

# **CAMDEN COUNTY**

## **2026 OPIOID ABATEMENT REPORT**

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| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                                         |
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| Subdivision: Camden County       |                                                                                                                                                                                                                                      |                                                                                         |
|                                  | State ID:                                                                                                                                                                                                                            | NJ25                                                                                    |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                                  |
|                                  | Address:                                                                                                                                                                                                                             | Camden County Counsel's Office, 520 Market Street, 6th Floor, Camden, New Jersey, 08102 |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Krista Schmid                                                                           |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:Krista.Schmid@camdencounty.com">Krista.Schmid@camdencounty.com</a>      |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                                         |
|                                  |                                                                                                                                                                                                                                      |                                                                                         |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$2,289,094.79                                                                          |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$710,878.42                                                                            |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$15,493,191.14                                                                         |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                         |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please                                                                           | \$1,456,213.49                                                                          |

|     |                                                                                                                                                               |                            |
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|     | include dollars and cents (e.g., 100.23):                                                                                                                     |                            |
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                            |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$1,510,362.16             |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$20,387.70                |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                            |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | salary and fringe benefits |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$10,103,732.48            |

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| 10 | <p>What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p> | <p>Camden County's expenditure of opioid abatement funds is guided by the goals of reducing opioid-related harm and strengthening a coordinated continuum of prevention, early intervention, treatment, recovery support, and harm reduction services for residents and communities impacted by substance use.</p> <p>Since receiving opioid settlement funds in 2023, the County has prioritized investments that address identified community needs, expand access to services, reduce barriers to care, and strengthen connections across the behavioral health system. Funding decisions have been informed by local overdose trends, available data, stakeholder feedback, identified service gaps, evidence-informed practices, and alignment with approved opioid remediation strategies.</p> <p>The County's approach focuses on supporting sustainable, data-informed strategies that improve access to care, enhance collaboration among systems and providers, and ensure resources are directed toward areas of greatest community need.</p> |
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| 11 | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                          | County leadership and designated county departments were involved in spending decisions, including the Camden County Board of Commissioners, County Administration, the Camden County Department of Health and Human Services leadership, and the Camden County Office of Mental Health & Addiction (OMHA). OMHA provided subject matter expertise, including analysis of overdose trends, identification of behavioral health system needs, review of evidence-informed strategies, recommendations regarding funding priorities, and oversight of funded initiatives. Additional county departments and representatives provided input related to fiscal oversight, legal considerations, and implementation requirements as appropriate. |
| 12 | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                   | Camden County considered multiple sources of information when determining how to spend opioid abatement funds, including: <ul style="list-style-type: none"> <li>• Local overdose data, substance use trends, and community-level indicators;</li> <li>• State and county-level data resources, including opioid overdose surveillance information;</li> <li>• Community needs assessments and identified gaps within the behavioral health system;</li> <li>• Feedback and collaboration with behavioral health providers, community organizations, municipal partners, advisory groups, and other stakeholders;</li> <li>• Evidence-based and evidence-informed prevention, treatment,</li> </ul>                                         |
|    | List all that apply, including, but not limited to, the following:                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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|     | Litigation Recoveries" to which your subdivision is a signatory;                                                                                                                                                                                                             | <p>recovery support, and harm reduction strategies;</p> <ul style="list-style-type: none"> <li>• The approved opioid remediation uses outlined in Schedule B of the New Jersey Opioid Litigation Memorandum of Agreement;</li> <li>• Program performance, service utilization, outcomes, and ongoing review of community needs.</li> </ul> <p>These resources supported the County's efforts to make strategic investments that strengthen the continuum of care and address opioid-related challenges throughout the community.</p>                                                                                                                                           |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | <p>Camden County incorporated community and stakeholder engagement through ongoing communication, collaboration, and feedback with organizations and individuals involved in addressing substance use and opioid-related challenges. Engagement included collaboration with behavioral health providers, community partners, municipal representatives, advisory groups, individuals with lived experience, and other stakeholders involved in prevention, treatment, recovery, and harm reduction efforts. Information gathered through outreach activities, program monitoring, provider coordination, and community feedback was considered when identifying priorities</p> |

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|     |                                                                                                                               | and determining appropriate uses of opioid abatement funds. |
| 14  | For how many years have settlement spending allocations already been decided?                                                 | 3 - 5 years                                                 |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                      | Yes                                                         |
|     | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                              |                                                             |
| 15a | Can we post your strategic plan online?                                                                                       | No                                                          |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                            | No                                                          |
|     |                                                                                                                               |                                                             |
| 17  | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)? | Yes                                                         |
|     |                                                                                                                               |                                                             |
|     | A) For new programs, use the "Add Program" tab to report on each new program.                                                 |                                                             |
|     | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to                      |                                                             |

|   |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|   | provide updates on programs reported during prior fiscal years.                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|   | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1 | What is the name/title of the program?                                                                                                                                                                                 | Mobile Buprenorphine Program (Suboxone Induction Mobile Outreach)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Cooper Healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4 | What is the primary problem being addressed by this program?                                                                                                                                                           | This program addresses the lack of access to timely, evidence-based opioid use disorder treatment among people experiencing homelessness and other residents who face barriers to traditional care. Underserved individuals remain at high risk for overdose because they often cannot access same-day evaluation, medication initiation, or reliable linkage to follow-up treatment. The mobile model is designed to remove these barriers by bringing low-threshold MOUD services directly into community settings where high-risk individuals can be reached. |

|       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5     | Briefly describe the program's purpose and key activities.                        | The Mobile Buprenorphine Program is a low-barrier, field-based service that provides same-day evaluation, buprenorphine induction, prescribing, and referral to follow-up care during community outreach events. A multidisciplinary team conducts on-site assessments, initiates MOUD as clinically appropriate, and ensures warm handoffs to ongoing treatment and support services. The program partners closely with OMHA, shelters, treatment providers, and law enforcement to engage individuals experiencing homelessness and others who may not access traditional care, expanding treatment reach across the county. |
| 6     | What is the target population for this program?                                   | First Responders, Law Enforcement and other Emergency Responders; Individuals experiencing Homelessness; Individuals who Use Drugs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6(a). | What is the target population for this program? - Others                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 9/1/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8     | What is the total amount of funding for this program?                             | \$200,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?     | \$99,872.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9     | How often is your subdivision disbursing funds to this program?                   | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 9/1/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11    | Choose the duration of the program from the list below.                           | 5+ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 2700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 13 | What is the intended impact of this program?                                                                                                           | The Mobile Buprenorphine Program increases access to life-saving, evidence-based treatment for individuals with opioid use disorder who face significant barriers to care, particularly those experiencing homelessness. By providing same-day evaluation, buprenorphine initiation, and direct linkage to ongoing treatment at outreach sites, the program reduces overdose risk and expands engagement in medication-assisted treatment across high-need areas of Camden County.                                                                     |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | Other:                                                                                                                                                 | KPIs include the # of individuals screened and assessed for MAT, the # initiated and prescribed buprenorphine during outreach, 30-day MAT retention, transitions into ongoing care at Cooper or community MAT providers, confirmed treatment linkages made by the Navigator, and growth in unduplicated patients accessing buprenorphine across the grant period.<br>These KPIs demonstrate whether mobile outreach is effectively identifying individuals with OUD, initiating evidence-based treatment, and supporting sustained engagement in care. |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | 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?                                                                                                | This program aims to expand access to buprenorphine for individuals with OUD who cannot reach traditional care, reduce overdose risk, and strengthen transitions into ongoing treatment. Impact will be measured by the number of people assessed and initiated on buprenorphine, prescriptions provided, 30-day retention, confirmed transitions to ongoing care, and growth in unduplicated patients served. |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | 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).                                                                   | Treatment                                                                                                                                                                                                                                                                                                                                                                                                      |
| 18(a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Treat Opioid Use Disorder (OUD), Connections to Care, Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                                                                                                 |
| 20     | Describe 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 addresses OUD and co-occurring conditions by providing evidence-based MOUD directly in the field, including same-day assessment, buprenorphine initiation, and linkage to ongoing treatment. Outreach also connects individuals to mental-health and medical services as needed, using low-threshold, evidence-informed strategies that reduce barriers and support timely engagement in care.     |
| 21     | 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 service was procured through a publicly advertised Request for Proposals (RFP) process.                                                                                                                                                                                                                                                                                                                   |

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| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                          | Key highlights include strong MAT engagement and continuity, demonstrated by 340 individuals actively retained on treatment and 148 successfully transitioned into ongoing care at Cooper. MAT initiation during outreach has been effective and consistent, and overall prescribing totals (431 individuals) show sustained growth in access to evidence-based treatment. These results reflect robust community reach and meaningful treatment outcomes. |
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|    |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1  | What is the name/title of the program?                                                                                                          | Women's Reentry Transitional Housing Program                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                           | I'm F.R.E.E. (Females Reentering Empowering Each Other)                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | Community Based Organizations/Non-Governmental Organizations                                                                                                                                                                                                                                                                                                                                                                                               |
| 4  | What is the primary problem being addressed by this program?                                                                                    | This program addresses the high risk of overdose and overdose death among women released from county jail who lack stable housing, connection to treatment, and coordinated support upon reentry. By providing structured transitional housing and direct linkage to services, the program reduces immediate post-release vulnerability and supports safer reintegration into the community.                                                               |

|     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 5   | Briefly describe the program's purpose and key activities.                        | This program provides short-term housing for up to six women leaving county jail, with an average stay of three to six months. Each resident works with a Residential Reentry Specialist to develop individualized goals related to housing, employment, substance-use treatment including MAT, mental-health care, vital documents, and family reunification. The specialist coordinates with community providers, supports reentry planning, and serves as a liaison between the Department of Corrections and the contracted treatment provider. The program's success is built on strong community partnerships, county leadership support, and strategic resource alignment during the pilot phase. |
| 6   | What is the target population for this program?                                   | Individuals experiencing Homelessness;<br>Individuals in Treatment;<br>Individuals who Use Drugs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 1/19/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8   | What is the total amount of funding for this program?                             | \$37,809.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?     | \$15,352.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 9   | How often is your subdivision disbursing funds to this program?                   | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 1/19/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11  | Choose the duration of the program from the list below.                           | 5+ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 13 | What is the intended impact of this program?                                                                                                           | The program aims to reduce overdose risk, strengthen treatment engagement, and improve stability for women transitioning from jail to the community. By providing safe housing, coordinated case management, and connections to evidence-based treatment and recovery supports, it improves access to care and reentry outcomes. Continued investment helps maintain treatment linkages, support housing stability, and promote long-term recovery for women at high risk of OUD-related harm.      |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Number of participants served:                                                                                                                         | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Number of services provided/encounters:                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Other:                                                                                                                                                 | KPIs include the number of women transitioned to stable housing; the number who reunify with family (when applicable); the number who obtain employment; ongoing engagement in substance-use and mental-health treatment, including connection to MAT; length of stay in transitional housing; the number of women who obtain vital documents; and any overdoses or overdose deaths occurring during the program period.<br>Four of the six clients have been steadily served since program launch. |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | 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 help women secure stable housing, engage in employment or education, continue mental health or substance use treatment, and obtain essential documents, consistent with the KPIs listed in the RFQ. Impact will be tracked through the county's required bimonthly programmatic reports and Daily Activity Reviews (DARs), which document services and resident progress toward these outcomes.                                                                                                       |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Recovery Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Diversion and Re-entry Support;<br>Harm Reduction and Overdose Prevention;<br>Housing;<br>Wraparound and Connected Care Supports                                                                                                                                                                                                                                                                                                                                                                                          |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Support People in Treatment and Recovery,<br>Connections to Care,<br>Address the Needs of Criminal Justice-Involved Persons,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                                                                                                                                  |
| 20 | Describe 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 uses a trauma-informed, healing-centered, evidence-informed approach to support women with opioid use disorder, co-occurring substance use challenges, and mental health needs. Services include mental health and substance use treatment linkages, crisis intervention, behavioral health coordination, and ongoing engagement with community providers. The holistic model addresses interconnected needs—such as recovery supports, documentation, housing, and family reunification—to promote stability |

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|    |                                                                                                                                                                           | and sustained treatment participation during reentry.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 21 | 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 service was advertised via Request for Quotes (RFQ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    | The Women's RHTP program supported four residents and one additional referral, with one resident successfully transitioning to stable housing. Two residents secured part-time employment, including one who completed a 15-week culinary program and received a county employment referral. All residents engaged in family reunification or family-stability work, and three continued behavioral-health treatment, with one maintaining MAT. Case management also assisted residents in obtaining vital documents, navigating benefits, and addressing reentry-related needs. These activities reflect steady progress in housing stability, employment readiness, treatment engagement, and family support. |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 1 | What is the name/title of the program?                                                                                                          | Substance Use & Mental Health<br>Municipal Court Early Intervention<br>Outreach and Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                           | Genesis Counseling Centers Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | Hospital/Healthcare Provider<br>(including Mental Health or Substance Use Treatment Provider)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4 | What is the primary problem being addressed by this program?                                                                                    | The primary problem addressed is the decline in referrals for Project SAVE from local police departments and municipal courts, which are the program's main referral sources. Because base program funding is limited, advocates have historically been able to conduct only minimal outreach - brief police roll-call presentations and limited community engagement - resulting in low visibility and fewer referral partnerships. Opioid settlement funding is being used to expand outreach capacity, strengthen program promotion, and increase engagement with police, court staff, and behavioral-health providers to rebuild and improve referral pathways. |

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| 5     | Briefly describe the program's purpose and key activities.                        | Project SAVE places Certified Alcohol and Drug Counselors in Camden County Municipal Courts to connect non-violent individuals facing substance-use-related charges to treatment and recovery services. Opioid settlement funding expands the program's reach by supporting presentations about the service to law enforcement, courts, providers, organizations, and community members, along with education at countywide awareness events. This outreach increases program visibility, strengthens partnerships, boosts referrals, and improves access to services across the county. The total cost amount also includes funding for educational materials to distribute and discuss with community members at awareness outreach events. |
| 6     | What is the target population for this program?                                   | First Responders, Law Enforcement and other Emergency Responders; Individuals involved with the Criminal Justice System; Individuals who Use Drugs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6(a). | What is the target population for this program? - Others                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 1/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8     | What is the total amount of funding for this program?                             | \$40,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?     | \$6,307.48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 9     | How often is your subdivision disbursing funds to this program?                   | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| 10 | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 1/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11 | Choose the duration of the program from the list below.                                                                                                | 5+ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 778                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 13 | What is the intended impact of this program?                                                                                                           | Project SAVE outreach has strengthened awareness of diversion and treatment options among law enforcement, courts, and community partners, resulting in increased referrals and earlier engagement in care. A February 2026 refresher helped improve referral pathways, contributing to a 29% rise in referrals by May (702 vs. 546 in 2025). Police referrals grew from 200 to 357, with 312 individuals enrolled year-to-date. Continued funding will allow the Office of Mental Health & Addiction to further expand outreach, collaboration, and referral growth across the county. |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Number of participants served:                                                                                                                         | 778                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Other:                                                                                                                                                 | KPIs include the # of outreach presentations delivered to law enforcement, municipal courts, providers, organizations, and community members; attendance at countywide awareness events; distribution of educational materials; referrals generated following outreach; increases in referral volume over time; and engagement outcomes such as enrollments and confirmed linkages into treatment or services. Additional KPIs include qualitative feedback from partners on improved                                                                                                   |

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|    |                                                                                                                                        | awareness and referral processes and documentation of outreach challenges and barriers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                          | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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 referrals to diversion and treatment, improve early engagement in care, and strengthen coordination between law enforcement, courts, and behavioral-health providers. Impact will be tracked through referral volumes following presentations, percentage increases in referrals over time, enrollment and confirmed treatment linkages, and qualitative feedback from participants and partners, including courts and police. All outreach events, presentations, referrals, and any challenges will be documented and reported to the Office of Mental Health & Addiction to monitor progress and guide improvements. |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                             | Primary Prevention, Education, and Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). | Diversion and Re-entry Support;<br>Harm Reduction and Overdose Prevention;<br>Recovery Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Address the Needs of Criminal Justice-Involved Persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 20 | Describe 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 outreach expansion supports individuals with OUD and co-occurring conditions by increasing awareness of evidence-based treatment options and strengthening referral pathways across municipal courts, law enforcement, and community partners. Through targeted presentations and education, the expansion promotes earlier identification of individuals at risk and encourages connection to services such as MAT, behavioral-health treatment, and mental-health care. These evidence-informed outreach strategies improve coordination and increase timely access to appropriate care. |
| 21 | 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 service was advertised via Request for Quotes (RFQ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   | From January through June 2026, expanded early-intervention outreach in municipal courts and law enforcement led to notable increases in referrals and engagement. Total Project SAVE referrals reached 702, a 29% increase from 2025. Police referrals rose to 357 (a 78.5% increase), enrollments reached 312 (a 10.6% increase), and treatment admissions totaled 227, consistent with prior year levels. These results show that targeted outreach and education effectively strengthened referral pathways and improved access to early-intervention services across the county.          |
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|   | <b>2025 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |
| 1 | Program Name/Title                                                                                                                                                           | Recovery Rocks Night                                                                                                                                                                                                                                                                                                       |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$546.25                                                                                                                                                                                                                                                                                                                   |
| 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):                                                                                                                             |                                                                                                                                                                                                                                                                                                                            |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                                                                                                                                                                                                                                                                                        |
|   | 5a) If yes, please explain:                                                                                                                                                  | The Recovery Rocks concert celebrates recovery, fosters community, and raises awareness about substance use disorder. The event includes a sober tailgate and a fellowship meeting before a free concert, providing a positive and supportive environment for people in recovery, their families, and the wider community. |
| 6 | Last Updated Date :                                                                                                                                                          | 9/2/2026                                                                                                                                                                                                                                                                                                                   |
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|   | <b>2025 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |
| 1 | Program Name/Title                                                                                                                                                           | Anti-Stigma Campaign                                                                                                                                                                                                                                                                                                       |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$217,702.58                                                                                                                                                                                                                                                                                                               |

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| 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):                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   | 5a) If yes, please explain:                                                                                                                                                  | The Camden County Board of Commissioners and the Addiction Awareness Task Force launched the Break the Stigma campaign to change the conversation around addiction and recovery. This initiative was created to combat the misconceptions surrounding substance use disorder, highlight the reality of recovery, and ensure that individuals struggling with addiction receive support rather than judgment. Addiction is one of the most stigmatized health conditions, preventing individuals from seeking help and isolating families who fear judgment. The Break the Stigma campaign is dedicated to changing perceptions of addiction, fostering understanding, and creating a supportive environment where recovery is possible for everyone. |
| 6 | Last Updated Date :                                                                                                                                                          | 9/2/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|   | <b>2025 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1 | Program Name/Title                                                                                                                                                           | Legal Services for Camden County Sober Living Community                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | No modifications/expansions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$16,650.00                                                       |
| 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:                                                                                                                                               | 15                                                                |
| 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 :                                                                                                                                                          | 9/1/2026                                                          |
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|   | <b>2025 Fiscal Program List</b>                                                                                                                                              |                                                                   |
| 1 | Program Name/Title                                                                                                                                                           | Recovery Encouragement Athletic/Activity League ("REAL")          |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, other modifications/expansions                               |
|   | 2a) If yes, please explain:                                                                                                                                                  | expanded recovery programming through new partnerships and events |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$23,213.07                                                       |
| 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:                                                                                                                                               | 1108                                                              |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                               |

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|   | 5a) If yes, please explain:                                                                                                                                                  | This year, REAL Sports & Activities expanded recovery programming through new partnerships and events. Activities consisted of golf, bocce ball, Winterfest-Ice Skating, Horticulture, Ceramics, Soap Making Class, Sea Glass Workshop, social gatherings, and the Recovery Rocks Concert. A standout addition was the collaboration with Camden County Senior Services, where individuals in recovery and seniors connected over creative projects, leading to additional joint events like a successful St. Patrick's Day Social with karaoke. The program also hosted the annual Recovery Softball Tournament with 175 participants engaged, further strengthening community engagement and recovery support. |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|   | <b>2025 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1 | Program Name/Title                                                                                                                                                           | Remembrance and Hope Memorial Vigil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$34,327.12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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):                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|   | 5a) If yes, please explain:                                                                 | The Remembrance and Hope Memorial Vigil is an annual event that invites family and friends to remember the loved ones we lost and spread the message of hope to those still fighting the disease of addiction, while raising awareness of the crisis we are facing within our communities. Centered around International Overdose Awareness Day, the Camden County Remembrance and Hope Vigil combines an observance of the losses our residents have suffered with hope that the future will be less painful and brighter for all those affected by substance abuse. |
| 6 | Last Updated Date :                                                                         | 9/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|   | <b>2024 Fiscal Program List</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1 | Program Name/Title                                                                          | Right Path Initiative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2 | Have there been any modifications or expansions to this program since the initial report? : | Yes, other modifications/expansions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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|   | 2a) If yes, please explain:                                                                                                                                                  | Community awareness increased through outreach and the development of stronger relationships between CCPD, community organizations, treatment providers, local clergy, and individuals experiencing homelessness or substance-use challenges. A significant development this year was the expansion of available community resources and referral pathways. The program was able to identify additional resources and strengthen existing relationships, allowing outreach staff to provide more options based on the client's specific needs. The connection with New Beginnings was particularly beneficial during this reporting period, creating an additional resource for individuals seeking rehabilitation services, and numerous referrals were subsequently made. These partnerships improved the program's ability to move beyond initial outreach and provide individuals with direct connections to treatment, detoxification, recovery, housing, and other supportive services. |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$481,367.21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 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:                                                                                                                                       | The program continued to support harm reduction and treatment engagement by connecting individuals with substance-use treatment, detoxification, recovery, and navigation resources.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|   | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                        | 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | Number of training/education sessions:                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   | Number of services provided/encounters:                                                                          | 1147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|   | Number of referrals to treatment                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   | Other:                                                                                                           | <p>The program documented multiple treatment-related referral pathways during this cycle, including: 131 LPRC referrals resulting from community outreach engagements; 46 walk-in referrals to LPRC, Maryville, John Brooks, and Pyramid; 20 referrals to Our Lady of Lourdes/Virtua Detox and Navigation Services; and 25 referrals to Beginnings.</p> <p>These relationships increased the options available to individuals encountered through outreach. Staff were better positioned to provide referrals based on individual needs, including treatment, detoxification, recovery, housing, and supportive services. The relationship with New Beginnings was a significant addition. Collaboration between CCPD and local clergy helped to publicize the facility and allowed CCPD to begin making referrals. This partnership provided an additional rehabilitation resource for individuals interested in treatment and recovery services in Camden.</p> |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? : | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|   | 5a) If yes, please explain:                                                                 | The second year of program implementation demonstrated continued growth in outreach capacity, treatment referrals, community partnerships, and access to resources. While barriers such as insurance limitations, bed availability, incomplete intake requirements, and individual follow-through continue to affect successful placement, the program has expanded its network of resources and strengthened partnerships that improve the likelihood of connecting individuals to appropriate care. Overall, the second year reflected increased resource identification, stronger community partnerships, expanded treatment referral pathways, and continued engagement with individuals experiencing substance-use, housing, and other social-service needs. |
| 6 | Last Updated Date :                                                                         | 9/2/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|   | <b>2023 Fiscal Program List</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1 | Program Name/Title                                                                          | "Fentanyl is Fatal" Fentanyl Awareness Campaign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2 | Have there been any modifications or expansions to this program since the initial report? : | Yes, other modifications/expansions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | 2a) If yes, please explain:                                                                 | Due to the success of this campaign, additional advertising efforts were carried out to increase awareness around the dangers of Fentanyl-laced street drugs, including those posed as pharmaceuticals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3 | Amount expended in this reporting period (7/1/2022 - 6/30/ 2023)                            | \$1,703.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| 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 :                                                                                                                                                          | 8/25/2025                                                                                                                                                                                                                                                                                                                                                                                         |
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|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1 | Program Name/Title                                                                                                                                                           | Certified Peers in Shelters                                                                                                                                                                                                                                                                                                                                                                       |
| 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:                                                                                                                                                  | The funding amount decreased during this cycle.                                                                                                                                                                                                                                                                                                                                                   |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$48,487.39                                                                                                                                                                                                                                                                                                                                                                                       |
| 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                                                                                                                                             | 22                                                                                                                                                                                                                                                                                                                                                                                                |
| 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:                                                                                                                                                  | A key program update this year was the transition of peer support services previously expanded in local shelters through opioid settlement funding. As of January 1, 2026, these peer services were successfully integrated into another county-supported program to maintain continuity for clients while aligning opioid settlement resources with updated state priorities. This shift ensured |

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|   |                                                                                                                                                                              | peers remained available in shelter settings without disruption to services. |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                     |
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|   |                                                                                                                                                                              |                                                                              |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                              |
| 1 | Program Name/Title                                                                                                                                                           | REACH - Naloxone Post Overdose Distribution                                  |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes - Program has ended/will not be continued                                |
| 3 | Amount expended in this reporting period (7/1/2022 - 6/30/ 2023)                                                                                                             | \$0                                                                          |
| 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):                                                                                    | 87 Narcan kits distributed through the Emergency Department.                 |
| 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 :                                                                                                                                                          | 9/16/2024                                                                    |
|   |                                                                                                                                                                              |                                                                              |
|   |                                                                                                                                                                              |                                                                              |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                              |
| 1 | Program Name/Title                                                                                                                                                           | Narcotics Overdose Prevention Education                                      |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$191,017.35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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:                                                                                                                                               | 11592                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | Number of training/education sessions:                                                                                                                                       | 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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:                                                                                                                                                  | NOPE delivers trauma-informed, age-appropriate presentations led by educators, law enforcement, individuals in recovery, and families affected by overdose. In addition to school-based programming, NOPE provides community presentations for adults and families, expanding awareness of fentanyl dangers and overdose prevention across the broader community. Students and community members remain highly engaged, asking thoughtful questions and responding to real-life stories that make the content both accessible and impactful. Since 2023, Camden County's NOPE program has delivered 305 presentations to 34,279 individuals. |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1 | Program Name/Title                                                                                                                                                           | Project SAVE (Substance Abuse Visionary Effort) – Mental Health Navigator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$92,050.97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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:                                                                                                                                               | 256                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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:                                                                                                                                                  | <p>This program decreases recidivism and improves mental health and co-occurring outcomes by linking individuals in municipal courts to immediate care and ongoing support across the continuum of services.</p> <p>The Mental Health Navigator received 256 referrals from the Project SAVE program. Of those referred, 188 accepted services. Of those enrolled, 150 mental health treatment admissions were confirmed. In total, 3,712 outreach contacts were made to those enrolled, on behalf of those enrolled, and to those referred for services.</p> |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1 | Program Name/Title                                                                                                                                                           | Crisis Case Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$66,380.44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|   |                                                                                                                                                                              |                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 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:                                                                                                                                               | 474                          |
| 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 :                                                                                                                                                          | 9/1/2026                     |
|   |                                                                                                                                                                              |                              |
|   |                                                                                                                                                                              |                              |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                              |
| 1 | Program Name/Title                                                                                                                                                           | Behavioral Health Clearances |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$82,464.12                  |
| 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:                                                                                                                                      | 394                          |
| 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:                                                                                                                                                  | <p>The School Clearance Program provided 394 services, including 277 assessments and 117 follow-ups. Key risks identified included four students reporting personal substance use and seventeen reporting substance use within their household—an important early indicator for potential coping-related misuse.</p> <p>Suicide-related concerns remained significant, with 96 students reporting prior ideation and 25 reporting prior attempts. The program effectively triaged student safety, clearing 260 students to return to school while directing higher-risk cases to crisis or inpatient care. Strong referral pathways connected youth to appropriate ongoing treatment.</p> <p>Overall, the program is meeting opioid-settlement goals by identifying behavioral-health risks early and reducing pathways that can lead youth toward substance use.</p> |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1 | Program Name/Title                                                                                                                                                           | Naloxbox Initiative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                             | \$718.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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):                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                      |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:                                                                                                                                                  | Through this initiative, Camden County has installed naloxone boxes in every public school, park, and county owned building to expand access to this life saving, overdose-reversing medication. The County also provides free naloxone training sessions, fentanyl test strips, and naloxone boxes to social service organizations. |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                                                                                                                                                             |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                      |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                      |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                      |
| 1 | Program Name/Title                                                                                                                                                           | Peer Led Recovery Center (Camden City)                                                                                                                                                                                                                                                                                               |
| 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:                                                                                                                                                  | The funding amount was reduced.                                                                                                                                                                                                                                                                                                      |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$46,462.94                                                                                                                                                                                                                                                                                                                          |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                                                                                                                                                                                                                                                                      |
|   | Number of participants served:                                                                                                                                               | 2928                                                                                                                                                                                                                                                                                                                                 |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                                                                                                                                                                                                                                                                                                  |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                |
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|   | 5a) If yes, please explain:                                                                                                                                                  | <p>The Peer Led Recovery Center served 606 unduplicated individuals and 2,322 duplicated individuals this fiscal year.</p> <p>7,595 individual meetings were held, 232 in person Support Groups and 52 virtual, with 494 referrals documented and nearly 255 external contacts participants (e.g., telephone, email, text message).</p> <p>46 virtual and 358 in person healthy activities were conducted.</p> |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                                                                                                                                                                                                                                       |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1 | Program Name/Title                                                                                                                                                           | Older Adult Substance Abuse Prevention                                                                                                                                                                                                                                                                                                                                                                         |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes - Program has ended/will not be continued                                                                                                                                                                                                                                                                                                                                                                  |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$7,114.29                                                                                                                                                                                                                                                                                                                                                                                                     |
| 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:                                                                                                                                               | 386                                                                                                                                                                                                                                                                                                                                                                                                            |
|   | Number of training/education sessions:                                                                                                                                       | 23                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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:                                                                                                                                                  | <p>This program increases awareness of substance use risks among seniors by providing tailored education in senior centers, helping older adults to recognize warning signs, access supportive resources, and reduce stigma.</p>                                                                                                                                                                               |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                                                                                                                                                                                                                                       |

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|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                                                                                                                                                                              |                                                                                                                                                                                          |
|   |                                                                                                                                                                              |                                                                                                                                                                                          |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                          |
| 1 | Program Name/Title                                                                                                                                                           | Strengthening Families                                                                                                                                                                   |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes - Program has ended/will not be continued                                                                                                                                            |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$5,791.07                                                                                                                                                                               |
| 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:                                                                                                                                               | 48                                                                                                                                                                                       |
|   | Number of training/education sessions:                                                                                                                                       | 7                                                                                                                                                                                        |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                                                                                                                                                      |
|   | 5a) If yes, please explain:                                                                                                                                                  | This program strengthens protective factors and reduces the risk of youth substance abuse by building healthier family relationships, improving communication, and fostering resilience. |
| 6 | Last Updated Date :                                                                                                                                                          | 9/1/2026                                                                                                                                                                                 |

|                                         |                                                                                               |
|-----------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Opioid Settlement Funding Report</b> |                                                                                               |
| <b>Subdivision: Bellmawr Borough</b>    |                                                                                               |
|                                         | State ID: NJ9                                                                                 |
|                                         | County Name: Camden                                                                           |
|                                         | Address: 21 E. Browning Road, Bellmawr, New Jersey, 08031                                     |
|                                         | Subdivision Contact Name: Francine Wright                                                     |
|                                         | Subdivision Contact Email: <a href="mailto:boroclerk@bellmawr.com">boroclerk@bellmawr.com</a> |
| <b>Fiscal Year: 2026</b>                |                                                                                               |
| <b>No Report Received</b>               |                                                                                               |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Subdivision: Camden City         |                                                                                                                                                                                                                                      |                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ24                                                                   |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                 |
|                                  | Address:                                                                                                                                                                                                                             | Suite 400- City Hall,520 Market Street,<br>Camden, New Jersey, 08021   |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Marc Riondino                                                          |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:MaRiondi@ci.camden.nj.us">MaRiondi@ci.camden.nj.us</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$552,910.46                                                           |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                 |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$3,954,078.34                                                         |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$26,142.50                                                            |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                                                                                                        |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                                                                                                                                 |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                                                                                 |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | n/a                                                                                                                                                                                                                                    |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$3,773,014.52                                                                                                                                                                                                                         |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | The goal is to use the funding to address the causes and effects of the opioid crisis. The funding will be used for awareness, prevention, treatment, education, mental health, community programs, and safe and secure neighborhoods. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | The Business Administrator, Finance Director, Human Services Director, City Attorney and Purchasing Agent.                                                                                                                             |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current                                                                                                                                    | The funds spent in the current reporting period was to pay outstanding invoices for the existing                                                                                                                                       |

|      |                                                                                                                                                                                                                                                                              |                                                                                                               |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|      | reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                     | Street Lighting Inventory Program.<br>The resources used was the Strategic Plan and Schedule B listed below.  |
|      |                                                                                                                                                                                                                                                                              |                                                                                                               |
|      | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                                                                                               |
|      |                                                                                                                                                                                                                                                                              |                                                                                                               |
|      | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                                                               |
|      | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                                                               |
|      | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                                               |
|      | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                                               |
|      | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                                               |
| 13   | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                           |
| 13a  | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | We are partnering with Camden County and various other stakeholders to create a Multi-Agency Resource Center. |
| 14   | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | Other                                                                                                         |
| 14a. | Please specify other.                                                                                                                                                                                                                                                        | Currently working on a plan to spend settlement funds                                                         |
| 15   | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | Yes                                                                                                           |

|     |                                                                                                                                                                                                                        |                                               |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|     | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                       |                                               |
| 15a | Can we post your strategic plan online?                                                                                                                                                                                | No                                            |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                     | No, but we plan to in the future              |
|     |                                                                                                                                                                                                                        |                                               |
| 17  | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                           |
|     |                                                                                                                                                                                                                        |                                               |
|     | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                               |
|     | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                               |
|     |                                                                                                                                                                                                                        |                                               |
|     | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                               |
|     |                                                                                                                                                                                                                        |                                               |
|     |                                                                                                                                                                                                                        |                                               |
|     |                                                                                                                                                                                                                        |                                               |
|     | <b>2025 Fiscal Program List</b>                                                                                                                                                                                        |                                               |
| 1   | Program Name/Title                                                                                                                                                                                                     | Street Lighting Inventory                     |
| 2   | Have there been any modifications or expansions to this program since the initial report? :                                                                                                                            | Yes - Program has ended/will not be continued |
| 3   | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                                                                       | \$26,142.50                                   |

|   |                                                                                                                                                                              |                                                                                                                             |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 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:                                                                                                                                       |                                                                                                                             |
|   | Other:                                                                                                                                                                       | The Street Lighting Inventory is to provide safe and secure neighborhoods to create a 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 :                                                                                                                                                          | 8/19/2026                                                                                                                   |

| Opioid Settlement Funding Report  |                                                                                                                                                                                                                                      |                                                              |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Subdivision: Cherry Hill Township |                                                                                                                                                                                                                                      |                                                              |
|                                   | State ID:                                                                                                                                                                                                                            | NJ30                                                         |
|                                   | County Name:                                                                                                                                                                                                                         | Camden                                                       |
|                                   | Address:                                                                                                                                                                                                                             | 820 Mercer Street, Cherry Hill, New Jersey, 08009            |
|                                   | Subdivision Contact Name:                                                                                                                                                                                                            | Michelle Samalonis                                           |
|                                   | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:msamalonis@chnj.gov">msamalonis@chnj.gov</a> |
| Fiscal Year: 2026                 |                                                                                                                                                                                                                                      |                                                              |
|                                   |                                                                                                                                                                                                                                      |                                                              |
| 1                                 | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$114,554.21                                                 |
| 2                                 | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$24,471.24                                                  |
| 3                                 | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$777,234.14                                                 |
| 4                                 | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds         |
| 5                                 | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                              |
| 6                                 | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$35,034.30                                                  |

|     |                                                                                                                                                               |              |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |              |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$227,195.42 |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00       |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |              |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | N/A          |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$502,234.14 |

|    |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | <p>What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p> | <p>Cherry Hill Township has focused immediate attention on strategies to discourage and/or prevent the misuse of opioids through evidence-based programs. The Township's overarching goals during this reporting focused on an evidence-based prevention strategy aimed at youth education and engagement to prevent the uptake and use of opioids. Cherry Hill Township engages with an active Municipal Alliance volunteer board inclusive of Township employees, police officers, school personnel and community members. The Alliance meets quarterly to discuss changing community needs and determine best practices for outreach, awareness, education and support activities. The Alliance is an active community stakeholder group and maintains an existing needs assessment, which was utilized in support of the Township's overarching goal for this period. The LEAD program offers preventive strategies to enhance protective factors – especially bonding to the family, school, and community – which has proven to help foster the development of resiliency in young people who may be at risk for substance abuse or other problem behaviors. It also helps to build the capacity of young people in making healthy, independent decisions, despite adverse conditions. These strategies focus on the development of social competence, communication skills, self-esteem, empathy, decision-making, conflict resolution, sense of purpose and independence, and positive alternative activities to drug abuse and destructive behaviors.</p> |
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|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                          | Mayor, Business Administrator, Township Attorney, Deputy Chief of Staff, with support from the Chief Financial Officer, along with feedback from the Municipal Alliance and CHPD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12 | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                   | <p>The resources the Township used included: 1) evidence-based or evidence-informed practices or strategies, specifically for the LEAD program, and</p> <p>2) the "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries."</p> <p>The Cherry Hill Police Department implemented a Law Enforcement Against Drugs (LEAD), an evidence-based youth education program. One of the decision points for this strategy and program implementation was based on collaboration with the Township's Municipal Alliance board which fosters community engagement including representatives from the community and the school district. The LEAD program offers preventive strategies to enhance protective factors – especially bonding to the family, school, and community – which has proven to help foster the development of resiliency in young people who may be at risk for substance abuse or other problem behaviors. It also helps to build the capacity of young people in making healthy, independent decisions, despite adverse conditions. These strategies focus on the development</p> |
|    | List all that apply, including, but not limited to, the following:                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | Litigation Recoveries" to which your subdivision is a signatory;                                                                                                                                                                                                             | <p>of social competence, communication skills, self-esteem, empathy, decision-making, conflict resolution, sense of purpose and independence, and positive alternative activities to drug abuse and destructive behaviors. Prevention is Part Two of the permitted uses for these funds as noted in the State Agreement on the settlement of funds. The LEAD program falls under Part Two: Prevention, as noted in the settlement. Further, according to the State of New Jersey Opioid Settlement website, Approved Uses of Funding<sup>1</sup> Schedule B, Item G9 states, "School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids."</p> |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | One of the decision points for this strategy and program implementation was based on collaboration with the Township's Municipal Alliance board which fosters community engagement including representatives from the community and the school district. The Alliance also has an existing needs assessment, which was reviewed as part of this effort.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|    |                                                                                                                                                                                                                        |                                                              |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                               | No, but we plan to in the future                             |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                       |                                                              |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                     | No                                                           |
|    |                                                                                                                                                                                                                        |                                                              |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                          |
|    |                                                                                                                                                                                                                        |                                                              |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                              |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                              |
|    |                                                                                                                                                                                                                        |                                                              |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                              |
|    |                                                                                                                                                                                                                        |                                                              |
|    |                                                                                                                                                                                                                        |                                                              |
|    |                                                                                                                                                                                                                        |                                                              |
|    | <b>2025 Fiscal Program List</b>                                                                                                                                                                                        |                                                              |
| 1  | Program Name/Title                                                                                                                                                                                                     | L.E.A.D                                                      |
| 2  | Have there been any modifications or expansions to this program since the initial report? :                                                                                                                            | Yes, other modifications/expansions                          |
|    | 2a) If yes, please explain:                                                                                                                                                                                            | The program has been extended for the 2026/2027 school year. |
| 3  | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                                                                       | \$35,034.30                                                  |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:                                                                                                                                               | 900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|   | Number of training/education sessions:                                                                                                                                       | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|   | Increased community awareness (please describe):                                                                                                                             | Reinforce program messaging beyond classroom.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 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:                                                                                                                                                  | Each of the student participants over the 10-week program receives a workbook with the materials that are used as part of the in-school education. However, the material also provides the opportunity for the students to engage with their parents, guardians, siblings, family members and friends. The instructors encourage the students to spend time using the material to engage with the other important members of the students' lives to foster positive communication and discuss what they are learning. The material provides the mechanism to facilitate these discussions and serves the dual opportunity to increase community awareness with their peers and family members beyond the classroom settings. This fosters an enhanced reach within the community on the broader benefits of prevention-focused education. In addition, the Cherry Hill Police Department regularly utilized its social media platforms to highlight the LEAD program. These communications helped reinforce program messaging. |

|   |                     |           |
|---|---------------------|-----------|
| 6 | Last Updated Date : | 8/27/2026 |
|---|---------------------|-----------|

| Opioid Settlement Funding Report  |                                                                                                                                                                                                                                      |                                                                                  |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Subdivision: Collingswood Borough |                                                                                                                                                                                                                                      |                                                                                  |
|                                   | State ID:                                                                                                                                                                                                                            | NJ37                                                                             |
|                                   | County Name:                                                                                                                                                                                                                         | Camden                                                                           |
|                                   | Address:                                                                                                                                                                                                                             | 678 Haddon ave, Collingswood, New Jersey, 08108                                  |
|                                   | Subdivision Contact Name:                                                                                                                                                                                                            | Elizabeth Pigliacelli                                                            |
|                                   | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:epigliacelli@collingswood.com">epigliacelli@collingswood.com</a> |
| Fiscal Year: 2026                 |                                                                                                                                                                                                                                      |                                                                                  |
|                                   |                                                                                                                                                                                                                                      |                                                                                  |
| 1                                 | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$37,593.59                                                                      |
| 2                                 | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                           |
| 3                                 | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$259,486.45                                                                     |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                  |
| 6                                 | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$52,139.43                                                                      |

|     |                                                                                                                                                                                                                                              |                                                                                                                          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                          |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$16,244.65                                                                                                              |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                   |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | N/A                                                                                                                      |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$65,233.05                                                                                                              |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | The Borough focuses on providing items needed to support first responders and educating the public on the opioid crisis. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | Discussions with the first responders and Governing Body members                                                         |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                           | A needs assessment, evidence-based practices.                                                                            |
|     |                                                                                                                                                                                                                                              |                                                                                                                          |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
|    | <p>List all that apply, including, but not limited to, the following:</p> <p>(1) Any evidence-based or evidence-informed practices or strategies;</p> <p>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;</p> <p>(3) A needs assessment;</p> <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> |                               |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                  | No, but plan to in the future |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3 - 5 years                   |
| 15 | <p>Does your subdivision have a strategic plan regarding the use of opioid abatement funds?</p> <p>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a</p>                                                                                                                                                                                                                                                                                                                                       | No                            |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |
| 17 | <p>Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?</p>                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                           |

|   |                                                                                                                                                                                                                        |                                                                       |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
|   | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                       |
|   | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                       |
|   |                                                                                                                                                                                                                        |                                                                       |
|   | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                       |
|   |                                                                                                                                                                                                                        |                                                                       |
|   |                                                                                                                                                                                                                        |                                                                       |
|   |                                                                                                                                                                                                                        |                                                                       |
|   | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                       |
| 1 | What is the name/title of the program?                                                                                                                                                                                 | Autoloader for new ambulance                                          |
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Stryker Sales Corporation                                             |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | First Responders, Law Enforcement, and Emergency Services             |
| 4 | What is the primary problem being addressed by this program?                                                                                                                                                           | Protecting patient and employee when loading stretcher into ambulance |
| 5 | Briefly describe the program's purpose and key activities.                                                                                                                                                             | Protecting patient and employee when loading stretcher into ambulance |
| 6 | What is the target population for this program?                                                                                                                                                                        | Members of the General Public                                         |
| 7 | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                                     | 4/7/2026                                                              |
| 8 | What is the total amount of funding for this program?                                                                                                                                                                  | \$34,044.07                                                           |

|        |                                                                                                                                                        |                                                                                     |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$34,044.07                                                                         |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                              |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                       |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 10/9/2025                                                                           |
| 11     | Choose the duration of the program from the list below.                                                                                                | One time only                                                                       |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 11000                                                                               |
| 13     | What is the intended impact of this program?                                                                                                           | Protect the patient and employee when transporting the stretcher into the ambulance |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                     |
|        | Other:                                                                                                                                                 | unable to track                                                                     |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Others:                                                                             |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                 | unable to track                                                                     |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | unable to track                                                                     |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                             | 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).                 | Treatment                                                                           |

|    |                                                                                                                                                                                                          |                                                                                                           |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Connections to Care, First Responders                                                                     |
| 20 | Describe 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. | will assist with transport of users                                                                       |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | new ambulance was purchased through a national cooperative contract. Included a stretcher and autoloader. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                           |
|    |                                                                                                                                                                                                          |                                                                                                           |
|    |                                                                                                                                                                                                          |                                                                                                           |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                           |
| 1  | What is the name/title of the program?                                                                                                                                                                   | K9 program                                                                                                |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Police Service Dogs, the Shed Lot, Emergency Accessories                                                  |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                          | First Responders, Law Enforcement, and Emergency Services                                                 |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                             | Connecting Individuals to Care                                                                            |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                               | Using K9 encounters as an entry point to diversionary and other treatment programs                        |
| 6  | What is the target population for this program?                                                                                                                                                          | Members of the General Public                                                                             |
| 7  | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                       | 4/6/2026                                                                                                  |

|        |                                                                                                                                                        |                                                                                                                                                                                                       |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8      | What is the total amount of funding for this program?                                                                                                  | \$27,690.00                                                                                                                                                                                           |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$11,445.35                                                                                                                                                                                           |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$16,244.65                                                                                                                                                                                           |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                         |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 2/2/2026                                                                                                                                                                                              |
| 11     | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                         |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 11000                                                                                                                                                                                                 |
| 13     | What is the intended impact of this program?                                                                                                           | When a k9 unit identifies individuals involved with narcotics, the PD should have certain protocols in place to facilitate a pathway to treatment rather than (or in addition to) enforcement action. |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                       |
|        | Other:                                                                                                                                                 | Unable to track                                                                                                                                                                                       |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Others:                                                                                                                                                                                               |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                 | unable to track                                                                                                                                                                                       |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | Using k9 encounters as an entry point to diversionary and other treatment programs directly. Unable to measure or track the impact.                                                                   |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                             | 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).                                                                   | Wraparound and Connected Care Supports                                                                                                                                                                                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Connections to Care                                                                                                                                                                                                                                                     |
| 20 | Describe 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. | dual use program, • Youth prevention and education. Community anti-drug education directed at youth. The deployment of k9s in schools, senior centers, and community events for harm reduction messaging is a recognized and defensible application of settlement funds |
| 21 | 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 Borough follows the LPCL for procurement.                                                                                                                                                                                                                           |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                         |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                         |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                         |
|    | <b>2024 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                         |
| 1  | Program Name/Title                                                                                                                                                                                       | EMS Ambulance Repairs/Supplies                                                                                                                                                                                                                                          |
| 2  | Have there been any modifications or expansions to this program since the initial report? :                                                                                                              | No, Program was a one-time event                                                                                                                                                                                                                                        |
| 3  | Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)                                                                                                                                         | \$24,632.33                                                                                                                                                                                                                                                             |
| 4  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                             |                                                                                                                                                                                                                                                                         |
|    | Other:                                                                                                                                                                                                   | Purchased Stretcher for Ambulance                                                                                                                                                                                                                                       |

|   |                                                                                                                                                                              |                                                    |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                 |
| 6 | Last Updated Date :                                                                                                                                                          | 10/13/2025                                         |
|   |                                                                                                                                                                              |                                                    |
|   |                                                                                                                                                                              |                                                    |
|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                    |
| 1 | Program Name/Title                                                                                                                                                           | Education/Communication                            |
| 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:                                                                                                                                                  | Mailing of Town Crier with educational information |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$6,650.01                                         |
| 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:                                                                                                                                               | 14186                                              |
| 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 :                                                                                                                                                          | 9/1/2026                                           |
|   |                                                                                                                                                                              |                                                    |
|   |                                                                                                                                                                              |                                                    |
|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                    |
| 1 | Program Name/Title                                                                                                                                                           | Employee Assistance 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:                                                                                                                                                  | Annual EAP program                                 |
| 3 | Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)                                                                                                             | \$5,600.00                                         |
| 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:                                                                                                                                               | 22                                                 |

|   |                                                                                                                  |            |
|---|------------------------------------------------------------------------------------------------------------------|------------|
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? : | No         |
| 6 | Last Updated Date :                                                                                              | 10/13/2025 |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Subdivision: Gloucester City     |                                                                                                                                                                                                                                      |                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ74                                                                   |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                 |
|                                  | Address:                                                                                                                                                                                                                             | 512 Monmouth Street, Gloucester City, New Jersey, 08030                |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | James Davis                                                            |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:CFO@cityofgloucester.org">CFO@cityofgloucester.org</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$62,559.47                                                            |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$93.84                                                                |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$259,680.10                                                           |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                   |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$26,005.45                                                            |

|     |                                                                                                                                                               |                                                                                                                                                                                 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                                                                                                                 |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$0.00                                                                                                                                                                          |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                                          |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                                                 |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       |                                                                                                                                                                                 |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$296,234.12                                                                                                                                                                    |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | Prevention Program                                                                                                                                                              |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | City Administrator, Mayor and Council with input from Finance                                                                                                                   |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?            | 2. Active outreach strategies such as the Drug Abuse Response Team (DART) model; 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; |
|     |                                                                                                                                                               |                                                                                                                                                                                 |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
|      | <p>List all that apply, including, but not limited to, the following:</p> <p>(1) Any evidence-based or evidence-informed practices or strategies;</p> <p>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;</p> <p>(3) A needs assessment;</p> <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> |                                                      |
| 13   | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                  | No, but plan to in the future                        |
| 14   | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other                                                |
| 14a. | Please specify other.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The training facility is approximately 75% complete. |
| 15   | <p>Does your subdivision have a strategic plan regarding the use of opioid abatement funds?</p> <p>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a</p>                                                                                                                                                                                                                                                                                                                                       | No, but we plan to in the future                     |
| 16   | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No, but we plan to in the future                     |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |

|    |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                                                                                                                                                                                                                                                             |
|    |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                                                                                                                                                                                                                                 |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
| 1  | What is the name/title of the program?                                                                                                                                                                                 | DARE Education and Training                                                                                                                                                                                                                                                                     |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | In house training facilities                                                                                                                                                                                                                                                                    |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | First Responders, Law Enforcement, and Emergency Services                                                                                                                                                                                                                                       |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                           | Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not |

|        |                                                                                                                                                        |                                                                                                                                                                   |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5      | Briefly describe the program's purpose and key activities.                                                                                             | Using data from personnel working in the schools we are most concerned with the prevention of opioid use based on observation and interactions with the students. |
| 6      | What is the target population for this program?                                                                                                        | Children and Young Adults - 0-13 (through 8th grade);<br>Children and Young Adults - 14-18 (high school aged)                                                     |
| 7      | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 3/16/2026                                                                                                                                                         |
| 8      | What is the total amount of funding for this program?                                                                                                  | \$26,005.45                                                                                                                                                       |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$26,005.45                                                                                                                                                       |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                            |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                     |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 10/13/2025                                                                                                                                                        |
| 11     | Choose the duration of the program from the list below.                                                                                                | Others                                                                                                                                                            |
| 11(a). | Choose the duration of the program from the list below. - Others                                                                                       | The facilities will be used as ongoing support for the education and training of school age children and law enforcement                                          |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 500                                                                                                                                                               |
| 13     | What is the intended impact of this program?                                                                                                           | A decrease in the number of opioid related offenders based on data to be collected on a school year basis.                                                        |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                   |
|        | Number of participants served:                                                                                                                         | 500                                                                                                                                                               |
|        | Reduction in opioid-related incidents:                                                                                                                 | 10                                                                                                                                                                |

|        |                                                                                                                                                                                                          |                                                                                                                                                                                                        |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | Number of training/education sessions:                                                                                                                                                                   | 15                                                                                                                                                                                                     |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Others:                                                                                                                                                                                                |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                                                                   | The training facilities are just finished to begin with this school year. The plan is to measure monthly.                                                                                              |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Impact is prevention and therefore the outcome is less abuse of opioids. Using last year incidents we hope to show less abuse that resulted in disciplinary action or EMT calls.                       |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | 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     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Address the Needs of Criminal Justice-Involved Persons, First Responders                                                                                                                               |
| 20     | Describe 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. | Training of officers who interact with the intended target population combined with the education to the target population to establish rapport as well as understanding of the effects of opioid use. |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | We purchased equipment using LPCL procedures in connection with the DARE program                                                                                                                       |
| 22     | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   | This is the first year and therefore further analysis is not meaningful yet. Statistics are being obtained for ongoing identification of the intended outcome                                          |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Subdivision: Gloucester Township |                                                                                                                                                                                                                                      |                                                            |
|                                  | State ID:                                                                                                                                                                                                                            | NJ76                                                       |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                     |
|                                  | Address:                                                                                                                                                                                                                             | 1261 Chews Landing Road,<br>Blackwood, New Jersey, 08021   |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Tom Cardis                                                 |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:tcardis@glotwp.com">tcardis@glotwp.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                            |
|                                  |                                                                                                                                                                                                                                      |                                                            |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$151,510.05                                               |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                     |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$722,096.96                                               |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                            |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$277,871.47                                               |

|     |                                                                                                                                                               |              |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |              |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$10,800.00  |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00       |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |              |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | None         |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$216,321.73 |

|    |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | <p>What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p> | <p>Gloucester Township's goal is to use opioid settlement funds to reduce opioid-related harms and address the effects of the opioid epidemic in the community. The Township's priorities include prevention and education, harm reduction, access to treatment and recovery support, connections to care, and support for individuals, families, youth, and first responders affected by opioid use disorder and related substance use and mental health conditions. The Township seeks to fund evidence-based and evidence-informed programs that address community needs and are consistent with approved opioid remediation uses. In making funding decisions, the Township considers the purpose of the program, the population served, anticipated community benefit, program outcomes, and responsible use of settlement funds. The Township's approach is intended to address immediate opioid-related needs while supporting longer-term prevention, recovery, and community resilience.</p> |
| 11 | <p>Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p>                | <p>Mayor David Mayer, Business Administrator Tom Cardis, members of the Gloucester Township Council, former Police Chief David Harkins, Police Chief Anthony Minosse, and appropriate Township department directors and staff were involved, as applicable, in reviewing, recommending, administering, and approving the use of opioid abatement funds. Input was also provided by Township personnel involved in public safety, emergency response, health and human services, fiscal administration, and implementation of opioid abatement</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>programs, including representatives from the Gloucester Township Police Department, Fire/EMS, Office of Emergency Management, and Health Department.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12 | <p>Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p> <p>List all that apply, including, but not limited to, the following:</p> <p>(1) Any evidence-based or evidence-informed practices or strategies;</p> <p>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;</p> <p>(3) A needs assessment;</p> <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> | <p>Gloucester Township used evidence-based and evidence-informed practices and strategies, the Schedule B list of approved opioid remediation uses, and the Gloucester Township Strategic Plan for Opioid Settlement Funds when evaluating the use of opioid abatement funds. The Township also considered information and input from Township departments, public safety and emergency service personnel, educators, community organizations, substance use and recovery professionals and advocates, and other community stakeholders. Funding decisions considered community needs, the population to be served, the relationship of the proposed program to opioid abatement, anticipated community benefit, program goals, and the ability to monitor program activities and outcomes. These resources helped ensure that expenditures addressed Gloucester Township's needs and were consistent with approved opioid abatement purposes.</p> |

|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | Gloucester Township's opioid abatement priorities and funding decisions were informed through public Township proceedings and ongoing communication with community stakeholders and organizations serving Gloucester Township. The Township also considered input from departments and community partners involved in public safety, emergency response, education, health and human services, substance use prevention, treatment, and recovery. This input helped identify community needs and informed the Township's priorities for prevention, treatment and recovery support, overdose response, and other approved opioid abatement activities. |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 3 - 5 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?<br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                 | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 15a | Can we post your strategic plan online?                                                                                                                                                                                                                                      | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No, but we plan to in the future                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
| 17 | <p>Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?</p> <p></p> <p>A) For new programs, use the "Add Program" tab to report on each new program.</p> <p>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.</p> <p></p> <p>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds.</p> | Yes                                                                                                                                                         |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
| 1  | What is the name/title of the program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EMS Services                                                                                                                                                |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Inspira                                                                                                                                                     |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | First Responders, Law Enforcement, and Emergency Services;<br>Hospital/Healthcare Provider<br>(including Mental Health or Substance Use Treatment Provider) |

|   |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | What is the primary problem being addressed by this program?       | The program addresses the need for timely and effective emergency medical response to opioid-related incidents and overdoses in Gloucester Township. Opioid-related emergencies require rapid intervention to reduce the risk of serious health consequences, including overdose-related morbidity and mortality. Expanding EMS capacity is intended to improve response times and ensure that individuals experiencing opioid-related emergencies receive prompt and appropriate emergency medical care.                                                                                                                                                                                        |
| 5 | Briefly describe the program's purpose and key activities.         | The purpose of the EMS Services program is to expand emergency medical response capacity in Gloucester Township and provide timely, effective care for individuals experiencing opioid-related incidents and overdoses. Key activities include enhancing EMS availability and response, providing rapid assessment and emergency medical intervention, responding to suspected overdoses, and administering appropriate care based on individual needs. The program supports the Township's broader overdose prevention and harm reduction strategy by improving access to timely emergency care, reducing the risk of serious health consequences, and helping prevent overdose-related deaths. |
| 6 | What is the target population for this program?                    | Individuals who Use Drugs;<br>Members of the General Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7 | On what date was this program funded? (Use the format MM/DD/YYYY.) | 1/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8 | What is the total amount of funding for this program?              | \$140,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|     |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$140,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 1/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11  | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 65000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 13  | What is the intended impact of this program?                                                                                                           | The intended impact of the program is to reduce the adverse health consequences, including the risk of death, associated with opioid-related incidents and overdoses by improving the availability and timeliness of emergency medical response in Gloucester Township. By expanding EMS response capacity, the program seeks to ensure that individuals experiencing opioid-related emergencies receive prompt and appropriate medical intervention, reduce overdose-related harm, and support the Township's broader goal of preventing overdose deaths and protecting community health. |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     | Other:                                                                                                                                                 | This information should be referred to Inspira EMS data, as Inspira maintains the service records necessary to determine the number of unduplicated individuals served by the program.                                                                                                                                                                                                                                                                                                                                                                                                     |

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| 15     | How frequently are you measuring the key performance indicators listed above?                                                          | Others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                 | This information should be referred to Inspira EMS data, as Inspira maintains the service records necessary to determine the number of unduplicated individuals served by the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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 improve the timeliness and effectiveness of emergency medical response to opioid-related incidents and overdoses in Gloucester Township, reduce the risk of overdose-related morbidity and mortality, and strengthen the Township's overall capacity to respond to opioid-related emergencies. The program's impact will be measured using available Inspira EMS data, including the number of individuals served, the number of opioid- or overdose-related EMS encounters, services provided, and, where available, response times and other relevant outcomes. Performance data will be reviewed periodically to assess service utilization, identify trends, and evaluate whether the expanded EMS services are improving the Township's ability to provide timely emergency intervention and reduce overdose-related harm. |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                             | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Connections to Care, Prevent Overdose Deaths and Other Harms (Harm Reduction), First Responders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 20 | Describe 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>The EMS Services program utilizes evidence-based and evidence-informed emergency medical response and overdose prevention strategies to address opioid use disorder and related substance use emergencies. By expanding EMS response capacity, the program supports timely assessment, stabilization, and appropriate emergency medical intervention for individuals experiencing opioid-related incidents and suspected overdoses, including the administration of naloxone when clinically indicated. EMS personnel are also positioned to recognize potential substance use, behavioral health, or other co-occurring needs and support appropriate connections to additional care and services when available. These strategies are intended to reduce overdose-related harm, prevent overdose deaths, and strengthen Gloucester Township's overall response to individuals affected by opioid use disorder and co-occurring conditions.</p> |

|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | Inspira EMS was utilized to provide expanded emergency medical services in Gloucester Township, consistent with the Township's Strategic Plan for Opioid Settlement Funds and its priority to increase EMS response capacity for opioid- and overdose-related incidents. The funding supports the expansion of EMS services to provide quicker response to these incidents. The specific procurement method and process should be verified through the Township's applicable contract, resolution, or purchasing records.                                                                                  |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    | The EMS Services program is a component of Gloucester Township's Strategic Plan for Opioid Settlement Funds and supports the Township's priority of expanding EMS capacity to provide quicker response to opioid- and overdose-related incidents. This investment complements the Township's broader efforts to prevent overdose deaths, reduce opioid related harm, and strengthen the community's response to the opioid crisis. Program implementation and outcomes will be monitored using available EMS data to support accountability and alignment with the Township's opioid abatement priorities. |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | <b>2025 Fiscal Program List</b>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1  | Program Name/Title                                                                                                                                                        | Community Resource K9 (CRK9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                          | \$137,871.47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 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:                                                                                                                                               | 26400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|   | Number of training/education sessions:                                                                                                                                       | 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   | Number of services provided/encounters:                                                                                                                                      | 335                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   | Other:                                                                                                                                                                       | 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 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:                                                                                                                                                  | <p>The success and community impact of these interactions also resulted in CRK-9 being invited by the New Jersey Association of Student Councils to present to schools throughout the State regarding the GTPD CRK-9 program and its prevention model. CRK-9 also maintained a consistent presence in recovery and hospital-based treatment settings. This included a biweekly rotation at Haven, which was sustained throughout the reporting period without a missed cycle. In addition to its direct community and school-based work, CRK-9 provided presentations on opioid and substance use prevention and the canine-handler prevention model to a variety of statewide and regional organizations and professional audiences. These included the New Jersey State Association of Chiefs, NJASA, NJAC, NJEPA, DRCC, NAMI Delaware, the New Jersey ROIC, as well as county-level law enforcement and emergency management agencies.</p> |

|   |                     |          |
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| 6 | Last Updated Date : | 9/1/2026 |
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| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                    |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Subdivision: Haddon Township     |                                                                                                                                                                                                                                      |                                                                    |
|                                  | State ID:                                                                                                                                                                                                                            | NJ79                                                               |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                             |
|                                  | Address:                                                                                                                                                                                                                             | 135 Haddon Avenue, Westmont, New Jersey, 08108                     |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Dawn Pennock                                                       |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:dpennock@haddontwp.com">dpennock@haddontwp.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                    |
|                                  |                                                                                                                                                                                                                                      |                                                                    |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$24,777.67                                                        |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$1,220.69                                                         |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$100,679.37                                                       |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                    |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$26,221.28                                                        |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$151,907.50                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | To reduce the impact of opioid and substance misuse through prevention, education, harm reduction, early intervention, and community engagement. Funding supports both youth prevention initiatives and the Police Dept. K-9 Program. As part of the K-9 Program, officer follows up on every reported overdose in the jurisdiction, providing individuals with treatment/resource info and additional Narcan. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current                                                                                                                                           | the Chief of Police, Township Solicitor and members of the Board of Commissioners were involved in                                                                                                                                                                                                                                                                                                             |

|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                |
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|     | reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                     | identifying and approving appropriate uses of opioid abatement funds.                                                                                                                                                                                                          |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                           | The Township considered permitted opioid remediation uses, local overdose trends and experiences, and identified community needs. Particular emphasis was placed on programs that combine prevention and education with direct outreach to individuals affected by opioid use. |
|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                |
|     | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                |
|     | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
|     | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                                                                                                                                                                                                                                |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                                                                                                                                                                                            |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | funding priorities were informed by ongoing interaction with residents, families, schools, youth, individuals impacted by substance use, law enforcement personnel, and Township Officials. this includes direct follow-up with individuals following overdoses and community  |

|     |                                                                                                                                                                                                                        |                                                                             |
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|     |                                                                                                                                                                                                                        | engagement through programs such as the K-9 Unit and Junior Police Academy. |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                          | 6 - 10 years                                                                |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                               | Yes                                                                         |
|     | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                       |                                                                             |
| 15a | Can we post your strategic plan online?                                                                                                                                                                                | No                                                                          |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                     | No                                                                          |
|     |                                                                                                                                                                                                                        |                                                                             |
| 17  | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                                         |
|     |                                                                                                                                                                                                                        |                                                                             |
|     | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                             |
|     | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                             |
|     |                                                                                                                                                                                                                        |                                                                             |
|     | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                             |

|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|   | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1 | What is the name/title of the program?                                                                                                          | K-9 Community Outreach, Education, Enforcement & Overdose Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                           | Haddon Township Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | County or Municipality (including Departments and Municipal Alliances);<br>First Responders, Law Enforcement, and Emergency Services                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4 | What is the primary problem being addressed by this program?                                                                                    | Opioid and illicit drug use, overdose, and the need to connect individuals experiencing substance use disorder with treatment, harm-reduction resources, and overdose-prevention services                                                                                                                                                                                                                                                                                                                                                                                       |
| 5 | Briefly describe the program's purpose and key activities.                                                                                      | The program combines narcotics-detection and enforcement capabilities with prevention, community education, and direct overdose intervention and outreach. The K-9 team participates in community and youth education initiatives designed to increase awareness regarding substance misuse and prevention. The Department's K-9 officer also follows up on every reported overdose occurring within the jurisdiction, providing affected individuals with information regarding available treatment and recovery resources, harm reduction information, and additional Narcan. |

|       |                                                                                                                                                        |                                                                                                                                                                                                                                                                                       |
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| 6     | What is the target population for this program?                                                                                                        | Children and Young Adults - 0-13 (through 8th grade);<br>Children and Young Adults - 14-18 (high school aged);<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs;<br>Members of the General Public                                               |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 1/2/2026                                                                                                                                                                                                                                                                              |
| 8     | What is the total amount of funding for this program?                                                                                                  | \$180,698.98                                                                                                                                                                                                                                                                          |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$26,221.28                                                                                                                                                                                                                                                                           |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$151,907.50                                                                                                                                                                                                                                                                          |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                        | Others                                                                                                                                                                                                                                                                                |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                               | As needed                                                                                                                                                                                                                                                                             |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 10/1/2026                                                                                                                                                                                                                                                                             |
| 11    | Choose the duration of the program from the list below.                                                                                                | 5+ years                                                                                                                                                                                                                                                                              |
| 12    | What is the number of unduplicated individuals served by this program?                                                                                 | 0                                                                                                                                                                                                                                                                                     |
| 13    | What is the intended impact of this program?                                                                                                           | Reduce opioid related harm and overdose risk; increase access to treatment and recovery resources; increase the availability of Narcan among individuals at elevated risk; and support efforts to reduce the availability and distribution of illicit narcotics within the community. |
| 14    | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                       |

|    |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                 | A total of 6 Resource Recover Kits, which includes Narcan and resource information for recovery and addiction were distributed to individuals arrested for drug related offenses.                                                                                                                                                                                                                                                       |
|    | Number of training/education sessions:                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | Increased community awareness (please describe):                                                          | 7 total community events were taken place. L.E.A.D., Growing Green Drive thru Event, N.O.P.E., Coffee with a Cop Event, Trik-A-Thon Event, Career Day, Community Outreach Event.                                                                                                                                                                                                                                                        |
|    | Number of referrals to treatment                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Other:                                                                                                    | 7 Post-overdose contacts were made with individuals who had overdosed on dangerous controlled substances. Officers spoke with each individual about their medical emergency and provided information about available outreach events and resources that could assist them with substance use, addiction, and other mental health concerns.                                                                                              |
| 15 | How frequently are you measuring the key performance indicators listed above?                             | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact? | The program seeks to reduce opioid-related harm while increasing opportunities to connect individuals experiencing substance use disorder with treatment, recovery, and harm-reduction resources. Impact will be tracked through overdose incidents, post-overdose outreach contacts, distribution of Narcan and resource information, referrals to available services, K-9 narcotics-related activity, and community outreach efforts. |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                                                                                                                                                                  |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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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).                                                                   | Primary Prevention, Education, and Training;<br>Recovery Supports;<br>Wraparound and Connected Care Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Connections to Care,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 20 | Describe 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 incorporates recognized harm-reduction, overdose-prevention, and substance-use prevention strategies through Narcan distribution, direct post-overdose outreach, community education, and prevention activities. Following overdose incidents, the Department proactively contacts affected individuals to provide information regarding treatment, recovery, and other available resources. This creates an additional opportunity to connect individuals at elevated risk of future overdose with services while providing access to opioid-overdose reversal medication. Community and youth outreach further supports prevention through education and awareness. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The Township utilizes its standard purchasing procedures, including purchase orders, competitive quotes, State contract purchasing, and competitive contracting when required or appropriate. The procurement method utilized is based on the type and cost of the purchase and is conducted in accordance with applicable State and Local purchasing requirements.                                                                                                                                                                                                                                                                                                               |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                                    |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Subdivision: Haddonfield Borough |                                                                                                                                                                                                                                      |                                                                                    |
|                                  | State ID:                                                                                                                                                                                                                            | NJ80                                                                               |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                             |
|                                  | Address:                                                                                                                                                                                                                             | 242 Kings Highway East, Haddonfield, New Jersey, 08033                             |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Sharon McCullough                                                                  |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:smccullough@haddonfield-nj.gov">smccullough@haddonfield-nj.gov</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                                    |
|                                  |                                                                                                                                                                                                                                      |                                                                                    |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$23,659.20                                                                        |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                             |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$141,886.82                                                                       |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                               |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                    |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$0.00                                                                             |
|                                  | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                            |                                                                                    |

|    |                                                                                                                                                               |                                                                                                                                                                                      |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7  | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$0.00                                                                                                                                                                               |
| 8  | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                                               |
|    | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                                                      |
| 8a | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       |                                                                                                                                                                                      |
| 9  | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$129,265.82                                                                                                                                                                         |
| 10 | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | We were trying to work with the Council of Churches to create a nonprofit that would work with the homeless in town to address opioid addiction. That has not been accomplished yet. |
| 11 | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | Board of Commissioners                                                                                                                                                               |
| 12 | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?            | N/A we did not spend money                                                                                                                                                           |
|    |                                                                                                                                                               |                                                                                                                                                                                      |
|    | List all that apply, including, but not limited to, the following:                                                                                            |                                                                                                                                                                                      |
|    |                                                                                                                                                               |                                                                                                                                                                                      |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                          |                                                                                                                                                                                      |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022                                                   |                                                                                                                                                                                      |

|    |                                                                                                                                                                                                                                                                              |                                  |
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|    | "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;                                                                                                                    |                                  |
|    | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                  |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                  |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                  |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future    |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 3 - 5 years                      |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No, but we plan to in the future |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                  |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No, but we plan to in the future |
|    |                                                                                                                                                                                                                                                                              |                                  |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                                                                                | No                               |
|    |                                                                                                                                                                                                                                                                              |                                  |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                                                                                |                                  |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                                                                                     |                                  |
|    |                                                                                                                                                                                                                                                                              |                                  |

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|  | <p>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds.</p> |  |
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| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Subdivision: Lindenwold Borough  |                                                                                                                                                                                                                                      |                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ111                                                                  |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                 |
|                                  | Address:                                                                                                                                                                                                                             | 15 N White Horse Pike,<br>LINDENWOLD, New Jersey, 08021                |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Dawn Thompson                                                          |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:DThompson@lindenwold.net">DThompson@lindenwold.net</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$31,506.50                                                            |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                 |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$197,949.24                                                           |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$55,055.32                                                            |

|     |                                                                                                                                                               |              |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |              |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$94,558.94  |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00       |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |              |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | N/A          |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$142,893.92 |

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| 10 | <p>What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p> | <p>During the current reporting period (July 1, 2025–June 30, 2026), the Borough of Lindenwold’s overarching goals in using opioid abatement funds were to help expand access to mental health and behavioral health services, strengthen community support systems, and enhance the preparedness of first responders with CPR training to respond safely and effectively to opioid-related incidents.</p> <p>Overall, the Borough’s use of opioid abatement funds was guided by the values of prevention, early intervention, access to treatment and support, public safety, and community well-being. The Borough sought to use these resources in ways that address both the behavioral health needs associated with the opioid epidemic and the immediate public safety needs that arise when officers encounter individuals experiencing an opioid-related emergency.</p> |
| 11 | <p>Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p>                | <p>The decision-making process regarding the use of opioid abatement funds during the current reporting period (July 1, 2025–June 30, 2026) involved the Borough of Lindenwold governing body (Mayor and Borough Council), Police Chief and Deputy Police Chief, and representatives of the Lindenwold Board of Education.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|    |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 12 | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                    | <p>During the current reporting period (July 1, 2025–June 30, 2026), the Borough of Lindenwold used the following resources to inform decisions regarding the expenditure of opioid abatement funds:</p> <p>1. Evidence-Based and Evidence-Informed Practices/Strategies – The Borough considered established practices supporting early intervention, access to mental health and behavioral health services, and effective emergency response to opioid-related incidents. The Borough’s support for school-based mental health therapy was informed by the recognized value of early access to counseling and behavioral health services for students and their families. The Borough also supported CPR training for police officers to enhance their ability to respond to opioid-related emergencies and provide immediate assistance while awaiting medical personnel.</p> <p>2. Schedule B – Approved Opioid Remediation Uses – The Borough reviewed the approved opioid remediation uses contained in “Schedule B” of Exhibit A to the January 28, 2022 Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries. The Borough used this guidance to ensure that proposed expenditures were consistent with allowable opioid abatement and remediation activities, including treatment, prevention, behavioral health, and other services addressing the effects of the opioid epidemic.</p> |
|    |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory; |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | (3) A needs assessment;                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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|--|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> | <p>3. Community Needs/Stakeholder Input – The Borough engaged with personnel from the Lindenwold Board of Education to better understand the mental health and behavioral health needs of students and their families. School personnel provided information regarding challenges affecting students and identified the need for increased access to professional mental health therapy. This stakeholder input helped inform the Borough’s decision to support mental health services through the school district.</p> <p>4. Local Public Safety Needs and First Responder Input – The Borough also considered the experiences and needs of its police department in responding to opioid-related encounters with members of the public. This helped identify the importance of providing officers with CPR training and other emergency response skills to improve their preparedness to respond to potential opioid overdoses and other medical emergencies.</p> <p>The Borough did not rely on a separate formal strategic plan or a formal epidemiological analysis during this reporting period. Rather, decisions were based on approved opioid remediation guidance, evidence-informed practices, and identified needs communicated by local education and public safety stakeholders.</p> |
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| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | <p>The Borough of Lindenwold engaged with personnel from the Lindenwold Board of Education to identify mental health and behavioral health needs affecting local students and their families. Through these discussions, school personnel identified the need for increased access to professional mental health services for students experiencing emotional, behavioral, and other challenges that can affect their academic and personal well-being. As a result of this engagement, the Borough entered into a shared-services agreement with the Lindenwold Board of Education to support mental health therapy services contracted through First Children Learning Services. First Children provides school-based mental health services, including individual, group, and family therapy; mental health assessments and referrals; crisis intervention; social-skills development; and social-emotional support. The Borough's support of these services allows students to access professional mental health resources in a familiar school-based environment and helps connect students and families with additional services when more intensive or ongoing treatment is needed. This engagement helped the</p> |

|    |                                                                                                                                                                                              |                                                                                                                                                                      |
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|    |                                                                                                                                                                                              | Borough identify a specific community need and direct resources toward prevention, treatment, and behavioral health support for Lindenwold youth and their families. |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                | 1 - 2 years                                                                                                                                                          |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?<br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a | No, but we plan to in the future                                                                                                                                     |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                           | No                                                                                                                                                                   |
|    |                                                                                                                                                                                              |                                                                                                                                                                      |

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|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                                                                                                  |
|    |                                                                                                                                                                                                                        |                                                                                                                                      |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                                                                      |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                                                                      |
|    |                                                                                                                                                                                                                        |                                                                                                                                      |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                                                      |
|    |                                                                                                                                                                                                                        |                                                                                                                                      |
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|    |                                                                                                                                                                                                                        |                                                                                                                                      |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                                      |
| 1  | What is the name/title of the program?                                                                                                                                                                                 | Public CPR and Narcan Training Program                                                                                               |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Borough of Lindenwold Police Department                                                                                              |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | County or Municipality (including Departments and Municipal Alliances);<br>First Responders, Law Enforcement, and Emergency Services |

|   |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | What is the primary problem being addressed by this program? | <p>The primary problem being addressed by this program is the risk of opioid overdose and other life-threatening medical emergencies within the community. Timely recognition of an opioid overdose, administration of naloxone (Narcan), activation of emergency medical services, and the immediate provision of CPR when necessary can improve the likelihood of survival. The program seeks to increase the number of trained individuals within the community who are prepared to recognize and respond appropriately to these emergencies.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5 | Briefly describe the program's purpose and key activities.   | <p>The purpose of the Public CPR and Narcan Training Program is to increase community preparedness to respond to opioid overdoses and other life-threatening medical emergencies. Two Lindenwold Police Department officers have been trained to serve as instructors in CPR and the proper use of Narcan. During the initial phase of the program, the officers will conduct training for members of the Lindenwold Police Department, Lindenwold Fire Department, and Borough employees. These initial classes will provide lifesaving training to municipal personnel while allowing the two officers to increase their instructional experience and capacity before conducting larger classes for members of the public. Beginning in 2027, the program will expand to provide CPR and Narcan training to members of the public. Participants who successfully complete the training will receive a Narcan kit, providing them with both the knowledge and resources necessary</p> |

|       |                                                                                   |                                                                                                 |
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|       |                                                                                   | to respond to a suspected opioid overdose.                                                      |
| 6     | What is the target population for this program?                                   | First Responders, Law Enforcement and other Emergency Responders; Members of the General Public |
| 6(a). | What is the target population for this program? - Others                          |                                                                                                 |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 12/1/2025                                                                                       |
| 8     | What is the total amount of funding for this program?                             | \$20,000.00                                                                                     |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?     | \$5,055.32                                                                                      |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$14,944.68                                                                                     |
| 9     | How often is your subdivision disbursing funds to this program?                   | Others                                                                                          |

|       |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                               | On an as needed basis throughout the year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 12/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 11    | Choose the duration of the program from the list below.                                                                                                | 2-3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 12    | What is the number of unduplicated individuals served by this program?                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 13    | What is the intended impact of this program?                                                                                                           | The intended impact of the program is to increase the number of first responders, municipal employees, and ultimately members of the public who are prepared to recognize and respond to an opioid overdose or other life-threatening medical emergency. Participants will be trained to activate emergency medical services, administer Narcan when appropriate, and provide CPR and other immediate lifesaving assistance while awaiting EMS. The initial phase will focus on Police Department members, Fire Department members, and Borough employees. Beginning in 2027, training will expand to members of the public, with individuals who successfully complete the training receiving a Narcan kit. |
| 14    | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|       | Number of participants served:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|       | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|       | Number of training/education sessions:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|    |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|    | Other:                                                                                                    | These measures will allow us to document the number of classes conducted, individuals trained, and Narcan kits distributed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 15 | How frequently are you measuring the key performance indicators listed above?                             | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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 the number of individuals within the Lindenwold community who possess the knowledge, skills, and resources necessary to respond effectively to an opioid overdose or other life-threatening medical emergency. The initial phase of the program will focus on training law enforcement officers, firefighters, and Borough employees while providing the Department's two trained instructors with additional classroom experience. This will allow the instructors to further develop their instructional skills and increase their ability to accommodate larger classes. Beginning in 2027, the program will expand to provide CPR and Narcan training to members of the public. Program impact will be measured by tracking the number of CPR/Narcan training sessions conducted, the number of individuals successfully completing the training, and, once public classes begin, the number of Narcan kits distributed. Training attendance and Narcan kit distribution will be documented and compiled for program reporting. |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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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).                                                                   | Primary Prevention, Education, and Training;<br>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     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Overdose Deaths and Other Harms (Harm Reduction),<br>First Responders,<br>Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 20     | Describe 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 utilizes an evidence-informed harm reduction and overdose prevention strategy by increasing community access to naloxone (Narcan) and training individuals to recognize and appropriately respond to a suspected opioid overdose. Participants are instructed in the proper use of Narcan, activation of emergency medical services, and CPR/lifesaving measures that may be necessary while awaiting professional medical assistance. Beginning with the public training phase in 2027, participants who successfully complete the training will receive a Narcan kit for use in the event of a suspected opioid overdose. By combining education, practical response training, and distribution of naloxone, the program seeks to reduce the risk of fatal opioid overdoses and increase the number of trained individuals capable of providing immediate assistance within the community. |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement                                                                             | Instructor Training – training manikins – Narcan Kits – Individual user seat fee for certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|    |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|    | method identified was used for this program.                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here. | <p>The Lindenwold Police Department has trained two officers to serve as CPR and Narcan instructors. The program is being implemented in phases to establish sustainable local training capacity. During the initial phase, the officers will provide instruction to members of the Police Department, Fire Department, and Borough employees. In addition to providing these personnel with lifesaving skills, these classes will allow the instructors to gain additional classroom experience and increase their ability to accommodate larger numbers of participants.</p> <p>Beginning in 2027, the program will expand to members of the public. Individuals who successfully complete the public training will receive a Narcan kit. This phased approach allows opioid settlement funding to provide an immediate benefit through training first responders and municipal personnel while developing the instructional capacity necessary to provide ongoing CPR, overdose-response, and Narcan education to the broader community.</p> |
|    |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | <b>2026 Fiscal Program List</b>                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1  | What is the name/title of the program?                                                                                 | Shared Services for Mental Health Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                  | Lindenwold Board of Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|       |                                                                                                                                                 |                                                                                                                                                                                                                                                                                        |
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| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | County or Municipality (including Departments and Municipal Alliances);<br>Schools, Colleges, Universities                                                                                                                                                                             |
| 4     | What is the primary problem being addressed by this program?                                                                                    | Mental Health Services                                                                                                                                                                                                                                                                 |
| 5     | Briefly describe the program's purpose and key activities.                                                                                      | The Borough's support of mental health therapy services allows students to access professional mental health resources in a familiar school-based environment and helps connect students and families with additional services when more and intensive or ongoing treatment is needed. |
| 6     | What is the target population for this program?                                                                                                 | Children and Young Adults - 0-13 (through 8th grade);<br>Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>Others                                                                                             |
| 6(a). | What is the target population for this program? - Others                                                                                        | Lindenwold Students and their families                                                                                                                                                                                                                                                 |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 8/13/2025                                                                                                                                                                                                                                                                              |
| 8     | What is the total amount of funding for this program?                                                                                           | \$50,000.00                                                                                                                                                                                                                                                                            |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$50,000.00                                                                                                                                                                                                                                                                            |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                               | \$0.00                                                                                                                                                                                                                                                                                 |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                 | Others                                                                                                                                                                                                                                                                                 |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                        | Shared Services Agreement for a period of one (1) year and may be extended by mutual agreement of the parties.                                                                                                                                                                         |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                                        |
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| 10 | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 8/18/2025                                                                                                                                                                                                                                                              |
| 11 | Choose the duration of the program from the list below.                                                                                                | 5+ years                                                                                                                                                                                                                                                               |
| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 0                                                                                                                                                                                                                                                                      |
| 13 | What is the intended impact of this program?                                                                                                           | The intended impact of the mental health therapy services is to improve the emotional, behavioral, and overall well-being of Lindenwold students and their families by increasing access to professional mental health support in a familiar school-based environment. |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                        |
|    | Number of participants served:                                                                                                                         |                                                                                                                                                                                                                                                                        |
|    | Number of services provided/encounters:                                                                                                                |                                                                                                                                                                                                                                                                        |
|    | Number of referrals to treatment                                                                                                                       |                                                                                                                                                                                                                                                                        |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                                                                                                                                               |

|    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 16 | <p>What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?</p> | <p><b>Program Outcomes/Impact and Measurement</b> The program aims to achieve the following outcomes:</p> <ul style="list-style-type: none"> <li>• Increased access to professional mental health and behavioral health services for students;</li> <li>• Improved emotional regulation, coping skills, social skills, and overall mental well-being;</li> <li>• Reduction in behavioral issues and disciplinary incidents;</li> <li>• Improved school attendance and student engagement;</li> <li>• Improved academic functioning and ability to participate successfully in the school environment;</li> <li>• Increased ability of students and families to identify and access appropriate mental health resources; and</li> <li>• Early identification and intervention for students experiencing challenges that could potentially contribute to substance use or other high-risk behaviors.</li> </ul> <p><b>Measurement and Tracking</b> The Borough plans to work with the Lindenwold Board of Education to track program participation and outcomes while maintaining student confidentiality. Measures may include the number of students receiving services, number and type of therapy services provided, referrals made, and student participation in treatment. The Borough will use these measures to assess whether the investment is increasing access to mental health services and contributing to improved outcomes for Lindenwold students and families. The information gathered will also help</p> |
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|    |                                                                                                                                        |                                                                                                                          |
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|    |                                                                                                                                        | inform future decisions regarding the use of opioid abatement funds and the community's ongoing behavioral health needs. |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                             | Primary Prevention, Education, and Training                                                                              |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). | Treatment;<br>Wraparound and Connected Care Supports                                                                     |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                             | Connections to Care,<br>Prevent Misuse of Opioids                                                                        |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 20 | Describe 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 Borough of Lindenwold's investment in school-based mental health therapy is intended to address the mental health and behavioral health factors that can contribute to or be associated with substance use and opioid-related risks among youth. The program emphasizes prevention, early identification, early intervention, and referral to appropriate services.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 21 | 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 program utilized an existing contractual relationship maintained by the Lindenwold Board of Education with First Children Learning Services. The Borough did not independently procure First Children Learning Services. Rather, the Borough entered into a shared-services agreement with the Lindenwold Board of Education to reimburse the Board for mental health therapy services provided through its existing agreement with First Children Learning Services, with opioid abatement funding not to exceed \$50,000. The shared-services arrangement provided an efficient means of leveraging an existing school-based mental health program and ensuring that opioid abatement funds were directed toward services that address identified behavioral health needs among Lindenwold students and their families. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                          |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Subdivision: Pennsauken Township |                                                                                                                                                                                                                                      |                                                                          |
|                                  | State ID:                                                                                                                                                                                                                            | NJ175                                                                    |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                   |
|                                  | Address:                                                                                                                                                                                                                             | 5605 N Crescent Blvd, Pennsauken, New Jersey, 08110                      |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Elizabeth Peddicord                                                      |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:epeddicord@pennsauken.gov">epeddicord@pennsauken.gov</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                          |
|                                  |                                                                                                                                                                                                                                      |                                                                          |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$107,266.06                                                             |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$3,671.50                                                               |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$607,215.05                                                             |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                          |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$233,244.32                                                             |

|     |                                                                                                                                                                                                                                              |                                                                                                                             |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                             |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$184.42                                                                                                                    |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                      |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | N/A                                                                                                                         |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$129,137.88                                                                                                                |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | This year's spending decisions centered on delivering services to the residents of Pennsauken Township.                     |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | Administration and Governing Body                                                                                           |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                           | We reviewed the Schedule B: Allowable Uses of Funds and tailored the expenditures to Leadership, Planning and Coordination. |
|     |                                                                                                                                                                                                                                              |                                                                                                                             |

|    |                                                                                                                                                                                                                                                                              |                                  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                  |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                  |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                  |
|    | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                  |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                  |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                  |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future    |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 3 - 5 years                      |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No, but we plan to in the future |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                  |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No, but we plan to in the future |
|    |                                                                                                                                                                                                                                                                              |                                  |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                                                                                | Yes                              |
|    |                                                                                                                                                                                                                                                                              |                                  |

|     |                                                                                                                                                                                                                        |                                                                  |
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|     | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                  |
|     | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                  |
|     |                                                                                                                                                                                                                        |                                                                  |
|     | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                  |
|     |                                                                                                                                                                                                                        |                                                                  |
|     |                                                                                                                                                                                                                        |                                                                  |
|     |                                                                                                                                                                                                                        |                                                                  |
|     | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                  |
| 1   | What is the name/title of the program?                                                                                                                                                                                 | First Responders                                                 |
| 2   | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Pennsauken Township                                              |
| 3   | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | First Responders, Law Enforcement, and Emergency Services        |
| 4   | What is the primary problem being addressed by this program?                                                                                                                                                           | Staffing shortages due to inability to pay at a competitive rate |
| 5   | Briefly describe the program's purpose and key activities.                                                                                                                                                             | Ensure the public receives EMS services                          |
| 6   | What is the target population for this program?                                                                                                                                                                        | Individuals who Use Drugs                                        |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                                     | 10/14/2024                                                       |
| 8   | What is the total amount of funding for this program?                                                                                                                                                                  | \$753,915.22                                                     |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                                                                                          | \$226,269.00                                                     |

|       |                                                                                                                                                        |                                                                                                                                                   |
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| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                            |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                        | Others                                                                                                                                            |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                               | Twice per month                                                                                                                                   |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 10/1/2024                                                                                                                                         |
| 11    | Choose the duration of the program from the list below.                                                                                                | 2-3 years                                                                                                                                         |
| 12    | What is the number of unduplicated individuals served by this program?                                                                                 | 67                                                                                                                                                |
| 13    | What is the intended impact of this program?                                                                                                           | To ensure every resident has the needed overdose emergency services needed during the time of crisis.                                             |
| 14    | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                   |
|       | Number of participants served:                                                                                                                         | 67                                                                                                                                                |
| 15    | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                          |
| 16    | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | To ensure residents are able to receive expedited services during time of crisis (overdose). With every overdose response recorded in daily logs. |
| 17    | Primary Category (Please select the category that fits the primary focus of this program):                                                             | 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).                 | Workforce Development and Capacity Building                                                                                                       |
| 19    | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                             | First Responders, Leadership, Planning and Coordination                                                                                           |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 20 | Describe 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. | In 2024, the Township was unable to maintain adequate staffing levels of our EMT department. The surrounding areas were offering 50% higher hourly wage rates. Current budget caps wouldn't allow for us to increase the hourly wage that much in one year. Therefore, we are able to use the grant funds to allow for proper staffing of our EMS department to ensure when an overdose is occurring, Pennsauken will be there to assist that person in the quickest time possible. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The Township's budget is only able to handle the current hourly rate of \$18/hour for part-time EMTs. The grants funds are being used to pay the additional \$9 per hour rate. Budget funds are NOT being supplanted. Each person's wage allocation is set up upon hire and charged directly to the grant funds for the portion above and beyond what our normal budget can handle.                                                                                                 |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | <b>2025 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1  | Program Name/Title                                                                                                                                                                                       | Community Resource Canine Training for our K9 dog                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                                                         | \$6,975.32                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|   |                                                                                                                                                                              |                                                                            |
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| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                            |
|   | Other:                                                                                                                                                                       | K-9 Dog, West, continues positive interactions with the residents in town. |
| 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 :                                                                                                                                                          | 8/31/2026                                                                  |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                |
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| Subdivision: Pine Hill Borough   |                                                                                                                                                                                                                                      |                                                                |
|                                  | State ID:                                                                                                                                                                                                                            | NJ180                                                          |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                         |
|                                  | Address:                                                                                                                                                                                                                             | 48 W. 6th Avenue, Pine Hill, New Jersey, 08021                 |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Christopher Winters                                            |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:chief@pinehillpd.com">chief@pinehillpd.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                |
|                                  |                                                                                                                                                                                                                                      |                                                                |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$16,068.30                                                    |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                         |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$100,535.87                                                   |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$5,000.00                                                     |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$87,649.42                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | Schedule B / Part Three / I. FIRST RESPONDERS In addition to items in section C, D and H relating to first responders, support the following:<br>1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.<br>2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events. |

|      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                         |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11   | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                  | Borough Solicitor, Director of Public Safety, Chief of Police                                                                                                                                                           |
| 12   | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                           | The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" |
|      | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                                                                                                                                                                                                         |
|      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                         |
|      | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                                                                                                                                                                         |
|      | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                                                                                                                                                                         |
|      | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                         |
|      | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                         |
|      | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                         |
| 13   | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future                                                                                                                                                                                           |
| 14   | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | Other                                                                                                                                                                                                                   |
| 14a. | Please specify other.                                                                                                                                                                                                                                                        | Decisions on future spending allocations have not been decided as of this report.                                                                                                                                       |

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| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                               | No                                          |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                       |                                             |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                     | No                                          |
|    |                                                                                                                                                                                                                        |                                             |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                         |
|    |                                                                                                                                                                                                                        |                                             |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                             |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                             |
|    |                                                                                                                                                                                                                        |                                             |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                             |
|    |                                                                                                                                                                                                                        |                                             |
|    |                                                                                                                                                                                                                        |                                             |
|    |                                                                                                                                                                                                                        |                                             |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                             |
| 1  | What is the name/title of the program?                                                                                                                                                                                 | Annual Department Wellness Training Program |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Jennifer Kelly, Ph.D. ABPP                  |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | Others                                      |

|       |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 3(a). | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. - Others | Board Certified Police and Public Safety Psychologist                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4     | What is the primary problem being addressed by this program?                                                                                             | The secondary trauma associated with opioid-related emergencies. For over 15 years, our officers and staff have been on the forefront of responding to opioid overdoses, overdose-related deaths, opioid use disorder, and other related issues, all exposing not only the responding officers, but our records staff who review the reports and body camera videos, to secondary trauma. Couple this with the instances of opioid use disorder among law enforcement across the state. |

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| 5     | Briefly describe the program's purpose and key activities.         | <p>The individual meetings help identify appropriate interventions the agency offers as a supportive benefit for officers/detectives and civilian staff. These meetings permit employees to discuss, in confidence, general life experience, coping mechanisms and sources of stress, including but not limited to secondary trauma associated with opioid-related emergencies for members on the forefront of responding to opioid overdoses, overdose-related deaths, opioid use disorder, and other related issues, all exposing not only the responding officers, but our civilian records staff who review the reports and body camera videos. An aim of the meeting is to maintain general health and resilience and promote positive coping strategies. Employees are provided information about common reactions people experience to stress and specifically to experiences as a public safety employee. The employee is able to discuss general questions and/or concerns. The meeting will last approximately 50 minutes, and the objective of this meeting is general education and promotion of positive mental health by maintaining wellness and resilience over time, and to reduce the instances of opioid use disorder among law enforcement across the state.</p> |
| 6     | What is the target population for this program?                    | First Responders, Law Enforcement and other Emergency Responders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6(a). | What is the target population for this program? - Others           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.) | 4/20/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|     |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 8   | What is the total amount of funding for this program?                                                                                                  | \$5,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$5,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 8/20/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11  | Choose the duration of the program from the list below.                                                                                                | Less than 1 year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13  | What is the intended impact of this program?                                                                                                           | The impact of the program is to maintain general health and resilience and promote positive coping strategies. Employees are provided information about common reactions people experience to stress and specifically to experiences as a public safety employee. The employee is able to discuss general questions and/or concerns. The meeting will last approximately 50 minutes, and the objective of this meeting is general education and promotion of positive mental health by maintaining wellness and resilience over time, and to reduce the instances of opioid use disorder among law enforcement across the state. |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     | Number of participants served:                                                                                                                         | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|     | Number of training/education sessions:                                                                                                                 | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|        | Other:                                                                                                                                                                                                   | Training and education of first responders and civilian staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Reduced negative mental health effects on first responders and civilian staff and reduced and/or eliminated instances of opioid use disorder and/or mental health disorder among the target population.                                                                                                                                                                                                                                                                                                                         |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | 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     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, First Responders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 20     | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The program will provide employees with information about common reactions people experience to stress, specifically to experiences as a public safety employee. The employee is able to discuss general questions and/or concerns. The meeting will last approximately 50 minutes, and the objective of this meeting is general education and promotion of positive mental health by maintaining wellness and resilience over time, and to reduce the instances of opioid use disorder among law enforcement across the state. |

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| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | Dr. Jennifer Kelly Ph.D. ABPP is the current agency psychologist and has developed the program. A proposal was submitted with full program specifications. The proposal was reviewed, and subsequent approval from the Director of Public Safety and the Borough Solicitor was granted. Funding was encumbered pending approval by Borough Council, which was ultimately granted in open session. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                               |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Subdivision: Voorhees Township   |                                                                                                                                                                                                                                      |                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ236                                                                  |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                 |
|                                  | Address:                                                                                                                                                                                                                             | 2400 Voorhees Town Center,<br>Voorhees, New Jersey, 08043              |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Alexander Davidson                                                     |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:ADavidson@VoorheesNJ.com">ADavidson@VoorheesNJ.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$39,591.18                                                            |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                 |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$258,904.09                                                           |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                   |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$105,829.60                                                           |

|     |                                                                                                                                                               |                                                                                                                                                          |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                                                                                          |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$0.00                                                                                                                                                   |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                   |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                          |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       |                                                                                                                                                          |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$143,029.80                                                                                                                                             |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | Reduction of Opioid related incidents through greater law enforcement training and acquisition of certain equipment.                                     |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | Police Chief, CFO, Township Administrator, Township Committee                                                                                            |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?            | Recommendations by the Police Chief that were reviewed for appropriateness by the CFO, Township Administrator and, when appropriate, Township Committee. |
|     |                                                                                                                                                               |                                                                                                                                                          |

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|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                  |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                  |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                  |
|    | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                  |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                  |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                  |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future    |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years                      |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No, but we plan to in the future |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                  |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No, but we plan to in the future |
|    |                                                                                                                                                                                                                                                                              |                                  |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                                                                                | Yes                              |
|    |                                                                                                                                                                                                                                                                              |                                  |

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|       | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                                 |
|       | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                                 |
|       |                                                                                                                                                                                                                        |                                                                                                 |
|       | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                 |
|       |                                                                                                                                                                                                                        |                                                                                                 |
|       |                                                                                                                                                                                                                        |                                                                                                 |
|       |                                                                                                                                                                                                                        |                                                                                                 |
|       | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                 |
| 1     | What is the name/title of the program?                                                                                                                                                                                 | K 9                                                                                             |
| 2     | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Tarheel Canine Training                                                                         |
| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | First Responders, Law Enforcement, and Emergency Services                                       |
| 4     | What is the primary problem being addressed by this program?                                                                                                                                                           | Opioid Detection K 9                                                                            |
| 5     | Briefly describe the program's purpose and key activities.                                                                                                                                                             | Acquire new K 9                                                                                 |
| 6     | What is the target population for this program?                                                                                                                                                                        | First Responders, Law Enforcement and other Emergency Responders; Members of the General Public |
| 6(a). | What is the target population for this program? - Others                                                                                                                                                               |                                                                                                 |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                                     | 12/29/2025                                                                                      |
| 8     | What is the total amount of funding for this program?                                                                                                                                                                  | \$11,400.00                                                                                     |

|     |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$11,400.00                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 12/29/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11  | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 13  | What is the intended impact of this program?                                                                                                           | Maintaining a canine unit at our department demonstrates a direct alignment with the approved uses of opioid settlement funds. By addressing key priorities such as prevention, harm reduction, education, and public health, this initiative ensures responsible and effective use of the funds. A canine unit will significantly enhance community safety, reduce opioid misuse, and foster greater public awareness, fulfilling the settlement's intended purposes. |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|     | Other:                                                                                                                                                 | New K 9 introduced to patrol operations                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | 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?                                                                                                | <p>1. Reduction in Opioid Availability: increased detection and seizure of illicit opioids.</p> <p>2. Enhanced Community Awareness: Greater understanding of opioid risks and prevention strategies through Canine led education campaigns.</p> <p>3. Improved Law Enforcement Efficiency: Enhanced ability to respond to opioid-related crimes with minimal delays.</p> <p>4. Strengthened Prevention Efforts: Support for existing harm reduction and prevention programs through direct engagement and education.</p> <p>5. Public Health and Safety improvements: integration with harm reduction and public health initiatives to amplify their impact.</p> |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 18     | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Primary Prevention, Education, and Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 18(a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction), First Responders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 20     | Describe 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. | See number 13 above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|       |                                                                                                                                                                           |                                                                                                                                               |
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| 21    | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | Quote                                                                                                                                         |
| 22    | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    |                                                                                                                                               |
|       |                                                                                                                                                                           |                                                                                                                                               |
|       |                                                                                                                                                                           |                                                                                                                                               |
|       | <b>2026 Fiscal Program List</b>                                                                                                                                           |                                                                                                                                               |
| 1     | What is the name/title of the program?                                                                                                                                    | MAPPS Team Training                                                                                                                           |
| 2     | List all agencies, organizations, or entities that received funding for this program.                                                                                     | Jennifer Kelly PHD, LLC                                                                                                                       |
| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                           | First Responders, Law Enforcement, and Emergency Services                                                                                     |
| 4     | What is the primary problem being addressed by this program?                                                                                                              | Establishment of a multi agency peer support team.                                                                                            |
| 5     | Briefly describe the program's purpose and key activities.                                                                                                                | Officers learn methods of addressing issues such as opioid addiction and the trauma associated with responding to calls for opioid overdoses. |
| 6     | What is the target population for this program?                                                                                                                           | First Responders, Law Enforcement and other Emergency Responders                                                                              |
| 6(a). | What is the target population for this program? - Others                                                                                                                  |                                                                                                                                               |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                        | 10/27/2025                                                                                                                                    |
| 8     | What is the total amount of funding for this program?                                                                                                                     | \$12,000.00                                                                                                                                   |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                                             | \$12,000.00                                                                                                                                   |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                                         | \$0.00                                                                                                                                        |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 9  | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10 | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 10/27/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11 | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 13 | What is the intended impact of this program?                                                                                                           | The Voorhees Police Department partners with Gloucester Township Police Department and Cherry Hill Police Department for a Multi-Agency Police Peer Support Team (MAPPS). In order to add new officers to the team they are required to undergo a 40-hour training program provided by Nova Southeastern University (Florida). The peer support course is in person extensive training provided by master level clinicians to include role playing scenarios and other communication training. Specific to the funding uses, officers learn methods of addressing issues such as opioid addiction and the trauma associated with responding to calls for opioid overdoses. |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | Number of training/education sessions:                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | Greater peer support for law enforcement personnel.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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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).                                                                   | Primary Prevention, Education, and Training                                                                                                            |
| 18(a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others                                                          |                                                                                                                                                        |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction), First Responders, Leadership, Planning and Coordination, Training |
| 20     | Describe 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. | See number 5 and 12 above.                                                                                                                             |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | Quote.                                                                                                                                                 |
| 22     | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                        |
|        |                                                                                                                                                                                                          |                                                                                                                                                        |
|        |                                                                                                                                                                                                          |                                                                                                                                                        |
|        | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                        |
| 1      | What is the name/title of the program?                                                                                                                                                                   | Z School                                                                                                                                               |
| 2      | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Seton Hall University                                                                                                                                  |
| 3      | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                          | First Responders, Law Enforcement, and Emergency Services; Schools, Colleges, Universities                                                             |

|       |                                                                                                                                                        |                                                                                                                                                                                                                                |
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| 4     | What is the primary problem being addressed by this program?                                                                                           | Law Enforcement Education                                                                                                                                                                                                      |
| 5     | Briefly describe the program's purpose and key activities.                                                                                             | The 4-hour online course provided practical, field-tested strategies that officers can use to de-escalate situations, connect individuals to appropriate resources, and minimize risks to both officers and their communities. |
| 6     | What is the target population for this program?                                                                                                        | First Responders, Law Enforcement and other Emergency Responders                                                                                                                                                               |
| 6(a). | What is the target population for this program? - Others                                                                                               |                                                                                                                                                                                                                                |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 7/28/2025                                                                                                                                                                                                                      |
| 8     | What is the total amount of funding for this program?                                                                                                  | \$82,429.60                                                                                                                                                                                                                    |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$82,429.60                                                                                                                                                                                                                    |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                                                                                         |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                                                                                                                                                                                                       |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 7/28/2025                                                                                                                                                                                                                      |
| 11    | Choose the duration of the program from the list below.                                                                                                | 1 year                                                                                                                                                                                                                         |
| 12    | What is the number of unduplicated individuals served by this program?                                                                                 | 52                                                                                                                                                                                                                             |
| 13    | What is the intended impact of this program?                                                                                                           | Greater education for first responders                                                                                                                                                                                         |
| 14    | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                |
|       | Number of training/education sessions:                                                                                                                 | 52                                                                                                                                                                                                                             |

|        |                                                                                                                                                                                                          |                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Annually                                                                                                                                                         |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Course completion and attendance.                                                                                                                                |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | 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).                                                                   | Treatment                                                                                                                                                        |
| 18(a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others                                                          |                                                                                                                                                                  |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction), First Responders, Leadership, Planning and Coordination, Training, Research |
| 20     | Describe 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. | See answer to number 5.                                                                                                                                          |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | Quote. Cost level. Some of the costs incurred were for overtime related expenses for the attendance of the classes.                                              |
| 22     | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                  |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Subdivision: Waterford Township  |                                                                                                                                                                                                                                      |                                                                |
|                                  | State ID:                                                                                                                                                                                                                            | NJ246                                                          |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                         |
|                                  | Address:                                                                                                                                                                                                                             | 2131 AUBURN AVENUE, ATCO, New Jersey, 08004                    |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Donelle Bright                                                 |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:cfo@waterfordtwp.org">cfo@waterfordtwp.org</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                |
|                                  |                                                                                                                                                                                                                                      |                                                                |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$21,417.66                                                    |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                         |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$134,951.47                                                   |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$18,624.60                                                    |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                          |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                          |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                                                   |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                   |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | N/A                                                                                                                                                      |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$116,326.87                                                                                                                                             |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | The municipality focused on providing community support/outreach.                                                                                        |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | Chief of Police and Township Committee                                                                                                                   |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                           | The Schedule B list of approved uses as well as discussions with other municipalities who have spent funding and programs they have conducted with same. |
|     |                                                                                                                                                                                                                                              |                                                                                                                                                          |

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|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                  |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                  |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                  |
|    | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                  |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                  |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                  |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future    |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years                      |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No, but we plan to in the future |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                  |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No, but we plan to in the future |
|    |                                                                                                                                                                                                                                                                              |                                  |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                                                                                | Yes                              |
|    |                                                                                                                                                                                                                                                                              |                                  |

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|   | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                                                                                                                 |
|   | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                                                                                                                 |
|   |                                                                                                                                                                                                                        |                                                                                                                                                                                 |
|   | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                                                                                                 |
|   |                                                                                                                                                                                                                        |                                                                                                                                                                                 |
|   |                                                                                                                                                                                                                        |                                                                                                                                                                                 |
|   |                                                                                                                                                                                                                        |                                                                                                                                                                                 |
|   | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                                                                                 |
| 1 | What is the name/title of the program?                                                                                                                                                                                 | Purchase of K9                                                                                                                                                                  |
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Waterford Township Police Department                                                                                                                                            |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | First Responders, Law Enforcement, and Emergency Services                                                                                                                       |
| 4 | What is the primary problem being addressed by this program?                                                                                                                                                           | The widespread availability and lethality of illicit synthetic opioids (such as fentanyl and heroin) in the community, along with the fatal overdose rates associated with them |

|       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5     | Briefly describe the program's purpose and key activities.                        | The primary purpose of the K9 unit program is to reduce drug overdose deaths and combat the local opioid crisis through a dual-action approach: intercepting lethal synthetic opioids before they reach the community, and serving as an early-intervention bridge to direct individuals into treatment, recovery, and prevention programs. Instead of operating strictly as a punitive measure, the program leverages the K9 unit as a public safety and community health asset—combining interdiction with deflection, harm reduction, and public education. |
| 6     | What is the target population for this program?                                   | First Responders, Law Enforcement and other Emergency Responders; Members of the General Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6(a). | What is the target population for this program? - Others                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 3/11/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8     | What is the total amount of funding for this program?                             | \$10,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?     | \$10,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9     | How often is your subdivision disbursing funds to this program?                   | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 3/12/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 11    | Choose the duration of the program from the list below.                           | 5+ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12    | What is the number of unduplicated individuals served by this program?            | 10500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 13 | What is the intended impact of this program?                                                                                                           | <p>Program Description: This program funds the acquisition, specialized training, and initial operational equipment for a law enforcement K9 unit dedicated to illicit opioid interdiction, drug diversion prevention, and community-based outreach.</p> <p>Statement of Intended Impact:<br/> Disrupting Supply &amp; Harm Reduction: The primary impact is reducing the volume of illicit fentanyl, heroin, and synthetic opioids circulating within the municipality through non-invasive detection at high-risk locations, traffic stops, and public facilities.<br/> Connecting Individuals to Care: When the K9 unit leads to contraband detection or non-arrest enforcement touchpoints, handlers act as an entry point to diversion programs, facilitating warm handoffs to peer recovery specialists rather than solely driving criminal justice outcomes.<br/> Community Engagement &amp; Stigma Reduction: A cross-trained or community-friendly K9 serves as an approachable outreach tool during public health events, youth programs, and school visits, facilitating open discussions on substance misuse prevention and law enforcement assistance.</p> |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Reduction in opioid-related incidents:                                                                                                                 | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|    |                                                                               |                                                                                                                                                                                                                                                                                                                                                                      |
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|    | Number of training/education sessions:                                        | 12                                                                                                                                                                                                                                                                                                                                                                   |
|    | Number of services provided/encounters:                                       | 75                                                                                                                                                                                                                                                                                                                                                                   |
|    | Increased community awareness (please describe):                              | Tracked by measuring resident engagement at public safety demonstrations, pre- and post-presentation survey feedback at school and community events, social media outreach reach metrics regarding prescription safe storage, and the volume of inquiries received by the police department regarding drug disposal drop-box locations following K9 outreach events. |
|    | Number of referrals to treatment                                              | 10                                                                                                                                                                                                                                                                                                                                                                   |
| 15 | How frequently are you measuring the key performance indicators listed above? | Annually                                                                                                                                                                                                                                                                                                                                                             |

|    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 16 | <p>What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?</p> | <p>The primary objective of the K9 Unit program is to reduce fatal and non-fatal opioid overdoses within Waterford Township by integrating illicit supply interdiction, law enforcement-assisted deflection, and community prevention outreach.</p> <p>The program aims to achieve three core outcomes:</p> <ol style="list-style-type: none"> <li>1. Interrupt the local distribution of lethal synthetic opioids (fentanyl, heroin, pressed pills) by detecting contraband before it reaches community members.</li> <li>2. Utilize field encounters and interdiction touchpoints as non-punitive entry points to divert individuals with Opioid Use Disorder (OUD) away from criminal justice processing and into local peer recovery networks and treatment services.</li> <li>3. Serve as an approachable, low-barrier bridge during public health demonstrations, school events, and community forums to educate residents on safe prescription storage/disposal and available addiction resources.</li> </ol> <p>Impact will be evaluated through quantitative tracking and longitudinal data analysis across three primary tracks:</p> <ol style="list-style-type: none"> <li>1. Monthly logging of K9 deployments, successful detection alerts, and the exact volume/weight of illicit opioids removed from circulation.</li> <li>2. Tracking the number of individuals encountered during operations who are successfully offered warm handoffs to peer recovery</li> </ol> |
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|    |                                                                                                                                        | <p>navigators, treatment providers, or harm reduction support.</p> <p>3. Maintaining inventory logs of prevention materials distributed to families during K9 outreach events, alongside tracking year-over-year changes in local CAD/dispatch overdose incident calls.</p> |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                             | 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). | <p>Diversion and Re-entry Support;</p> <p>Primary Prevention, Education, and Training;</p> <p>Recovery Supports;</p> <p>Wraparound and Connected Care Supports</p>                                                                                                          |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                             | <p>Connections to Care,</p> <p>Prevent Overdose Deaths and Other Harms (Harm Reduction),</p> <p>First Responders</p>                                                                                                                                                        |

|    |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 20 | <p>Describe 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> | <p>This program addresses Opioid Use Disorder (OUD) and co-occurring substance use and mental health conditions through an integrated model of Evidence-Informed Supply Reduction, Law Enforcement-Assisted Deflection (LEAD), and Community Protective Factor Building—aligning with public safety frameworks established by SAMHSA and the Bureau of Justice Assistance (BJA).</p> <p>1. Supply Interdiction as Overdose Prevention (Evidence-Informed Harm Reduction): Illicit fentanyl, heroin, and counterfeit pressed pills present extreme lethality in minute quantities. Evidence-informed public health models recognize that reducing the street-level availability of illicit synthetic opioids directly lowers community overdose rates and fatal exposures. Utilizing a highly trained K9 unit provides a non-invasive, scientifically validated method for detecting hidden illicit opioids along transit corridors, public facilities, and high-risk spaces before they reach vulnerable end users.</p> <p>2. Law Enforcement-Assisted Deflection (LEAD Framework): Rather than serving solely as a punitive tool, field encounters and detection touchpoints involving the K9 unit serve as immediate, non-punitive entry points for deflection. When individuals experiencing substance use disorders or co-occurring mental health challenges are encountered, handlers can connect individuals directly to peer recovery navigators, municipal</p> |
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|  |  | <p>support services, and community treatment providers.</p> <p>3. Public Education, Stigma Reduction, and Youth Engagement: Positive youth development and strong community-police engagement are core protective factors against early-onset drug misuse. Deploying the K9 unit during public safety demonstrations, school visits, and community forums creates a low-barrier, approachable environment to engage residents. These interactions are paired with the distribution of evidence-based prevention tools and mental health resource guides—destigmatizing help-seeking behaviors and securing homes against misuse.</p> |
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| 21 | <p>Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.</p> | <p>Extraordinary Unspecifiable Services (EUS) Award via Municipal Resolution (pursuant to N.J.S.A. 40A:11-5(1)(a)(ii) and N.J.A.C. 5:34-2.1 et seq.).</p> <p>Description of the Procurement Process</p> <p>EUS Determination &amp; Standards Review: Municipal administration and police leadership determined that acquiring a specialized law enforcement K9, along with handler training and medical/temperament guarantees, qualifies as an Extraordinary Unspecifiable Service due to the highly specialized, technical nature of working dogs and specialized police instruction.</p> <p>Standard Operating &amp; Health Vetting: Program leadership identified certified, highly accredited working-dog vendors capable of providing canines meeting strict New Jersey Attorney General K9 Guidelines, complete with health/hip guarantees and specialized synthetic opioid (fentanyl/heroin) odor-detection training.</p> <p>EUS Certification &amp; Documentation: In compliance with state regulations, an official EUS Statement / Certification was drafted by the purchasing/police department detailing the specialized nature of the service, vendor qualifications, and cost-effectiveness.</p> <p>Township Council/Committee Resolution: The Waterford Township Committee formally voted on and passed a governing body Resolution</p> |
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|    |                                                                                                                        | <p>authorizing the award of an EUS contract without competitive bidding for the purchase, training, and equipping of the K9 unit.</p> <p>Specialized &amp; Non-Standardized Nature of Working Canines: Under New Jersey law, services that are specialized and technical in nature, requiring expertise, extensive training, and proven performance standards (such as working law enforcement canines), cannot be adequately described by standard competitive bidding specifications.</p> |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here. | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | <b>2026 Fiscal Program List</b>                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1  | What is the name/title of the program?                                                                                 | National Night Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                  | Waterford Township Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this               | County or Municipality (including Departments and Municipal Alliances)                                                                                                                                                                                                                                                                                                                                                                                                                      |

|     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|     | program belong? Select all that apply.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4   | What is the primary problem being addressed by this program?                  | Primary prevention, youth engagement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 5   | Briefly describe the program's purpose and key activities.                    | National Night Out serves as a central platform to deploy substance misuse education, distribute lockboxes and drug safe-disposal pouches, and connect residents directly with local prevention coalitions and recovery support services. Attractants such as bounce houses, games, and event giveaways are essential operational components used to maximize attendance, prolong family engagement at educational booths, and create a low-barrier, stigma-free environment for health resource delivery. By co-locating prevention materials and resource personnel alongside family-friendly activities, the municipality creates opportunities to educate parents on secure prescription storage, early warning signs of drug use, and available community support systems. |
| 6   | What is the target population for this program?                               | Children and Young Adults - 0-13 (through 8th grade);<br>Children and Young Adults - 14-18 (high school aged);<br>Members of the General Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)            | 8/5/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 8   | What is the total amount of funding for this program?                         | \$8,624.60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)? | \$8,624.60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 9      | How often is your subdivision disbursing funds to this program?                   | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 8/5/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11     | Choose the duration of the program from the list below.                           | Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11(a). | Choose the duration of the program from the list below. - Others                  | This program runs annually, but it is for one day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 12     | What is the number of unduplicated individuals served by this program?            | 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 13     | What is the intended impact of this program?                                      | <p>1. Maximizing Prevention Reach &amp; Direct Education: The inclusion of family-oriented attractions is strategically designed to attract high-density family attendance. The intended impact is to increase the volume of community members actively engaging with municipal prevention personnel, thereby increasing the distribution of evidence-based materials regarding prescription drug safety/disposal, and local addiction resources.</p> <p>2. Youth Risk Reduction &amp; Protective Factor Enhancement: Intended impact includes fostering positive community-level protective factors. By providing safe, substance-free, social activities for children and teens, the program supports primary prevention strategies that lower the likelihood of early-onset youth substance misuse.</p> <p>3. Stigma Reduction &amp; Early Intervention: Co-locating opioid education and harm reduction resources within a broad, positive community event aims to destigmatize addiction services. The</p> |

|        |                                                                                                                                                        |                                                                                                                                                                                                                                               |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                                                                                                        | intended impact is to make mental health, recovery, and harm reduction information accessible in a comfortable environment, encouraging early intervention and self-referral for individuals and families affected by substance use disorder. |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                               |
|        | Number of participants served:                                                                                                                         | 500                                                                                                                                                                                                                                           |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Others:                                                                                                                                                                                                                                       |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                 | Attendance on the day of the event.                                                                                                                                                                                                           |

|    |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                              | <p>Program Outcomes &amp; Impact:</p> <p>The annual National Night Out prevention initiative aims to achieve three core outcomes:</p> <p>(1) increase public awareness of local substance misuse prevention and recovery resources across a broad demographic</p> <p>(2) lower barriers to safe prescription storage and disposal to prevent home drug diversion</p> <p>(3) strengthen community protective factors for youth through positive, substance-free engagement.</p> <p>Measurement &amp; Tracking Plan: Event staff will track the estimated number of attendees who interact with the volunteers and receive resource giveaways to measure engagement density.</p> |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                             | 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;<br>Wraparound and Connected Care Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                             | Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| 20 | <p>Describe 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> | <p>Program Approach &amp; Evidence-Based Strategy:</p> <p>This program addresses Opioid Use Disorder and co-occurring substance use and mental health conditions through Primary Prevention, Universal Community Outreach, and Harm Reduction. While traditional interventions focus on post-diagnosis treatment, this initiative targets the root drivers of substance use by delivering primary prevention and resource navigation directly to families in a low-barrier, stigma-free environment.</p> <p>1. Building Youth Protective Factors (Primary Prevention): Evidence shows that positive community engagement and prosocial activities serve as strong protective factors against early-onset youth drug misuse and mental health struggles. Utilizing family-focused attractions (such as bounce houses, interactive games, and promotional educational tools) maximizes event attendance, prolongs family stay-time, and creates positive touchpoints between youth, local law enforcement, and public health partners.</p> <p>2. Safe Storage &amp; Diversion Prevention (Evidence-Informed Harm Reduction): A primary vector for initial opioid exposure—particularly among youth—is unmonitored home medicine cabinets. Through event handouts and direct booth interactions, the program distributes evidence-informed prevention information. Educating parents on secure storage/disposal directly</p> |
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|  |  | <p>disrupts the pipeline of prescription misuse and accidental ingestion.</p> <p>3. Destigmatization &amp; Integrated Resource Connection (Co-Occurring Conditions): Substance use disorders frequently co-occur with untreated mental health conditions. By co-locating mental health literature, local helpline contacts, and peer recovery support networks alongside positive community festivities, the program reduces the social stigma associated with seeking help. This setup facilitates "warm handoffs" and early self-referrals for individuals or family members experiencing mental health challenges or early stages of substance misuse before an acute crisis occurs.</p> |
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| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | <p>The municipality follows informal competitive quotation processes when necessary, which is governed by the Local Public Contracts Law. Program coordinators identified required event assets and educational materials. In compliance with local purchasing regulations, written price quotations were solicited from multiple qualified commercial vendors. Quotes were evaluated for price competitiveness, item quality, vendor responsiveness, and delivery capacity. Following vendor selection, a formal municipal Purchase Order was encumbered against the allocated opioid settlement fund balance. Receipt of goods and services is verified by program staff prior to final invoice payment. This procurement method was selected because the total expenditure for event supplies and family attraction rentals falls below formal public bidding and pay to play statutory thresholds. Utilizing contracted vendors (state, co-op) and competitive direct quotations ensures full compliance with municipal financial standards.</p> |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Subdivision: Winslow Township    |                                                                                                                                                                                                                                      |                                                                                |
|                                  | State ID:                                                                                                                                                                                                                            | NJ258                                                                          |
|                                  | County Name:                                                                                                                                                                                                                         | Camden                                                                         |
|                                  | Address:                                                                                                                                                                                                                             | 125 South Route 73, Braddock, New Jersey, 08037                                |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Steve Dringus                                                                  |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:sdringus@winslowtownship.com">sdringus@winslowtownship.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                                |
|                                  |                                                                                                                                                                                                                                      |                                                                                |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$97,557.91                                                                    |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                         |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$364,242.29                                                                   |
| 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 is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$68,460.84                                                                    |

|     |                                                                                                                                                               |                                                                                                                                                                                                         |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                                                                                                                                         |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$33,195.00                                                                                                                                                                                             |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                                                                  |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                                                                         |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | N/A-none                                                                                                                                                                                                |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$188,445.87                                                                                                                                                                                            |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | 24/7/365 hotline for services.<br>Provide connections care.<br>Prevent overdose harms and deaths.<br>Supporting individuals in recovery.<br>Provide education and awareness and on the use of naloxone. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | Governing body of the Township based upon recommendations from administration, Police Department, and community leaders.                                                                                |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?            | Governing body of the Township based upon recommendations from administration, Police Department, and community leaders.                                                                                |

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|     | <p>List all that apply, including, but not limited to, the following:</p> <p>(1) Any evidence-based or evidence-informed practices or strategies;</p> <p>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;</p> <p>(3) A needs assessment;</p> <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> |                                                                                                                          |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                  | Yes                                                                                                                      |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Governing body of the Township based upon recommendations from administration, Police Department, and community leaders. |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3 - 5 years                                                                                                              |
| 15  | <p>Does your subdivision have a strategic plan regarding the use of opioid abatement funds?</p> <p>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a</p>                                                                                                                                                                                                                                                                                                                                       | No, but we plan to in the future                                                                                         |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No, but we plan to in the future                                                                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |

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| 17 | <p>Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?</p> <p></p> <p>A) For new programs, use the "Add Program" tab to report on each new program.</p> <p>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.</p> <p></p> <p>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds.</p> | Yes                                                  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |
| 1  | What is the name/title of the program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Project Graduation                                   |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Winslow Township School District                     |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Schools, Colleges, Universities                      |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Alcohol/Drug Free Graduation Event                   |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Alcohol/Drug Free Graduation Event                   |
| 6  | What is the target population for this program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Children and Young Adults - 14-18 (high school aged) |
| 7  | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6/10/2026                                            |

|     |                                                                                                                                                        |                                                                                   |
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| 8   | What is the total amount of funding for this program?                                                                                                  | \$1,605.00                                                                        |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$1,605.00                                                                        |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                            |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                                                          |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 6/10/2026                                                                         |
| 11  | Choose the duration of the program from the list below.                                                                                                | 4-5 years                                                                         |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 250                                                                               |
| 13  | What is the intended impact of this program?                                                                                                           | Dangers of opioid use and training on use of naxolone.                            |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                   |
|     | Number of participants served:                                                                                                                         | 250                                                                               |
|     | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                              | 200 naxolone kits                                                                 |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                          |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | Dangers of opioid use and training on use of naxolone.                            |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | 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;<br>Wraparound and Connected Care Supports |
| 19  | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                             | Connections to Care,<br>Prevent Misuse of Opioids,<br>Training                    |

|    |                                                                                                                                                                                                          |                                                    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 20 | Describe 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. | Training and education                             |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | Venue for Project Graduation                       |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                    |
|    |                                                                                                                                                                                                          |                                                    |
|    |                                                                                                                                                                                                          |                                                    |
|    | <b>2024 Fiscal Program List</b>                                                                                                                                                                          |                                                    |
| 1  | Program Name/Title                                                                                                                                                                                       | PATH to RTecovery & Wellness                       |
| 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 (7/1/2025 - 6/30/ 2026)                                                                                                                                         | \$66,855.84                                        |
| 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:                                                                                                                                                                           | 250                                                |
|    | Reduction in opioid-related incidents:                                                                                                                                                                   | Yes                                                |
|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                                                | 1,200 Naxolone Kits                                |
|    | Number of training/education sessions:                                                                                                                                                                   | 11                                                 |
|    | Number of services provided/encounters:                                                                                                                                                                  | 16                                                 |
|    | Increased community awareness (please describe):                                                                                                                                                         | Community advertisements and awareness trainings   |
|    | Number of referrals to treatment                                                                                                                                                                         | 5                                                  |
|    | Other:                                                                                                                                                                                                   | Naxlone Trainings(how to recognize and administer) |

|   |                                                                                                                  |           |
|---|------------------------------------------------------------------------------------------------------------------|-----------|
| 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 :                                                                                              | 8/31/2026 |