socially & emotionally for identified students. Target Population: Students with opioid use disorder, long-term suspension, suspended due to violation of drug policy, known to have a substance abuse history, school refusal, mental health diagnoses, students suspended due to violations of the code of conduct |
| 6     | Program target population:   | Children and Young Adults - 14-18 (high school aged)  |
| 7     | Date this program was funded (please use MM/DD/YYYY)   | 09/15/2024  |
| 8     | Amount of funding for this program.  | \$60,000.00   |
| 8a.   | Amount expended:   | \$21,428.74   |
| 8b.   | Amount encumbered/appropriated:  | \$37,647.44   |
| 9     | How often are you disbursing funds to this program?  | Others  |
| 9(a). | How often are you disbursing funds to this program? - Others   | Twice a year 9/15/2024 to 2/15/2025<br>2/16/2025 to 6/15/2025   |
| 10    | Program Launch Date  | 09/09/2024  |
| 11    | Please choose the length of time of this program's duration:   | 1 year  |
| 12    | What is the anticipated number of unduplicated clients this program will reach annually?   | 10  |

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| 13 | Please state this program's statement of impact. | <p>2024-2025 School Year The TRUST alternative day program has demonstrated significant impact in preventing student dropout and supporting academic success among Lacey Township High School's most vulnerable student population. During the 2024-2025 school year, the program served 10 students in grades 9-12, all of whom faced substantial challenges including opioid use disorder, mental health diagnoses, substance abuse history, and other at-risk circumstances.</p> <p>Key Achievements:</p> <p>Dropout Prevention: The program prevented 80% of participants from leaving school, with 20% of students having already dropped out and re-enrolling specifically because of TRUST's existence. An additional 60% had attempted to withdraw but chose to remain due to the program.</p> <p>Academic Success: All seniors in the program (4 students) successfully graduated in June 2025—none would have been eligible to graduate without TRUST intervention. Three rising seniors are now on track for on-time graduation who previously would not have been.</p> <p>Critical Support: 100% of participants were personally at-risk, with 90% of cases related to opioid addiction. The program provided intensive counseling, academic intervention, and emotional support in a smaller, more flexible environment.</p> <p>Breaking Generational Cycles: The program has demonstrated measurable success in helping students overcome adverse childhood experiences, family addiction patterns, and trauma histories that previously led to academic failure and dropout. The TRUST program represents a vital safety net for students who would otherwise be lost to the education system, providing hope and tangible pathways to success for those facing the most challenging circumstances.</p> |
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| 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:   | 10   |
| 15 | How frequently are you measuring the tracked key performance indicators?   | Semi-annually  |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | <p>The TRUST program aims to achieve several key outcomes for high-risk students in grades 9-12:</p> <p>Primary Goals:</p> <ul style="list-style-type: none"> <li>• Dropout Prevention: Keep at-risk students enrolled and engaged in school</li> <li>• Academic Success: Enable students to pass classes, earn credits, and graduate on time</li> <li>• Behavioral Intervention: Address substance abuse, mental health issues, and conduct violations</li> <li>• Breaking Generational Cycles: Help students overcome adverse childhood experiences and family patterns of addiction/incarceration</li> </ul> <p>Target Population Impact:</p> <ul style="list-style-type: none"> <li>• Students with opioid use disorder or substance abuse history</li> <li>• Students on long-term suspension or facing expulsion</li> <li>• Students with mental health diagnoses affecting attendance</li> <li>• Students experiencing school refusal</li> </ul> <p>Measurement and Tracking Methods: Based on the report, the program appears to track impact through:</p> <p>Quantitative Measures:</p> <ul style="list-style-type: none"> <li>• Graduation rates among program participants</li> <li>• Academic performance (class passage rates, credit accumulation)</li> <li>• Enrollment retention (tracking students who would have dropped out)</li> <li>• Attendance improvements in alternative setting vs. traditional school</li> </ul> <p>Qualitative Measures:</p> <ul style="list-style-type: none"> <li>• Individual case studies documenting student progress and challenges</li> </ul> |

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| 16<br>cont. | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact? cont.  | <ul style="list-style-type: none"> <li>• Behavioral changes and engagement levels</li> <li>• Student receptiveness to counseling and interventions</li> </ul>   |
| 17          | Primary Category:  | Wraparound and Connected Care Supports  |
| 18          | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Diversion and Re-entry Support;<br>Harm Reduction and Overdose Prevention;<br>Primary Prevention, Education, and Training;<br>Recovery Supports   |
| 19          | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Connections to Care,<br>Address the Needs of Criminal Justice-Involved Persons,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)   |
| 20          | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The program specifically serves students with opioid use disorder, substance abuse history, and mental health diagnoses, with 90% of participants' at-risk status related to opioid addiction. All students served (100%) were personally at-risk due to their own addictive behavior, family member addiction, or mental health battles. |
| 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 program was a shared partnership between the municipality and the Board of Education. The School utilized their own staff to lead the program for the identified students. there was no need to purchase items or establish a procurement process.   |
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|             | <b>2024 Fiscal Program #1</b>  |   |
| 1           | Program Name/Title   | Digital Information Board   |
| 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)   | \$1,995.00  |
| 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):   | Promotion of events & community/county resources  |



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| 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 :  | 09/04/2025   |
|   |  |  |
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|   | <b>2024 Fiscal Program #2</b>  |  |
| 1 | Program Name/Title   | Counseling Services and Prevention   |
| 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)   | \$35,000.00  |
| 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:   | 988  |
|   | Number of referrals to treatment   | 250  |
| 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 :  | 09/15/2025   |
|   |  |  |
|   |  |  |
|   | <b>2023 Fiscal Program #1</b>  |  |
| 1 | Program Name/Title   | L.E.A.D. 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:  | We have expended additional funds for the program for the reporting period |
| 3 | Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)   | \$15,969.88  |
| 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:   | 350  |
|   | Number of training/education sessions:   | 6  |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :   | No   |

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| 6 | Last Updated Date : | 09/04/2025 |
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| Opioid Settlement Funding Report |  |  |
|----------------------------------|--|--|
| Sub Division: Lakewood Township  |  |  |
|                                  | State ID:  | NJ107  |
|                                  | County Name:   | Ocean  |
|                                  | Address:   | 231 3rd street, lakewood, New Jersey, 08701          |
| Fiscal Year: 2025                |  |  |
|                                  |  |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$227,542.30   |
| 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): | \$1,162,418.31                                       |
| 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.  | There are no 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.                      | \$1,145,926.24                                       |
| 10                               | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                       | Reduce opioid dependence                             |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | That is a very interesting question worthy of further 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?   | I don't know. I am just a book keeper that works in an office all day and is not exposed to the public. |
| 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: Little Egg Harbor Township |  |  |
|  | State ID:  | NJ112  |
|  | County Name:   | Ocean  |
|  | Address:   | 665 Radio road, Little Egg Harbor, New Jersey, 08087                                     |
| Fiscal Year: 2025                        |  |  |
|  |  |  |
| 1  | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$72,018.28  |
| 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): | \$256,611.24   |
| 4  | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                           | We are a municipality and did not transfer our funds                                     |
| 5  | What amount of your opioid abatement funds did you transfer to the county?   |  |
| 6  | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :                                      | \$1,551.98   |
| 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).      | \$232,552.89   |
| 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.                      | \$22,506.37  |
| 10                                       | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                       | Utilize the funds to provide equipment and programs to prevent opioid addiction problems |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | The list of Opioid Remediation uses and evidence-informed strategies   |
| 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?   | We engage with medical professionals and non-profit organizations that specialize in addiction problems  |
| 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  |
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|    | <b>2025 Fiscal Program #1</b>   |  |
| 1  | Program Name/Title  | Little Egg Harbor Citizens Police Academy  |
| 2  | Agency/Funding Recipient Name   | Little Egg Harbor Police Department / great Bay Regional PAL   |
| 3  | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances);<br>First Responders, Law Enforcement, and Emergency Services   |
| 4  | Primary problem being addressed by this program:  | Community engagement including Opioid education, awareness and abuse prevention  |
| 5  | Brief program description:  | The police department utilized the funds to educate and train program attendees (community residents) on treatment and response to overdose emergencies including certification on CPR/AED |

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| 6       | Program target population:   | Children and Young Adults - 19-24 (post-grad through college)   |
| 7       | Date this program was funded (please use MM/DD/YYYY)   | 02/12/2025  |
| 8       | Amount of funding for this program.  | \$1,551.98  |
| 8a.     | Amount expended:   | \$1,551.98  |
| 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 for resources   |
| 10      | Program Launch Date  | 02/12/2025  |
| 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  | This is an 8 week program which is intended to run on annual basis.   |
| 12      | What is the anticipated number of unduplicated clients this program will reach annually?   | 30  |
| 13      | Please state this program's statement of impact.   | The purpose behind establishing a Citizens Police Academy was to strengthen community engagement and foster positive relationships between law enforcement and residents. Through interactive learning and open dialogue, participants gained insight into police operations, public safety initiatives, and shared responsibilities in building a safer community. The program was highlighted by providing practical training opportunities, including First Aid, CPR/AED, and Narcan administration, while raising awareness about opioid abuse, prevention strategies, and available community resources. |
| 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 harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):  | 24 Naloxone and first aid related kits  |
|         | Number of training/education sessions:   | 8   |
| 15      | How frequently are you measuring the tracked key performance indicators?   | Annually  |

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| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | The program aims to increase awareness and provide education and training to reduce overdose related emergencies.  |
| 17 | Primary Category:  | Primary Prevention, Education, and Training  |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | Harm Reduction and Overdose Prevention; Treatment  |
| 19 | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Treat Opioid Use Disorder (OUD),<br>Support People in Treatment and Recovery,<br>Connections to Care,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction),<br>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. | The intention of the training is directed at prevention through community outreach and education and training.   |
| 21 | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The procurement process was done internally between the police department and the township as the program was being developed.   |



| Opioid Settlement Funding Report  |  |  |
|-----------------------------------|--|--|
| Sub Division: Manchester Township |  |  |
|                                   | State ID:  | NJ124  |
|                                   | County Name:   | Ocean  |
|                                   | Address:   | 1 COLONIAL DRIVE, MANCHESTER, New Jersey, 08759      |
| Fiscal Year: 2025                 |  |  |
|                                   |  |  |
| 1                                 | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$0.00   |
| 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): | \$279,309.28   |
| 4                                 | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                           | We are a municipality and did not transfer our funds |
| 5                                 | What amount of your opioid abatement funds did you transfer to the county?   |  |
| 6                                 | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :                                      | \$96,520.84  |
| 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).      | \$56,148.82  |
| 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.  | No Admin Expenses                                    |
| 9                                 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                      | \$29.58  |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | This year's spending decisions was to provide equipment to both the Township's EMS & Police Departments to upfit vehicles and equipment to assist in responding to overdose calls for service and to provide our School Resource Officer and Class 3 School Officers with the training needed to provide response and prevention mitigation in the schools when it comes to opioid and other drug related offenses. The Township also continued to provide CPR/Narcan Training to all Township employees by our EMS Services and Rutgers University Psychiatric Department. |
| 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 relied on Evidence based strategies to utilize what the funds were for. By using this and the list of Opioid Remediation uses, the organization highlighted targeted strategies to provide increased services thru our EMS & Police Department.  |
| 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?   | Funds were utilized to highlight our opioid response during all community events that the public were present. These include Manchester Day, National Night Out, Council Meetings, Public Speaking events by Township Administration and Public Safety Officials.   |
| 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   |
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|---------|--|---|
|         | <b>2025 Fiscal Program #1</b>  |   |
| 1       | Program Name/Title   | Mind Base   |
| 2       | Agency/Funding Recipient Name  | Manchester Police Department  |
| 3       | Agency/Funding Recipient Category  | First Responders, Law Enforcement, and Emergency Services;<br>Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)  |
| 4       | Primary problem being addressed by this program:   | Mental Health for Healthcare & Police Officers  |
| 5       | Brief program description:   | Mindbase is an app that allows for public safety employees to be tracked based on type of call natures they respond too. The system has valued points based on various types of calls, when a first responder hits so many points or a high profile call, the system triggers to make sure the first responder is contacted by a mental health professional to check on the overall employee well being. They system also provides resources to the responders on various programs. |
| 6       | Program target population:   | First Responders, Law Enforcement and other Emergency Responders;<br>Healthcare Personnel and Workforce   |
| 6(a).   | Program target population: - Others  |   |
| 7       | Date this program was funded (please use MM/DD/YYYY)                                     | 12/26/2024  |
| 8       | Amount of funding for this program.  | \$7,550.00  |
| 8a.     | Amount expended:   | \$7,550.00  |
| 8b.     | Amount encumbered/appropriated:  | \$0.00  |
| 9       | How often are you disbursing funds to this program?                                      | Annually  |
| 10      | Program Launch Date  | 05/01/2025  |
| 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                    | Unknown time frame, but will continue with subscription.  |
| 12      | What is the anticipated number of unduplicated clients this program will reach annually? | 150   |
| 13      | Please state this program's statement of impact.   | Exposure to the traumas and difficulties of everyday public safety professions requires a different approach to wellness than in years past. Mindbase builds data-driven, accessible, and confidential tools for employee   |

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|-------------|--|--|
| 13<br>cont. | Please state this program's statement of impact.<br>cont.  | wellness and advanced monitoring tools for peer support leaders.   |
| 14          | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |  |
|             | Number of participants served:   | 150  |
|             | Number of training/education sessions:   | 10   |
| 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?  | This program looks to achieve mental health awareness for our first responders. By increasing mental health and reducing stress we look to decrease our providers mental health issues while increasing resilience.  |
| 17          | Primary Category:  | Workforce Development and Capacity Building  |
| 18          | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).   | None of the above  |
| 18<br>(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:  | First Responders, Leadership, Planning and Coordination, Training  |
| 20          | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | By helping our first responders we are targeting substance abuse and mental health conditions to improve the overall health of our workforce.  |
| 21          | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The procurement of the Mindbase App was completed by the heads of the Public Safety Organization. After meeting with multiple organizations that provide similar services, it was determined that this application was the best overall system as it connected directly with our computer aided dispatch system. |
|             |  |  |
|             |  |  |
|             | <b>2024 Fiscal Program #1</b>  |  |
| 1           | Program Name/Title   | Transportation and Response to Mental Health & Opioid Victims  |

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|---|--|--|
| 2 | Have there been any modifications or expansions to this program since the initial report? :  | Yes, modification to funding amount  |
|   | 2a) If yes, please explain:  | Purchase of vehicle for School Resource Officer to combat drug addiction and overdose related issues at school system. |
| 3 | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)   | \$57,000.00  |
| 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 services provided/encounters:  | 300  |
|   | Increased community awareness (please describe):   | SRO is available to all schools to respond to drug   |
| 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 :  | 09/23/2025   |
|   |  |  |
|   |  |  |
|   | <b>2023 Fiscal Program #1</b>  |  |
| 1 | Program Name/Title   | Counseling Services  |
| 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)   | \$17,000.00  |
| 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 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 :  | 09/23/2025   |

| Opioid Settlement Funding Report     |  |   |
|--------------------------------------|--|---|
| Sub Division: Point Pleasant Borough |  |   |
|                                      | State ID:  | NJ185   |
|                                      | County Name:   | Ocean   |
|                                      | Address:   | 2233 Bridge Avenue, Point Pleasant, New Jersey, 08742 |
| Fiscal Year: 2025                    |  |   |
|                                      |  |   |
| 1                                    | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$47,988.94   |
| 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): | \$214,873.94  |
| 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) :                                      | \$27,068.40   |
| 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.                      | \$139,816.60  |

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| 10 | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | We purchased defibrillators for our Police Department, Volunteer First Aid Squad and our Office of Emergency Management. Future purchases will go towards equipment for our Volunteer First Aid Squad to help them assist patients/victims and for future drug and alcohol prevention educational purposes through our Police Department. |
| 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. | Collaborative discussions between our Governing Body and our Police and First Aid Departments.  |
| 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?   | Collaborative discussion with our volunteer first aid squad and volunteer office of emergency management whose members are all citizens of our community.   |
| 14 | Does your county/subdivision have a strategic plan?   | No, but we plan to in the future  |
| 15 | Have you completed a Risk Assessment profile for demographic or geographic impact?  | No  |
|    |   |   |
| 16 | Did your subdivision fund any new programs using opioid abatement funds in this reporting year?   | No  |
|    |   |   |

| Opioid Settlement Funding Report |  |  |
|----------------------------------|--|--|
| Sub Division: Stafford Township  |  |  |
|                                  | State ID:  | NJ220  |
|                                  | County Name:   | Ocean  |
|                                  | Address:   | 260 East Bay Avenue, Manahawkin, New Jersey, 08270   |
| Fiscal Year: 2025                |  |  |
|                                  |  |  |
| 1                                | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$153,656.58   |
| 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): | \$425,038.29   |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                           | We are a municipality and did not transfer our funds |
| 5                                | What amount of your opioid abatement funds did you transfer to the county?   |  |
| 6                                | Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025) :                                      | \$153,656.58   |
| 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.                      | \$0.00   |



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| 10  | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions  | The Township's goal is to try and educate the public on opioid abuse through the Class I program utilized in the Township. The past year's funding went towards supporting the Class I program and this year's funding would be utilized to provide the salaries and equipment for those officers in that program to work with the community at the ground level. |
| 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. | Internal meetings with staff and a public workshop.   |
| 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 Workshop   |
| 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   |
|     |   |   |
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|     |   |   |
|     | <b>2025 Fiscal Program #1</b>   |   |
| 1   | Program Name/Title  | Class I's   |
| 2   | Agency/Funding Recipient Name   | Township of Stafford  |
| 3   | Agency/Funding Recipient Category   | County or Municipality (including Departments and Municipal Alliances)  |
| 4   | Primary problem being addressed by this program:  | Opioids in the Parks/Playgrounds  |

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| 5   | Brief program description:   | Class I program operation with the funds to educate the public and provide a presence in the parks/playgrounds for opioid education and outreach.   |
| 6   | Program target population:   | Children and Young Adults - 0-13 (through 8th grade);Children and Young Adults - 14-18 (high school aged);Children and Young Adults - 19-24 (post-grad through college);Individuals experiencing Homelessness;Individuals involved with the Criminal Justice System;Individuals who Use Drugs;Members of the General Public |
| 7   | Date this program was funded (please use MM/DD/YYYY)   | 01/02/2023  |
| 8   | Amount of funding for this program.  | \$153,656.58  |
| 8a. | Amount expended:   | \$153,656.58  |
| 8b. | Amount encumbered/appropriated:  | \$0.00  |
| 9   | How often are you disbursing funds to this program?  | Annually  |
| 10  | Program Launch Date  | 01/02/2023  |
| 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?   | 5000  |
| 13  | Please state this program's statement of impact.   | 5000  |
| 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:   | 5000  |
| 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?  | Educating the public on opioid abuse and deterring use in a Township parks/playgrounds.   |
| 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;Recovery Supports;Treatment  |
| 19  | Please select the Schedule B strategy(ies) that fits the primary focus of this program:  | Prevent Overdose Deaths and Other Harms (Harm Reduction),Leadership, Planning and Coordination,Training   |

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| 20 | Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The program is setup to educate the public on opioid abuse and deter usage. In that process, educating the public is crucial to deter opioid use in the future. |
| 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.                               | Completed as a part of the annual budgeting process to include the new program in the Township's operations.  |

| Opioid Settlement Funding Report  |  |  |
|-----------------------------------|--|--|
| Sub Division: Toms River Township |  |  |
|                                   | State ID:  | NJ226  |
|                                   | County Name:   | Ocean  |
|                                   | Address:   | 33 Washington Street, Toms River, New Jersey, 08753  |
| Fiscal Year: 2025                 |  |  |
|                                   |  |  |
| 1                                 | Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025   | \$276,150.94   |
| 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): | \$983,964.66   |
| 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) :                                      | \$18,154.04  |
| 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).      | \$10,499.30  |
| 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.  | Not Applicable                                       |
| 9                                 | Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.                      | \$955,311.32   |
| 10                                | Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions                       | A plan for the expenditures is in progress           |

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| 11 | How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain. | The completion of the plan has not yet been finalized.   |
| 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?   | Not Applicable   |
| 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  |
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|    | <b>2025 Fiscal Program #1</b>   |  |
| 1  | Program Name/Title  | Operational Readiness for Police Officers  |
| 2  | Agency/Funding Recipient Name   | Toms River Police Department   |
| 3  | Agency/Funding Recipient Category   | First Responders, Law Enforcement, and Emergency Services  |
| 4  | Primary problem being addressed by this program:  | Training for Officers responding to Opioid overdoses   |
| 5  | Brief program description:  | This course is designed to prepare law enf officers to effectively handle crises involving OUD and related mental health conditions. With the opioid epidemic posing significant challenges for public safety, officers need the tools to respond with empathy, safety, and precision. |
| 6  | Program target population:  | Children and Young Adults - 0-13 (through 8th grade);  |

|            |  |   |
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| 6<br>cont. | Program target population: cont.   | Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>First Responders, Law Enforcement and other Emergency Responders;<br>Healthcare Personnel and Workforce;<br>Individuals experiencing Homelessness;<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs;<br>Members of the General Public;<br>Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome |
| 6(a).      | Program target population: - Others  |   |
| 7          | Date this program was funded (please use MM/DD/YYYY)                                     | 06/24/2025  |
| 8          | Amount of funding for this program.  | \$5,000.00  |
| 8a.        | Amount expended:   | \$5,000.00  |
| 8b.        | Amount encumbered/appropriated:  | \$0.00  |
| 9          | How often are you disbursing funds to this program?                                      | Annually  |
| 10         | Program Launch Date  | 08/01/2025  |
| 11         | Please choose the length of time of this program's duration:                             | 4-5 years   |
| 12         | What is the anticipated number of unduplicated clients this program will reach annually? | 15  |
| 13         | Please state this program's statement of impact.   | The goal is to equip officers with practical strategies to manage these crises safely, while building trust with individuals in need. Ultimately, this course is aimed at improving officer-community relations by fostering trust and reducing the stigma around addiction. By focusing on harm reduction and non-punitive approaches, officers will be better positioned to support individuals with OUD, reduce the risk of escalation, and strengthen community ties through compassionate, effective interventions.  |

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| 14      | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                   |   |
|         | Number of training/education sessions:   | 14  |
| 15      | How frequently are you measuring the tracked key performance indicators?   | Annually  |
| 16      | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?  | The plan is to implement this training to all of the 148 plus officers of the Toms River Police Department to ensure the entire agency receives this meaningful training. This impact will be measured in conjunction with Hope Sheds Light and their overdose tracking 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).   | Workforce Development and Capacity Building   |
| 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:  | 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 utilizes four training modules. 1. Understanding OUD and Co-Occurring Conditions. 2. Recognizing and Responding to OUD. 3. Best Practices for Field Application 4. Real-World Application and Resource Utilization. This program was developed in conjunction with research through Seton Hall University Stillman School of Business. |
| 21      | Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                               | The officers trained by this program were registered through Zschool at Seton Hall University, Stillman School of Business.   |