mosaic
opioid recovery partnership

October 2026 Webinar Resource

Mosaic Municipal Training and Technical Assistance

From Data to Action: Using Community Needs Assessment Findings to Set Opioid Abatement Priorities

The Data to Action webinar explored how municipalities can move from needs assessment to action by using survey, focus group, and surveillance data to narrow down which strategies to fund for the greatest impact.

This resource is designed for use once a community needs assessment is complete. It offers a roadmap and a prioritization matrix to help municipalities translate findings and other data into identified needs, prioritized strategies, and an implementation plan. The process is flexible and iterative and is meant to strengthen a municipality's opioid abatement response.

Why Data-to-Action Matters

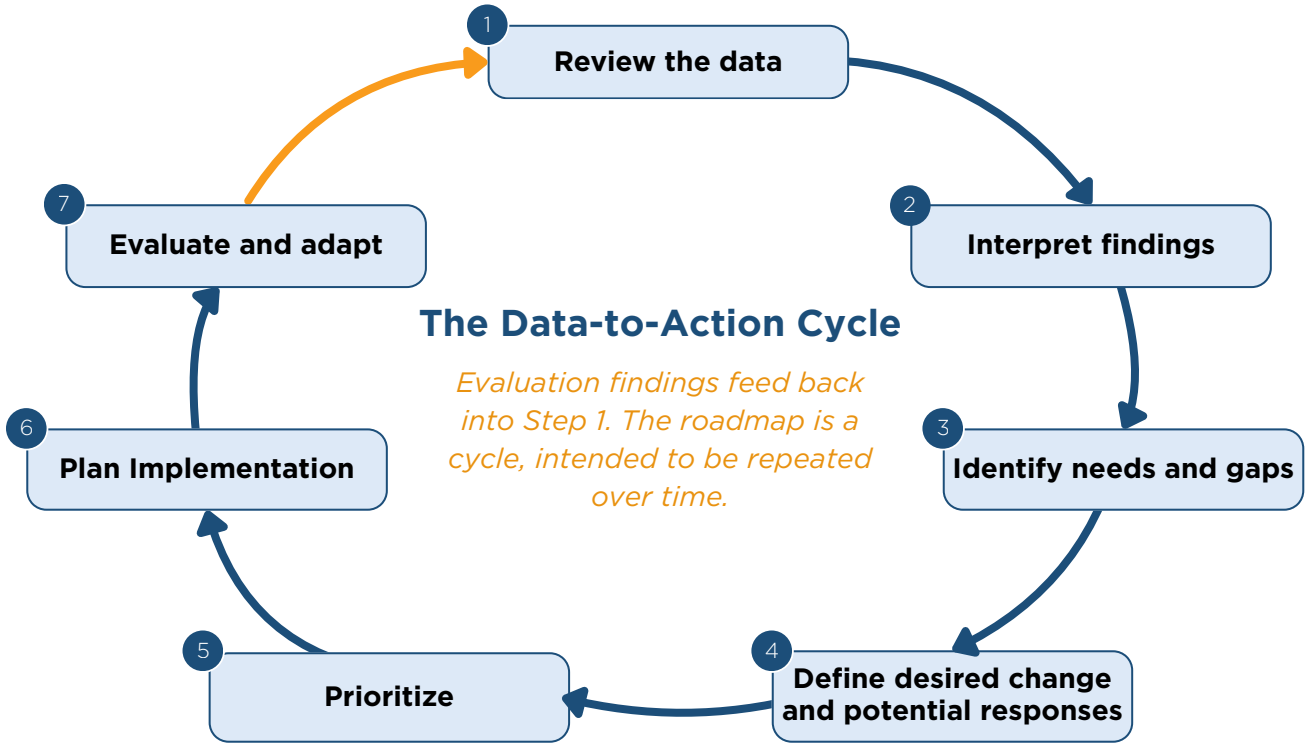
Deliberately determining priorities from data helps to:

- Direct limited funds toward the needs and populations identified through a community needs assessment process.
- Build community trust by showing how input shaped decisions.
- Make choices that are understandable and consistent with allowable uses and reporting requirements for opioid settlement funds.
- Plan for sustainability and evaluation before opioid settlement funds are committed.
- Learn what is working and not working, for whom, and under what conditions, and adjust over time.

This resource offers two tools to help determine what strategies to prioritize: a **Data-to-Action Roadmap** to guide the full process, and a **Prioritization Matrix** to help narrow possibilities into a focused set of priorities.

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.

Continued on page 3...

STEP	KEY QUESTIONS	OUTCOME AND WHO TO INVOLVE
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.

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 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?	

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CRITERION	WHAT TO CONSIDER	SCORE (1-3)
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 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.

Building Internal Capacity for Data-to-Action

Turning data into decisions takes analytic, facilitation, and project management capacity that municipalities need to consider. There is no one-size-fits-all approach, and the plan should be sized to local staffing, resources, and administrative capacity. **Common options to build capacity include:**



Dedicated program manager. A program manager with knowledge of or experience with substance use disorder and project management can coordinate the roadmap, convene stakeholders, and prepare materials for the advisory board or decision-making group (see the Staffing for Program Implementation section of the Mosaic Practical Approaches for Municipal Decision-Making Structures and Pooled Funding Strategies resource document for additional guidance).

A designated data and reporting point person. Naming one person or team responsible for data collection, evaluation, and reporting streamlines the process and prevents gaps, duplication, and missed deadlines.

Regional collaboration. Smaller municipalities may benefit from simplified tracking approaches or from sharing evaluation capacity through pooling funds and dedicated staff to support all municipalities involved.

Training and technical assistance. Mosaic's Municipal TTA team can support progress and provide feedback related to data review, facilitation, and prioritization.

Get Technical Assistance

For additional information or to request training and technical assistance (TTA), please visit Mosaic's Municipal TTA website or email MuniTTA@rizema.org.

Massachusetts Department of Public Health DPH

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