

# **CUMBERLAND COUNTY**

## **2026 OPIOID ABATEMENT REPORT**

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| Subdivision: Cumberland County   |                                                                                                                                                                                                                                      |                                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ39                                                                                   |
|                                  | County Name:                                                                                                                                                                                                                         | Cumberland                                                                             |
|                                  | Address:                                                                                                                                                                                                                             | 70-74 W. Broad Street, Bridgeton, NJ 08302, Bridgeton, New Jersey, 08302               |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Melissa Niles                                                                          |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:melissani@cumberlandcountynj.gov">melissani@cumberlandcountynj.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)?                                                                                        | \$328,433.92                                                                           |
| 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?                                                                                | \$2,054,955.22                                                                         |
| 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 include dollars and cents (e.g., 100.23):                                 | \$68,856.82                                                                            |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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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?                                                                                                              | \$1,983,245.19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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)?                                                                                   | SFY26 Overarching goals are to continue to carefully steward the funding. Multiple initiatives are simultaneously being operationalized by the state and other sources not affiliated with the County of Cumberland. The County Opioid Advisory Council (OAC) made formal recommendations for allowable use of funding to the appointing authorities during SFY26; however, did not yield the anticipated outcome(s). There is approval from the appointing authority to move forward with major initiatives to commence FY27. |

|    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 County of Cumberland Business Administrator, Deputy Administrator, Commissioner Director and 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)?                                                                                                                           | (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 (the county) subdivision is a signatory: - \$68,856.82 was spent to install camera equipment in the county correctional facility medical withdrawal management suite to ensure inmate safety while the next steps in their plan of care commence (i.e. Suboxone, Methadone, etc. induction, resumption or stabilization). |
|    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|    | 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 | <p>Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?</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>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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Equipment - Cameras for the withdrawal suites in the county jail       |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Safeware; GM White Electrical Contractors                              |
| 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) |

|     |                                                                                                                                                        |                                                                                                                                                                                                                                                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4   | What is the primary problem being addressed by this program?                                                                                           | Risk of suicide while withdrawing in the county jail                                                                                                                                                                                                     |
| 5   | Briefly describe the program's purpose and key activities.                                                                                             | Cumberland County Department of Corrections was awarded funds to install cameras in a withdrawal suite in the jail in order to be able to monitor patients who are going through withdrawal. The cameras will allow twenty-four/seven safety monitoring. |
| 6   | What is the target population for this program?                                                                                                        | Individuals involved with the Criminal Justice System                                                                                                                                                                                                    |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 4/15/2026                                                                                                                                                                                                                                                |
| 8   | What is the total amount of funding for this program?                                                                                                  | \$68,856.82                                                                                                                                                                                                                                              |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$28,930.00                                                                                                                                                                                                                                              |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$39,926.82                                                                                                                                                                                                                                              |
| 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.)                                                                                   | 6/30/2026                                                                                                                                                                                                                                                |
| 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?                                                                                 | 365                                                                                                                                                                                                                                                      |
| 13  | What is the intended impact of this program?                                                                                                           | Reduce risk of suicide in inmates who are detoxing from opioids in the Cumberland County jail.                                                                                                                                                           |
| 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:                                                                                                                                                 | Zero suicides of inmates housed in the withdrawal management suite in the county jail.                                                                                                                                                                   |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                  |
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| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Quarterly                                                                                                                                                                                                                                                                        |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Prevent suicide and allow for stabilization of inmate/patient which will hopefully lead towards acceptance of MOUD/MAT or a recovery program of the inmate/patient's choice.                                                                                                     |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Diversion and Re-entry Support                                                                                                                                                                                                                                                   |
| 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>Others                                                                                                                                                                                                                                |
| 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, 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. | This is not a program. It is a one-time award to install cameras to monitor inmates/patients for safety while housed in a withdrawal management suite within the county jail.                                                                                                    |
| 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.                                | Both vendors (Safeware - CCTV; GM White - Electrical Contractor) were procured via Local Public Contracts Law , N.J.S.A. 40A:11, and its implementing rules in N.J.A.C. 5:34, administered by the NJ Department of Community Affairs (DCA) Division of Local Government Services |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   | No further information.                                                                                                                                                                                                                                                          |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                              |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Subdivision: Bridgeton City      |                                                                                                                                                                                                                                      |                                                                              |
|                                  | State ID:                                                                                                                                                                                                                            | NJ20                                                                         |
|                                  | County Name:                                                                                                                                                                                                                         | Cumberland                                                                   |
|                                  | Address:                                                                                                                                                                                                                             | 181 E Commerce Street, Bridgeton,<br>New Jersey, 08302                       |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Dianilda Torres                                                              |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:Dtorres@cityofbridgeton.com">Dtorres@cityofbridgeton.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)?                                                                                        | \$69,251.53                                                                  |
| 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?                                                                                | \$433,295.01                                                                 |
| 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):                                 | \$272,594.46                                                                 |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | 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?                                                                                                              | \$181,715.94                                                                                                                                                                                     |
| 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 provide financial support for evidenced-based services and evidenced-based withdrawal protocols, provide financial support for treatment and recovery services for persons seeking treatment. |
| 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 officials involved in deciding how to spend opioid abatement funds included the Municipal Administrator, CFO, Police Chief, and Chief EMT with the support of the Mayor and Council members. |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current                                                                                                                                    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022,                                                                                     |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|    | reporting period (7/1/2025 - 6/30/2026)?<br><br><div></div> List all that apply, including, but not limited to, the following:<br><div></div> (1) Any evidence-based or evidence-informed practices or strategies;<br>(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;<br>(3) A needs assessment;<br>(4) A strategic plan; and/or<br>(5) An epidemiological analysis; | Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries. |
| 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                                                                                                             |
| 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><br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                                                                                                                                                                                                                                           | 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. |                                                                                                                                                               |
|       |                                                                                                                                                                                                                        |                                                                                                                                                               |
|       |                                                                                                                                                                                                                        |                                                                                                                                                               |
|       |                                                                                                                                                                                                                        |                                                                                                                                                               |
|       | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                                                               |
| 1     | What is the name/title of the program?                                                                                                                                                                                 | Collaboration with All For You Medical Transportation Co & South Jersey Drug Treatment                                                                        |
| 2     | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | All for You Medical Transportation Company                                                                                                                    |
| 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);<br>Others                                                         |
| 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                                                               | Medical Transport Company                                                                                                                                     |
| 4     | What is the primary problem being addressed by this program?                                                                                                                                                           | Provide financial support for Bridgeton residents lacking insurance and/or financial means who seek treatment for Opioid and/or other Substance Use Disorders |

|        |                                                                                                                                                        |                                                                                                                                              |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 5      | Briefly describe the program's purpose and key activities.                                                                                             | Assist Bridgeton City residents transportation to the South Jersey Treatment Center in order to receive various treatments and programs      |
| 6      | What is the target population for this program?                                                                                                        | Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals who Use Drugs                                                           |
| 7      | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 7/15/2025                                                                                                                                    |
| 8      | What is the total amount of funding for this program?                                                                                                  | \$11,976.00                                                                                                                                  |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$11,976.00                                                                                                                                  |
| 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                                                                               | Monthly                                                                                                                                      |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 8/7/2025                                                                                                                                     |
| 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                                                                                       | Contingent on Opioid Funding                                                                                                                 |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 7                                                                                                                                            |
| 13     | What is the intended impact of this program?                                                                                                           | To support City of Bridgeton residents, receive the necessary recovery treatment programs and services addressing substance misuse, 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:                                                                                                                         | 7                                                                                                                                            |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |
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| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Monthly                                                                                                                                                                                                                                          |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Secure reliable daily transportation from home to the South Jersey Drug Treatment Center to diminish the challenge and obstacle for Bridgeton City residents to successful treatments                                                            |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Treatment                                                                                                                                                                                                                                        |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Recovery Supports                                                                                                                                                                                                                                |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Treat Opioid Use Disorder (OUD), Support People in Treatment and Recovery                                                                                                                                                                        |
| 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. | Assist the City of Bridgeton residents receive the necessary transportation for successful treatments and programs offered at the South Jersey Drug Treatment Center in order to receive daily and weekly Medication-Assisted Treatments (MAT's) |
| 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.                                | An Agreement adopted by City Council                                                                                                                                                                                                             |
| 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                                                                                                                                                                                       | Recovery Centers of America                                                                                                                                                                                                                      |
| 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)                                                                                                             | \$260,618.46                                                            |
| 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:                                                                                                                                               | 7                                                                       |
| 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                                                                                                                                                           | Recovery Outreach Ambassadors (ROA)                                     |
| 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 (7/1/2024 - 6/30/ 2025)                                                                                                             | \$0.00                                                                  |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                         |
|   | Number of participants served:                                                                                                                                               | 59                                                                      |
|   | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                    | 24 naloxone doses (funded via State EMS agencies to our EMS Department) |
|   | Increased community awareness (please describe):                                                                                                                             | 15 "knock & talk contacts                                               |
|   | Number of referrals to treatment                                                                                                                                             | 5                                                                       |
| 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                                                                |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                                      |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Subdivision: Millville City      |                                                                                                                                                                                                                                      |                                                                                      |
|                                  | State ID:                                                                                                                                                                                                                            | NJ139                                                                                |
|                                  | County Name:                                                                                                                                                                                                                         | Cumberland                                                                           |
|                                  | Address:                                                                                                                                                                                                                             | Finance Office,12 S. High Street, PO Box 609, City of Millville, New Jersey, 08332   |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Trisha McGahhey                                                                      |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:trisha.mcgahhey@millvillenj.gov">trisha.mcgahhey@millvillenj.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)?                                                                                        | \$79,853.19                                                                          |
| 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?                                                                                | \$483,181.75                                                                         |
| 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                                                                           | \$21,100.00                                                                          |

|     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                          |
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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)? | \$7,960.00                                                                                                                                                                                                                                                                                                                                                                               |
| 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).                                       | Coordinator pay per month for hours spent as a bridge between Municipal Alliance grant program and the Millville Board of Education and coordination Peer Leader program previously funded through DMHAS/Municipal Alliance funding. Specifically geared towards implementing and supporting opioid education in the schools and in conjunction with existing grant and school programs. |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$513,093.89                                                                                                                                                                                                                                                                                                                                                                             |

|    |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)?                                                                                                            | Peer Leadership conference has been an established program, generally funding with Municipal Alliance grant funds. Since this portion of funding is no longer available, it seemed beneficial to use opioid funding to continue this education and knowledge-based program for eligible high school students. Funding is also being used in conjunction with the Board of Education to provide educational and leadership programming with the schools. |
| 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)?                                                                                                                           | Prior City Commission approved the use of funds to help offset need for continued anti-drug education with school age children.                                                                                                                                                                                                                                                                                                                         |
| 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)?                                                                                                                    | evidence based as education and awareness with our school age children is still a heavy need within the community                                                                                                                                                                                                                                                                                                                                       |
|    |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | 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;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|    |                                                                                                                                                                                                                                                                              |             |
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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? | No          |
| 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          |
|    | 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.                                                       |             |

|       |                                                                                                                                                 |                                                                                                               |
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|       |                                                                                                                                                 |                                                                                                               |
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|       |                                                                                                                                                 |                                                                                                               |
|       | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                               |
| 1     | What is the name/title of the program?                                                                                                          | Municipal Alliance Program Assistance                                                                         |
| 2     | List all agencies, organizations, or entities that received funding for this program.                                                           | Municipal Alliance Program                                                                                    |
| 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)                                        |
| 4     | What is the primary problem being addressed by this program?                                                                                    | anti-drug and substance abuse education for school age children                                               |
| 5     | Briefly describe the program's purpose and key activities.                                                                                      | anti-drug and substance abuse education for school age children                                               |
| 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.)                                                                              | 12/3/2025                                                                                                     |
| 8     | What is the total amount of funding for this program?                                                                                           | \$10,340.00                                                                                                   |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$10,340.00                                                                                                   |
| 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                                                                        | when events incur                                                                                             |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                            | 12/3/2025                                                                                                     |
| 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?                                                                                                                                   | 15                                                                                                                                 |
| 13 | What is the intended impact of this program?                                                                                                                                                             | 15 students were taken to the NJ State Elks Peer Leadership annual conference                                                      |
| 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:                                                                                                                                                                           | 15                                                                                                                                 |
| 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 takes underprivileged school age children to a weekend seminar event to continue education of drug/substance awareness |
| 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.                                                                                               | Leadership, Planning and Coordination                                                                                              |
| 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. | education to school age children about use of opioid and other substance 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.                                | purchase orders to conference and coordinator                                                                                      |

|    |                                                                                                                                                                              |                                         |
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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.                                                       |                                         |
|    |                                                                                                                                                                              |                                         |
|    |                                                                                                                                                                              |                                         |
|    | <b>2025 Fiscal Program List</b>                                                                                                                                              |                                         |
| 1  | Program Name/Title                                                                                                                                                           | Millville Board of Education Mini Grant |
| 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)                                                                                                             | \$10,760.00                             |
| 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:                                                                                                                                               | 542                                     |
| 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                                |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                      |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Subdivision: Vineland City       |                                                                                                                                                                                                                                      |                                                                      |
|                                  | State ID:                                                                                                                                                                                                                            | NJ235                                                                |
|                                  | County Name:                                                                                                                                                                                                                         | Cumberland                                                           |
|                                  | Address:                                                                                                                                                                                                                             | 640 E Wood St, Vineland, NJ, New Jersey, 08360                       |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Emma Lopez                                                           |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:elopez@vinelandcity.org">elopez@vinelandcity.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)?                                                                                        | \$166,506.53                                                         |
| 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?                                                                                | \$1,046,105.14                                                       |
| 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):                                 | \$1,241.00                                                           |

|     |                                                                                                                                                               |                                                                            |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|     | 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)? | \$564,596.92                                                               |
| 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).                                       | No administrative expenses were spent during the current reporting period. |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$976,756.57                                                               |

|    |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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>The City of Vineland's overarching goal for opioid abatement funding remained to reduce opioid-related overdoses and deaths by strengthening programs and services that prevent opioid misuse, support treatment, and promote long-term recovery. The City continues to value evidence-based prevention, education, collaboration, and expanding access to resources for individuals and families affected by opioid use disorder.</p> <p>The City's strategies include:<br/> Raising public awareness of opioid misuse and available resources.<br/> Broadening access to prevention, treatment, and recovery services.<br/> Expanding opportunities for education and training.<br/> Providing prevention resources and increasing community outreach.<br/> Supporting treatment programs and recovery resources.<br/> Expanding warm hand-off and recovery support initiatives.</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, Chief Financial Officer, Health Department Officials</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>The City relied on evidence-based educational practices to support participation in the Overdose Lifeline Train-the-Trainer program. The training was selected to build internal capacity to provide community education on opioid misuse, reduce stigma associated with substance use disorder, and increase awareness of the opioid public health crisis. The City also ensured that the training</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> | aligned with the approved opioid remediation uses identified in Schedule B of the January 28, 2022 Memorandum of Agreement between the State of New Jersey and Local Governments on Opioid Litigation Recoveries.                                                                                                                              |
| 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.                                                                                                                                                                                                                                                                                                                     | Yes. The City of Vineland engages stakeholders through its Municipal Alliance Committee, where opioid abatement funding plans and related prevention initiatives are discussed and reviewed. The Committee provides an opportunity for community partners and stakeholders to provide input regarding opioid prevention and education efforts. |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                           | 1 - 2 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 | 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                                                                                                                                                                                                     | Overdose Lifeline                   |
| 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 staff member previously trained to deliver the City's Overdose Lifeline educational programs resigned during the reporting period. To ensure continuity of the program and strengthen its long-term sustainability, two additional staff members completed Overdose Lifeline's Train-the-Trainer courses, including Removing the Shame and Stigma of Addiction/Substance Use Disorder and The Opioid Public Health Crisis. This expanded the City's internal capacity to provide education on reducing stigma associated with substance use disorder and increasing community awareness of the opioid public health crisis, helping ensure the program can continue without reliance on a single trainer. |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$1,241.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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 training/education sessions:                                                                                                                                       | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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 :                                                                                                                                                          | 8/28/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |