mosaic
opioid recovery partnership

From Data to Action: Prioritizing Opioid Abatement Strategies at the Municipal Level

October 20, 2026

Welcome

Welcome to Mosaic's learning opportunity webinar!
Today's session will focus on turning data, such as focus groups, survey data, and the Bureau of Substance Addiction Services (BSAS) Dashboard, into funding decisions.

Agenda:

- Welcome and Housekeeping
- Casey Leon, Bureau of Substance Addiction Services, Massachusetts Department of Public Health
- Jackie Dyson, City of New Bedford
- Kiko Malin, Town of Amherst
- Kathy McDonald, Town of Medfield
- Panel Discussion
- Audience Q&A
- Closing

Housekeeping

- This session is being recorded and will be available at **mosaic.rizema.org** on the Municipal TTA Events page.
- Please submit questions anytime through **Zoom's chat feature**. We will address them during the Q&A portion at the end.
- The Q&A portion of today's meeting will not be recorded.
- At the end of today's session, please fill out the feedback survey.

Learning Objectives

- Identify data on treatment services, substance addiction indicators, and enrollments in BSAS services by demographic and geographic attributes using the **BSAS dashboard**, updated in August 2026.

- Describe practical, low-cost methods for collecting local data, such as surveys and focus groups, to enhance regional or state-level data and describe strategies to build capacity for data collection and analysis.

- Compare different approaches to local data gathering and analysis, including survey design, focus groups, and partnerships with universities or interns, and consider how to right- size options to fit different municipalities' capacity and needs.

- Describe examples of how municipalities translated data findings into an action plan and prioritized funding decisions for opioid abatement dollars.

mosaic

opioid recovery partnership

The goal of the **Mosaic Opioid Recovery Partnership** is to create a pathway of access to apply for funds for both municipalities and community-based organizations, particularly those based in communities that are historically underserved and have experienced a disproportionately high rate of opioid-related overdose deaths.

Massachusetts Department of Public Health DPH

rize massachusetts

Funded by MA Department of Public Health, Bureau of Substance Addiction Services and Powered by RIZE

Meet the TTA Team

RIZE



Liz Whynott
Senior Program Officer/
Western Regional Coordinator



Krystal Mellonakos-Garay
Project Manager



Stephanie Son
Program Coordinator



Haleigh Schultz
Northeast
Regional Coordinator



Caitlyn Winders
Southeast
Regional Coordinator



Ethan Melad
Central/MetroWest
Regional Coordinator

Mass. Association of Health Boards



Cheryl Sbarra

mosaic
opioid recovery partnership

Mosaic Website Memory Wall

Remembering Those We've Lost

Mosaic is grounded in hope, optimism, and opportunity. It is also grounded in the recognition that the settlement funding results from the loss of life and devastation our communities have experienced because of the opioid overdose crisis. In every action we take and every decision we make, we carry the memories of those who have been affected, ensuring their stories guide our work.

Memory Wall



mosaic
opioid recovery partnership

Panelists



Casey Leon
Epidemiologist,
Massachusetts Department
of Public Health



Jaclyn Dyson
Director of Special
Programs and Grants,
City of New Bedford



Kathy McDonald
Director of Health and
Human Services,
Town of Medfield



Kiko Malin
Director of Public Health,
Town of Amherst

mosaic
opioid recovery partnership

Casey Leon, ScD, MPH, Epidemiologist Massachusetts Department of Public Health

mosaic
opioid recovery partnership

New Bedford Health
Prevent. Promote. Protect.

Greater New Bedford OPIOID TASK FORCE

Greater New Bedford Opioid Task Force (GNBOTF): Needs Assessment Overview and Funding Stream Selection

Jaclyn Dyson MSPH, Director of Special Programs and Grants
New Bedford Health Department

October 20, 2026

Our Needs Assessment included:

- The *New Bedford Municipal Opioid Abatement Funds Community Assessment* integrated multiple data sources to ensure recommendations reflected community needs.
- Data Collection Methods:
  - Existing data analysis (BSAS dashboard, census)
  - Community survey (371 participants, multiple languages, priorities for populations/services/gaps)
  - 21 key informant interviews and 11 focus groups
  - GNBOTF Subcommittee engagement: Prevention, Harm Reduction, Treatment, Recovery
  - Reentry survey (26 responses)

Key Findings and Funding Stream Selection

- Funding priorities align with needs assessment findings, state abatement terms, and sustainability goals.
- The needs assessment identified:
  - Critical gaps in housing, basic needs, transportation, harm reduction, navigation
  - Priority populations of people with SUD, unhoused residents, people in recovery, youth
  - Priority pillars of prevention, treatment, recovery, outreach
- We prioritized community engagement at every stage.
- Rationale for three funding streams:
  - Reviewed needs assessment findings with key stakeholders
  - Presented funding stream options to community partners for a vote
  - Built on existing coordinated strength of GNBOTF subcommittees to lead projects
  - Created sustainable and flexible funding mechanisms, to reduce project siloes
  - Allow for both city-led coordination and community-driven solutions

Funding Steams Selected

- Subcommittee Project Grants:
  - Address identified needs by empowering existing GNBOTF Prevention, Harm Reduction, Treatment, and Recovery subcommittees
  - Responds to stakeholder desire for coordinated, non-siloed work
  - Allows rapid response to identified gaps (navigation, harm reduction, youth prevention, basic needs)
- Community Organization Grants (RFP):
  - Responded to survey and qualitative data highlighting local organizations' capacity to serve priority populations
  - Targets the top strategies identified: wrap-around services, treatment/recovery navigations, housing supports, harm reduction, youth prevention
  - Transparent, competitive process that ensures alignment with community priorities
- Coalition and Funds Operations:
  - Responded to survey and Coalition and Funds Operations:
    - Ensure sustained coordination of GNBOTF
    - Supports essential community engagement events (ex Overdose Awareness Day)
    - Covers administrative needs to manage grantmaking and compliance

Thank You!

Please visit our website for more information:

https://gnbotf.org/

New Bedford Health
Prevent. Promote. Protect.

For more information visit our website: https://www.newbedford-ma.gov/health-department/
Join us on Facebook and Instagram: @NewBedfordHealthDepartment

1213 Purchase St
New Bedford, MA 02740
(508) 991-6199

Kiko Malin, MPH, MSW, Director of Public Health Town of Amherst

mosaic
opioid recovery partnership

Medfield Opioid Abatement Funds Community Survey Results Data to Action



Medfield's Estimated Annual Payments

Estimated Annual Payments								
Fiscal Year	Distributors	Janssen*	Teva	Allergan	Walmart	CVS	Walgreens	Total
2023	$ 31,212.56	$ 60,926.73	$ -	$ -	$ -	$ -	$ -	$ 92,139.28
2024	$ 24,805.18	$ -	$ 5,284.23	$ 5,846.97	$ 51,495.28	$ 6,503.07	$ 12,665.64	$ 106,600.37
2025	$ 20,018.73	$ -	$ 5,288.17	$ 5,850.82	$ -	$ 5,184.58	$ 5,036.04	$ 41,378.35
2026	$ 20,018.73	$ 3,072.94	$ 5,288.17	$ 5,850.82	$ -	$ 10,360.95	$ 5,036.04	$ 49,627.66
2027	$ 20,018.73	$ 3,072.94	$ 5,288.17	$ 5,850.82	$ -	$ 10,360.95	$ 5,036.04	$ 49,627.66
2028	$ 7,627.14	$ 3,072.94	$ 5,288.17	$ 5,850.82	$ -	$ 10,360.95	$ 5,036.04	$ 37,236.06
2029	$ 23,544.44	$ 3,912.42	$ 5,288.17	$ 5,850.82	$ -	$ 10,360.95	$ 5,036.04	$ 53,992.84
2030	$ 23,544.44	$ 3,912.42	$ 5,288.17	$ 5,850.82	$ -	$ 9,843.31	$ 7,629.60	$ 56,068.76
2031	$ 23,544.44	$ 3,912.42	$ 5,288.17	$ -	$ -	$ 9,317.46	$ 7,629.60	$ 49,692.09
2032	$ 19,791.48	$ -	$ 5,288.17	$ -	$ -	$ 9,317.46	$ 7,629.60	$ 42,026.71
2033	$ 19,791.48	$ -	$ 5,288.17	$ -	$ -	$ 9,317.46	$ 7,629.60	$ 42,026.71
2034	$ 19,791.48	$ -	$ 5,288.17	$ -	$ -	$ -	$ 7,629.60	$ 32,709.25
2035	$ 19,791.48	$ -	$ 5,288.17	$ -	$ -	$ -	$ 7,629.60	$ 32,709.25
2036	$ 19,791.48	$ -	$ 5,288.17	$ -	$ -	$ -	$ 7,629.60	$ 32,709.25
2037	$ 19,791.48	$ -	$ -	$ -	$ -	$ -	$ 7,629.60	$ 27,421.08
2038	$ 19,791.48	$ -	$ -	$ -	$ -	$ -	$ -	$ 19,791.48
2039	$ 19,791.48	$ -	$ -	$ -	$ -	$ -	$ -	$ 19,791.48
Total	$ 352,666.25	$ 81,882.82	$ 68,742.27	$ 40,951.88	$ 51,495.28	$ 90,927.13	$ 98,882.66	$ 785,548.28

medfield outreach

Subdivision Agreement Strategies

Municipal abatement funds **must** be used to implement any of the authorized strategies set forth in the State-Subdivision Agreement that include:

1. Treatment for opioid use disorder
2. Support for people in treatment and recovery
3. Harm reduction
4. Connections to care
5. Meeting the needs of justice-involved individuals
6. Support for pregnant and parenting individuals and their children
7. Prevention and Prevention Education

https://www.mass.gov/doc/march-4-2022-ma-subdivision-agreement/download

medfield outreach

Data Collection Steps

- Contracted with SAFE Coalition to assist with the initial steps of the work.
- Met with Community Stakeholders
- Offered 3 community listening sessions (2 in-person, 1 virtual)
- Conducted Community Survey - The online survey was available from February 14, 2025 - March 21, 2025.
- Gathered and analyzed current data
- Reported results and communicated findings
- Use findings to guide planning

SAFE Coalition

SAFE is a Franklin, MA based nonprofit organization helping to educate and support those impacted by substance use disorder and mental health concerns. They work closely with neighbors, local businesses, and schools across southeastern Massachusetts to conceive, develop, and deliver programming.

➔ **Why SAFE?**

- Existing working relationship
  - Partner for naloxone trainings
- Partnership with the DA office
- Committed to recovery work
- Responsive and preventative approach
- Currently serves 36 communities throughout Massachusetts

https://www.safecoalitionma.org/

SAFE

YOU ARE NOT ALONE

medfield outreach

Survey Results

Medfield Opioid Survey Results

Gender identity	Number of responses	Percent
Woman	81	79%
Man	19	18%
Non-binary	0	0%
Prefer not to say	3	3%
Total responses	103	

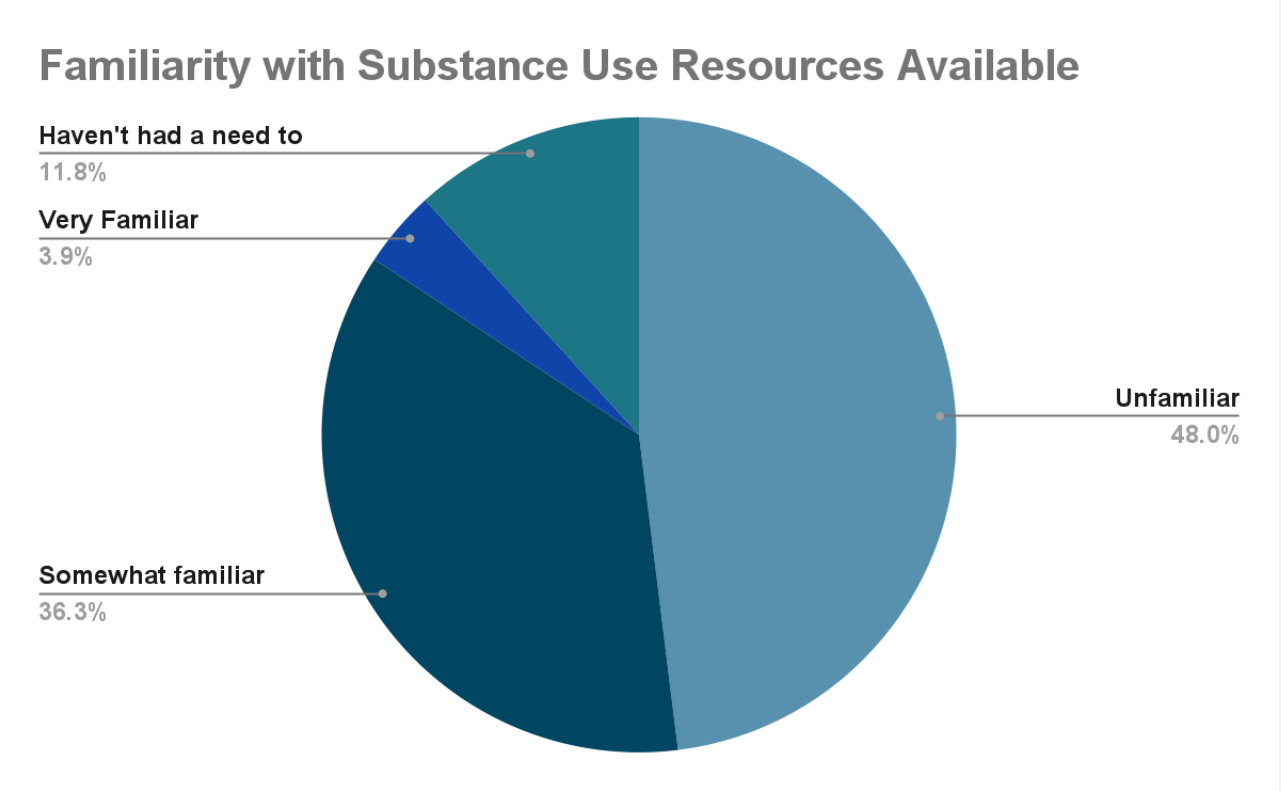
Community Survey Respondents strongly support using Opioid Abatement Funds in 4 Areas:

- **Expand Mental Health Services**
- **Prevention**
- **Harm Reduction**
- **Connections to Care**

medfield outreach

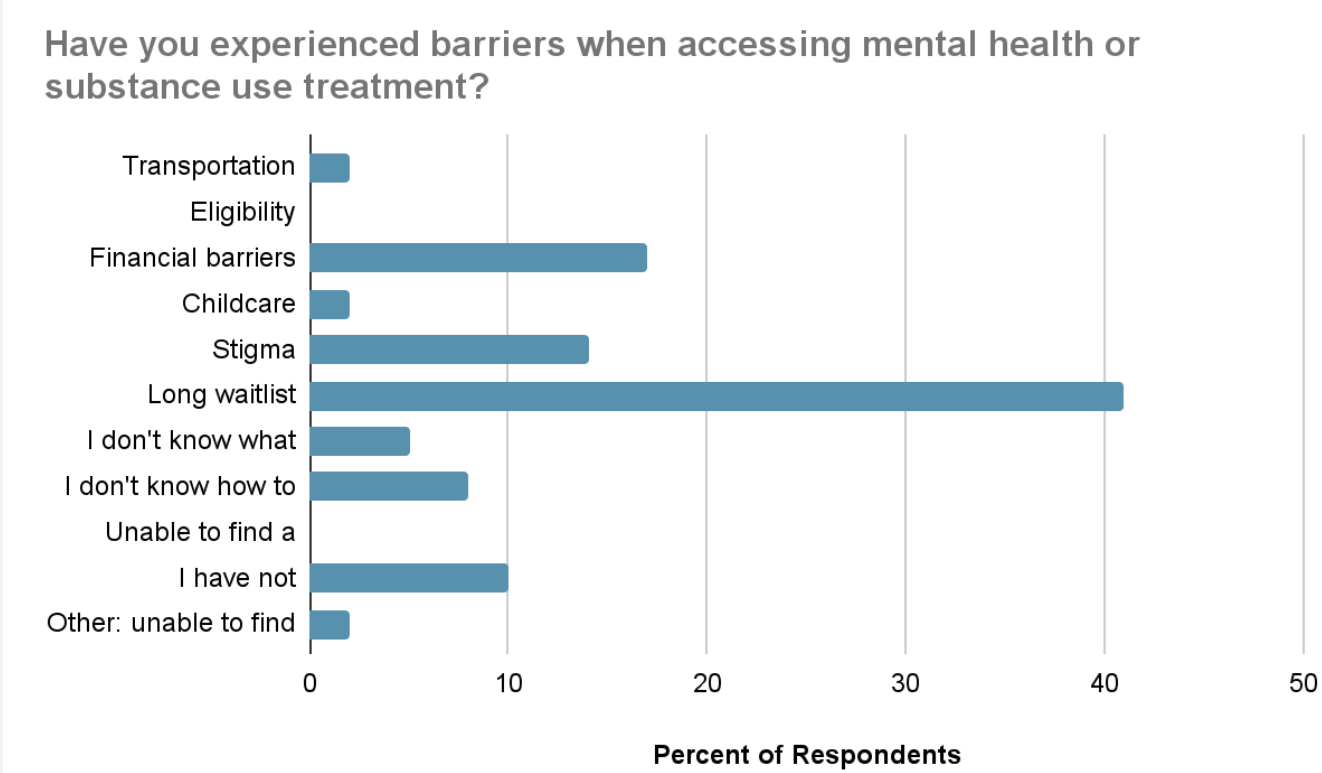
Survey Results

In general, how familiar are you with the resources available in the Medfield area for people using opioids or who are in recovery?



medfield outreach

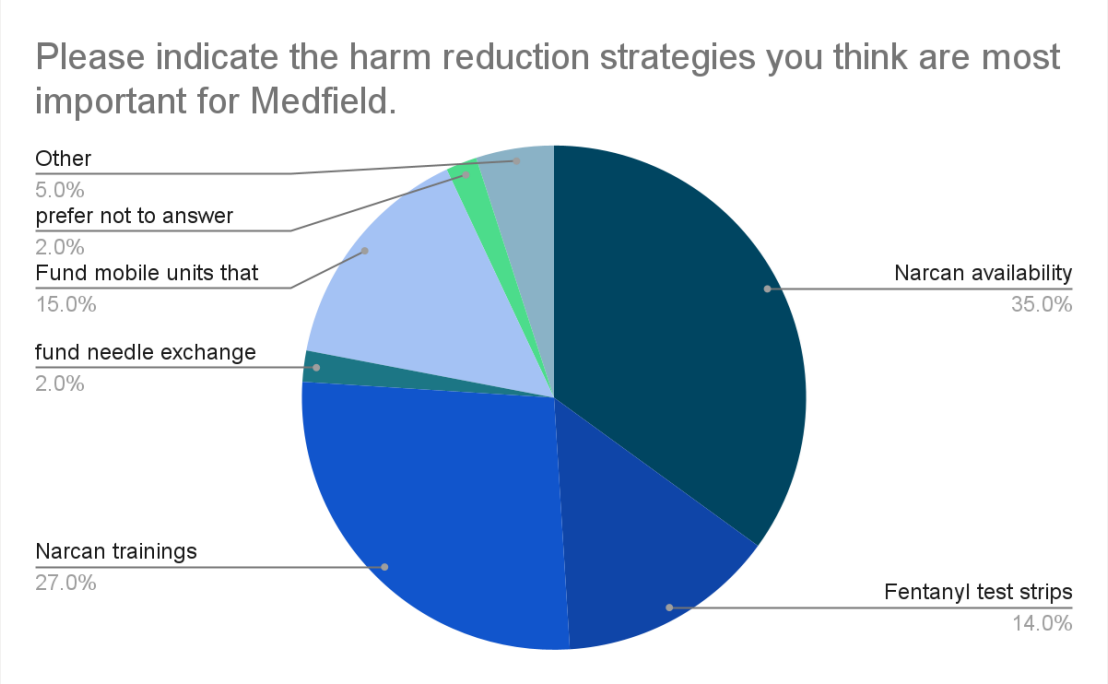
Survey Results



medfield outreach

Survey Results

Harm Reduction



medfield outreach

Survey Results

Please indicate the **prevention and education** strategies that you think are most important for Medfield

Strategy	Number of responses	Percent
Support evidence-based programs that prevent drug misuse in youth	90	25%
Support community-based prevention services for families	64	18%
Fund positive community-building activities	41	11%
Provide access to free mental health counseling	72	20%
Fund positive youth activities	61	17%
Support prevention programs in workplace settings, healthcare settings and community-based settings.	27	8%
Prefer not to answer.	1	<1%

medfield outreach

Subdivision Agreement Strategies

Municipal abatement funds **must** be used to implement any of the authorized strategies set forth in the State-Subdivision Agreement that include:

1. Treatment for opioid use disorder
2. **Support for people in treatment and recovery**
3. **Harm reduction**
4. **Connections to care**
5. Meeting the needs of justice-involved individuals
6. Support for pregnant and parenting individuals and their children
7. **Prevention and Prevention Education**

https://www.mass.gov/doc/march-4-2022-ma-subdivision-agreement/download

medfield outreach

Data Into Action

Support for People in Treatment and Recovery

- Hired a full time social worker to oversee opioid abatement services
- Social worker held regularly scheduled meet and greet drop in office hours for community members at local library
- Expanded mental health services including clinical consultations and counseling for all community
- Social worker being trained to lead a Dual Recovery Anonymous group
- Expanded mental health services at Council on Aging including bereavement groups
- Continue to expand capacity to address SUD/OUD in our community by collaborating with various health and human service departments, first responders and community based organizations that align in these efforts.

https://www.mass.gov/doc/march-4-2022-ma-subdivision-agreement/download

medfield outreach

Data Into Action
Connections to Care

- Build connections to local organizations like Turning Point Peer Recovery Center, SAFE Coalition, Gilly's House, MOAR (Massachusetts Organization for Addiction and Recovery)
- Social worker attends bi-weekly Community meetings at local peer recovery center
- Social worker provides case management for people with lived experience
- Offer a substance use diversion program for teens - iDecide
- Working with high school to implement Youth Mental Health First Aid

https://www.mass.gov/doc/march-4-2022-ma-subdivision-agreement/download

Data Into Action

Harm Reduction

In partnership with DA Morrissey's office: Secured 10 **SamBoxes** for Municipal Departments/Buildings (Dec 2023)

Partnered with SAFE Coalition to offer **Naloxone training** sessions for town staff, local faith communities, and community members

Public Health Nurse became certified Narcan Trainer

Applied to and accepted into the CNP Community Naloxone Program July 2026

Hosting a “Train the Trainer” class in December 2026 to increase access to Narcan Trainings

Partnering with schools to provide Narcan training to high school seniors





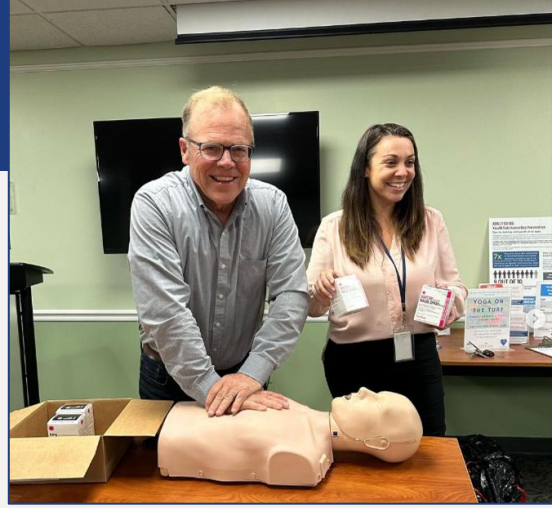


Photo credit: Kate Thomas



medfield outreach

Data into Action

Prevention

- Collaborate with full-time prevention worker in the town to expand prevention programming in the schools and community
- Increase prevention programming to 18+ including college aged students
- Build connection with parents by providing education/resources for youth wellness
- Partner with Public Health Nurse and public library offering monthly Tummy Time class
- Partner with Public Health Nurse to create a postpartum caregiver group
- Social worker participates in MCAP, community based coalition focused on reducing youth substance use
- Collaborate with community based organizations to co-sponsor events that raise awareness, reduce stigma and provide resources for prevention

https://www.mass.gov/doc/march-4-2022-ma-subdivision-agreement/download

medfield outreach

Have Questions??

Please contact us

Kathy McDonald, Director of Health and Human Services

Kim Norgren, Clinician & Prevention/Recovery Coordinator

Medfieldoutreach@medfield.net

508-359-7121



Panel Discussion and Q & A

mosaic
opioid recovery partnership

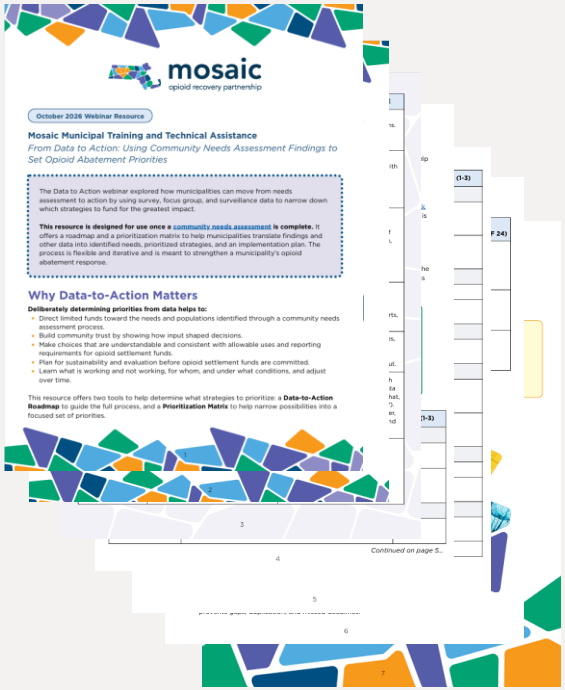
Resources & Ongoing Support

Today's Resources available at
mosaic.rizema.org

Recording | Slide Deck | Webinar Resource

Requests for Training & Technical Assistance?

Submit online or email munitta@rizema.org

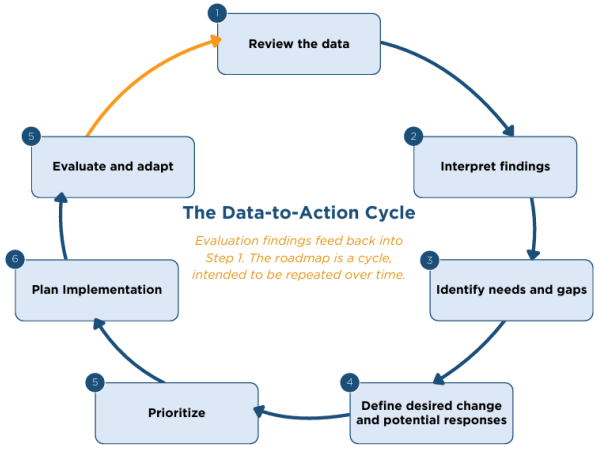


mosaic
opioid recovery partnership

The Data-to-Action Roadmap

The Data-to-Action Roadmap

The roadmap below includes guiding questions, expected outcomes, and suggested participants to involve in each step to turn data into action. Communities may move back and forth between steps as new information emerges.



Refer to Mosaic's Webinar Resource, **"Engaging People with Lived and Living Experience: A Practical Guide for Municipal Leaders Utilizing Opioid Funds"** to learn more about ways to involve people who are most affected by the opioid crisis in the decision-making process.

STEP	KEY QUESTIONS	OUTCOME AND WHO TO INVOLVE
1. Review the data (surveys, focus groups, surveillance data)	What does the data tell us? Where do sources agree or conflict? What are the limits of this data (e.g., who it leaves out, how recent it is, how reliable it is)?	**Outcome:** Findings summary (1–2 pages), that includes data limitations. **Who:** Health department, data partners, program manager.
2. Interpret findings	What feedback do people with lived and living experience (PWLLE), providers, and residents have about the data findings?	**Outcome:** A community feedback summary that pairs data findings with local context. **Who:** PWLLE, community organizations, first responders, providers, residents.
3. Identify needs and gaps	What services exist? What are the gaps?	**Outcome:** A needs and gaps assessment paired with a service inventory or map, such as a table of local services organized by location, target population, and service type (prevention, harm reduction, treatment, or recovery). **Who:** Same group as Step 2.
4. Define desired change and potential responses	What change do we want, which strategies could deliver it, and are they allowable uses of settlement funds?	**Outcome:** List of strategies tied to specific needs. **Who:** Advisory board or decision-making group, subject matter experts, Mosaic Municipal TTA team.
5. Prioritize (using the prioritization matrix)	Which strategies best match the need and can be implemented, measured, and sustained?	**Outcome:** Short list of 3–5 strategies, using the prioritization matrix. **Who:** Advisory board or decision-making group, with community input.
6. Plan implementation	Who will carry it out? What do the timeline, budget, staffing, and reporting require?	**Outcome:** Implementation plan with owners, milestones, budget, and data and reporting plan (who collects what, how often, and when is it reported?). **Who:** Municipality, program manager, implementation partners, finance and legal staff.
7. Evaluate and adapt	What does success look like? What will we track? When will we review results?	**Outcome:** Evaluation plan with indicators (e.g., number of people served, number of referrals) and review dates. **Who:** Advisory board or decision-making group, program manager, partners, community.

mosaic
opioid recovery partnership

The Prioritization Matrix

The Prioritization Matrix

Use this matrix for Step 5 of the data-to-action roadmap. Have the **needs and gaps list** developed during Step 3 and **list of potential strategies** developed during Step 4 ready to help fill out the prioritization matrix.

Stage One: Eligibility Screen (Pass/Fail)

Is the strategy an allowable use of opioid settlement funds? Complete the Pre-Spending Quick Test for Municipal Opioid Abatement Funds to quickly assess whether the proposed expense is allowable. Review the Guidance Document for Municipal Opioid Abatement, which outlines approved strategies, examples, and reporting requirements.

Stage Two: Scoring

For each strategy that passes Stage 1, **give a score from 1 to 3** on every criterion below. Use the "What to consider" questions to guide your discussion. A **3** means the strategy strongly meets the criterion, a **2** means partially, and a **1** means hardly or not at all.

TIPS:

- Score as a group. The discussion of why scores differ is often more valuable than the totals themselves.
- Document your reasoning so decisions can be explained to the public.
- Use scores to inform, not replace, judgment. A lower-scoring strategy may still warrant action. Unselected strategies should be kept on record for later reconsideration.

CRITERION	WHAT TO CONSIDER	SCORE (1-3)
NEED		
Magnitude and urgency	How many people are affected? Is the need growing or acute? How reliable and current is the data?	
Populations disproportionately affected	Does the strategy reach groups with greater burden and/or less access?	
INPUT		
Community and PWLLE input	Did residents and PWLLE identify this as a priority?	
POTENTIAL IMPACT		
Existing resources and service gaps	Does this fill a real gap rather than duplicate what exists? Does it address structural barriers, in addition to service availability/accessibility?	
Evidence or practice-based support	Is there research, a recognized model, or documented local success? Is it likely to produce the change identified in Step 4 of the Roadmap?	
FEASIBILITY		
Municipal capacity	Do we have partners, staff, and infrastructure	
Ability to implement and measure	Can we realistically carry it out within our tin Can we measure progress with existing or fe	
INPUT		
Community and PWLLE input	Did residents and PWLLE identify this as a p	
POTENTIAL IMPACT		
Existing resources and service gaps	Does this fill a real gap rather than duplicate address structural barriers, in addition to ser availability/accessibility?	
Evidence or practice-based support	Is there research, a recognized model, or doc success? Is it likely to produce the change id the Roadmap?	
FEASIBILITY		
Municipal capacity	Do we have partners, staff, and infrastructure to implement it well?	
Ability to implement and measure	Can we realistically carry it out within our timeline and budget? Can we measure progress with existing or feasible data?	
SUSTAINABILITY		
Long-term sustainability	Can the work continue as funding changes? Is there a plan beyond the initial investment?	
	TOTAL:	

EXAMPLE:

STRATEGY	NEED	INPUT	POTENTIAL IMPACT	FEASIBILITY	SUSTAINABILITY	TOTAL (OUT OF 24)
Expand peer recovery coaching through a community partner	3 + 3	3	3 + 3	2 + 2	2	21
Fund a new standalone public anti-stigma campaign	2 + 1	2	2 + 1	2 + 2	2	14
Add overnight capacity at a mobile outreach program	3 + 2	1	2 + 2	1 + 2	1	14

Each cell shows the sum of the sub-criterion scores. In this example, the totals show that peer recovery coaching ranks highest (21 of 24 possible points), but the result still needs to be discussed. Tied or close scores signal where discussion matters most.

mosaic
opioid recovery partnership

Key Updates

November 6
Municipal Opioid Abatement Funds FY26 Annual Expenditure Report Due

Mosaic Municipal Matching Grant Applications Close

November 17
Mosaic Municipal TTA Quarterly Newsletter Release

Please fill out our survey!

mosaic
opioid recovery partnership

mosaic

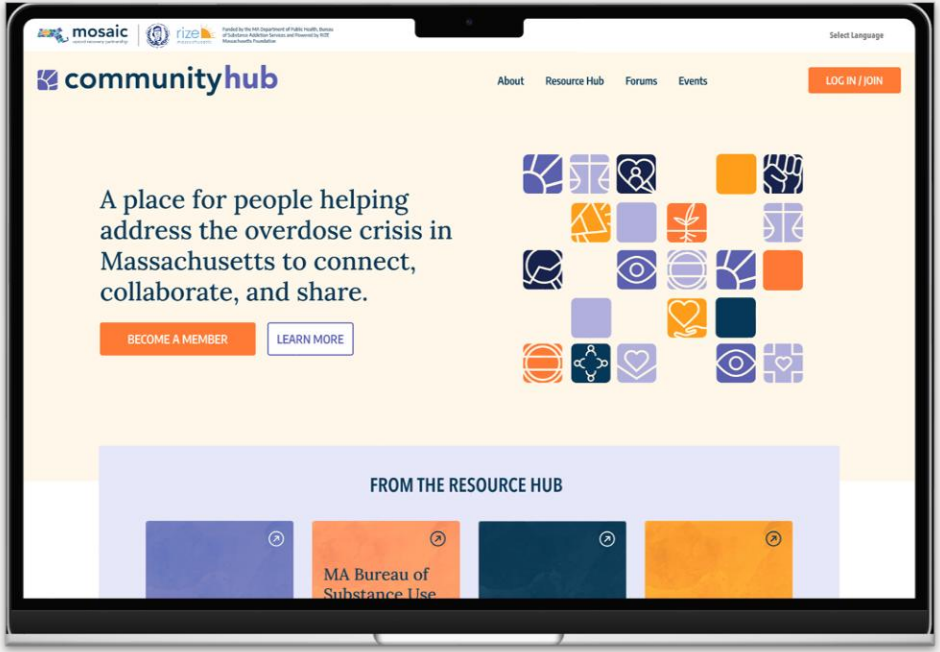
opioid recovery partnership

Thank You

mosaic.rizema.org

Join the communityhub

https://communityhubma.org/



mosaic
opioid recovery partnership