

Opioid Settlement Funding Report		
Subdivision: Elizabeth City		
	State ID:	NJ54
	County Name:	Union
	Address:	410 Rosehill Place, Elizabeth, New Jersey, 07202
	Subdivision Contact Name:	Stephanie Clervoyant-Noel
	Subdivision Contact Email:	stephanie.clervoyant-noel@elizabethnj.org
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)?	\$254,623.62
2	What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):	\$3,385.96
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?	\$1,360,994.10
4	As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:	We are a municipality and did not transfer our funds
5	What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?	
6	What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please	\$44,490.69

	include dollars and cents (e.g., 100.23):	
	You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.	
7	What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?	\$1,078.00
8	What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?	\$0.00
	You must also provide details about administrative expenses in Question 8a below.	
8a.	Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).	N/A
9	What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?	\$1,459,177.97
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)?	During this reporting period, our opioid abatement strategy was grounded in a single overarching goal: to interrupt the pathway to substance use disorder before it begins, by investing in the young people who are most at risk and least served by traditional treatment systems.
11	Which official(s) were involved in deciding how to spend opioid abatement funds during the current	The Director of Health and Human Services and the City Council.

	reporting period (7/1/2025 - 6/30/2026)?	
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)? 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;	Evidence based programming and Schedule B
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.	Our funds were used to support initiatives proposed by residents and other stakeholders who are participants in our Mayor's Wellness Committee, Overdose fatality Review team and Municipal Alliance Committee. These groups convene

		monthly to provide insights and offer ideas.
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? If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a	Yes
15a	Can we post your strategic plan online?	No
16	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
17	Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)? 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.	Yes

	2026 Fiscal Program List	
1	What is the name/title of the program?	LEAD
2	List all agencies, organizations, or entities that received funding for this program.	Elizabeth Police Department
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	County or Municipality (including Departments and Municipal Alliances)
4	What is the primary problem being addressed by this program?	Youth substance misuse and the risk of opioid and drug use.
5	Briefly describe the program's purpose and key activities.	The L.E.A.D. Program provides youth with substance misuse prevention education, decision-making skills to avoid opioid dependency
6	What is the target population for this program?	Children and Young Adults - 0-13 (through 8th grade)
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	1/30/2026
8	What is the total amount of funding for this program?	\$2,568.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$2,568.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	1/30/2026
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?	120

13	What is the intended impact of this program?	Increase youth awareness of the dangers of opioid and substance misuse.
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:	120
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?	Increase youth knowledge and prevention skills. measured by pre/post surveys
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.	Prevent Misuse of Opioids
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.	Provide age-appropriate substance misuse prevention education, skill-building, positive decision-making
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	The city of Elizabeth Procurement process includes pre approvals by the Director of HHS and purchasing agent
22	If you would like to provide any additional details about this	

	program not already included above, you may do so here.	
	2026 Fiscal Program List	
1	What is the name/title of the program?	Overdose Fatality Review Team
2	List all agencies, organizations, or entities that received funding for this program.	City of Elizabeth Dept of Health and Human Services
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?	Opioid overdose fatality-Settlement funds purchased meeting owl software and hardware to enable remote attendance at meetings.
5	Briefly describe the program's purpose and key activities.	The purpose OFRT is to conduct confidential, multidisciplinary reviews of drug overdose deaths.
6	What is the target population for this program?	First Responders, Law Enforcement and other Emergency Responders; Healthcare Personnel and Workforce; Members of the General Public
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	2/2/2026
8	What is the total amount of funding for this program?	\$2,156.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$2,156.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	5/1/2026

11	Choose the duration of the program from the list below.	5+ years
12	What is the number of unduplicated individuals served by this program?	100
13	What is the intended impact of this program?	Identify system gaps-find missed opportunities for intervention and recommend prevention strategies
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:	meetings attended by members
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?	Decreased opioid fatalities
17	Primary Category (Please select the category that fits the primary focus of this program):	Harm Reduction and Overdose Prevention
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Primary Prevention, Education, and Training
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Prevent Overdose Deaths and Other Harms (Harm Reduction) ,Research
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Information provided and discussed online by collaborating organizations
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement	City of Elizabeth Department of Purchasing approves all purchasing and payments to consultants

	method identified was used for this program.	
22	If you would like to provide any additional details about this program not already included above, you may do so here.	
	2026 Fiscal Program List	
1	What is the name/title of the program?	Opioid Awareness Education & Prevention Services
2	List all agencies, organizations, or entities that received funding for this program.	City of Elizabeth - Building Future Leaders Youth 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?	The program addresses opioid and substances misuse among youth by providing prevention education.
5	Briefly describe the program's purpose and key activities.	The program promotes healthy choices through opioid prevention education & positive engagement
6	What is the target population for this program?	Children and Young Adults - 14-18 (high school aged); Children and Young Adults - 19-24 (post-grad through college); Others
6(a).	What is the target population for this program? - Others	Community Workers
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	11/20/2025
8	What is the total amount of funding for this program?	\$10,892.04
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$10,892.04

8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	11/10/2025
11	Choose the duration of the program from the list below.	Less than 1 year
12	What is the number of unduplicated individuals served by this program?	85
13	What is the intended impact of this program?	To increase awareness of opioid risks, help youth make informed and make healthy decisions, and create a more informed and prepared community capable of prevention opioid misuse.
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:	85
	Number of training/education sessions:	7
	Number of services provided/encounters:	2
15	How frequently are you measuring the key performance indicators listed above?	Others:
15(a).	How frequently are you measuring the key performance indicators listed above? - Others	At each session
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	increased opioid awareness and prevention knowledge will be measured through participant feedback, pre- and post-assessments, and observing changes in their understanding and ability to apply what they learned. Staff ability to recognize signs of opioid misuse measured by staff referrals and

		appropriate response to opioid use and/or emergency.
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.	Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction), Training
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Uses prevention education, positive youth development and healthy coping strategies to reduce opioid misuse
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	The City of Elizabeth uses a purchase order process that includes pre approval from the program supervisor, director of health and human services and purchasing agent.
22	If you would like to provide any additional details about this program not already included above, you may do so here.	
	2026 Fiscal Program List	
1	What is the name/title of the program?	NJ HEALTHY AGING SUMMIT: OPIOID SAFETY & ALTERNATIVES

2	List all agencies, organizations, or entities that received funding for this program.	City of Elizabeth - Division on Aging
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?	Opioid Prescribing trends and increased risk of dependency, guidelines for safe use storage and disposal
5	Briefly describe the program's purpose and key activities.	Promoting safer alternatives for pain management, accessing resources and services.
6	What is the target population for this program?	Others
6(a).	What is the target population for this program? - Others	Senior citizens 55+
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	9/26/2025
8	What is the total amount of funding for this program?	\$1,995.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$1,995.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	9/26/2025
11	Choose the duration of the program from the list below.	One time only
12	What is the number of unduplicated individuals served by this program?	55
13	What is the intended impact of this program?	The programs intents is to promote safe use of opioid in order to prevent addiction.

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:	55
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?	guidelines for safer use, storage and disposal as well as promoting safer alternatives for pain.
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.	Appropriate Opioid Prescribing and Dispensing, Prevent Misuse of Opioids, Training
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	guidelines for safer use, storage and disposal as well as promoting safer alternatives for pain.
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.	City of Elizabeth utilizes a purchase order process, which requires approvals from program supervisors, the Director of HHS and Purchasing agent.
22	If you would like to provide any additional details about this program not already included above, you may do so here.	

	2024 Fiscal Program List	
1	Program Name/Title	Project Recover
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, other modifications/expansions
	2a) If yes, please explain:	This year we added our POP UP Community Engagement: 12 (street corner sessions) o Pop up are a collaboration of community partners who set up tables in areas of high overdose incidents (based on OD mapping) and supply harm reduction tools and brochure information.
3	Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)	\$27,317.32
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:	85
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	· 20 Narcan Lockboxes · 600 Narcan Doses
	Number of training/education sessions:	3
	Increased community awareness (please describe):	Conducted 12 pop up sessions on street corners
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	· POP UP Community Engagement: 12 (street corner sessions) o Pop up are a collaboration of community partners who set up tables in areas of high overdose incidents (based on OD mapping) and supply harm reduction tools and brochure information.
6	Last Updated Date :	8/31/2026

	2023 Fiscal Program List	
1	Program Name/Title	Project Recover
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, other modifications/expansions
	2a) If yes, please explain:	We do not have a risk assesement to date
3	Amount expended in this reporting period (7/1/2022 - 6/30/ 2023)	\$0
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Other:	no risk assesment
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	We do not have a risk assesment to date
6	Last Updated Date :	9/25/2024