



Planning and Partnering for Impact

Best Practices for Municipal Opioid
Settlement Funds

November 19, 2025

Advocates for Human Potential, Inc.



Agenda

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Introductions



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Director of Public Health

Town of Sudbury



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Town of Sudbury

Best Practices for Assessment & Planning

Kelly Joseph
AHP





Advocates for Human Potential (AHP)

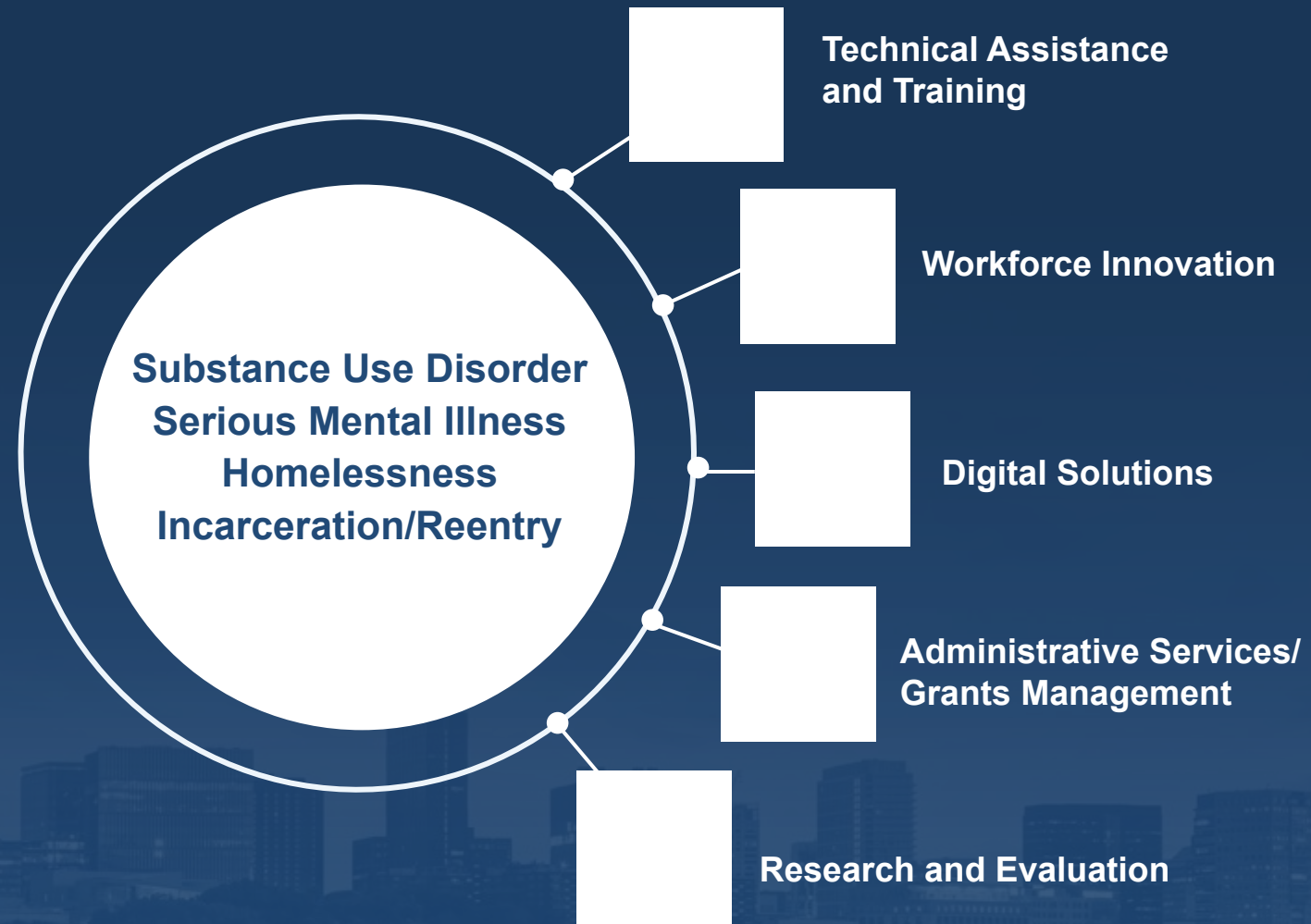
We partner with clients working to solve complex behavioral health challenges.

We bring together policy, science, and practice to support your mission – and the people you serve.





Services we provide



Opioid settlement funds: a transformative opportunity

Municipalities have a once-in-a-generation opportunity to invest opioid settlement funds in ways that meaningfully address the harm caused by the overdose crisis.

But ***getting started can be challenging*** – especially without a clear roadmap



How to engage residents in meaningful, equitable ways?



How to design strategies that reflect local needs?



How to collect and use the right data to guide decisions?



How to evaluate impact and adapt over time?

Why Planning Matters

Unstructured Planning

- × Unclear goals and lack of shared direction
- × Limited or tokenized community input
- × Decisions driven on assumptions or incomplete data
- × Siloed efforts with minimal collaboration
- × Short-term fixes without accountability
- × No evaluation framework to track impact or progress

Why Planning Matters

Structured Planning

- ✓ Clear purpose and goals
- ✓ Guided by community input especially PWLE
- ✓ Needs are directly informed by data
- ✓ Promotes coordination across sectors
- ✓ Builds accountability and sustainability
- ✓ Includes evaluation from the outset to support ongoing learning & improvement

Planning Ensures



Funds are **targeted, effective & responsive** to real community needs



Trust, ownership & transparency through thoughtful community engagement



A **clear baseline** to measure progress and guide future decisions

Strategic Planning Cycle

Assess

- Engage stakeholders; gather & analyze data
- Identify needs, strengths, gaps

Plan

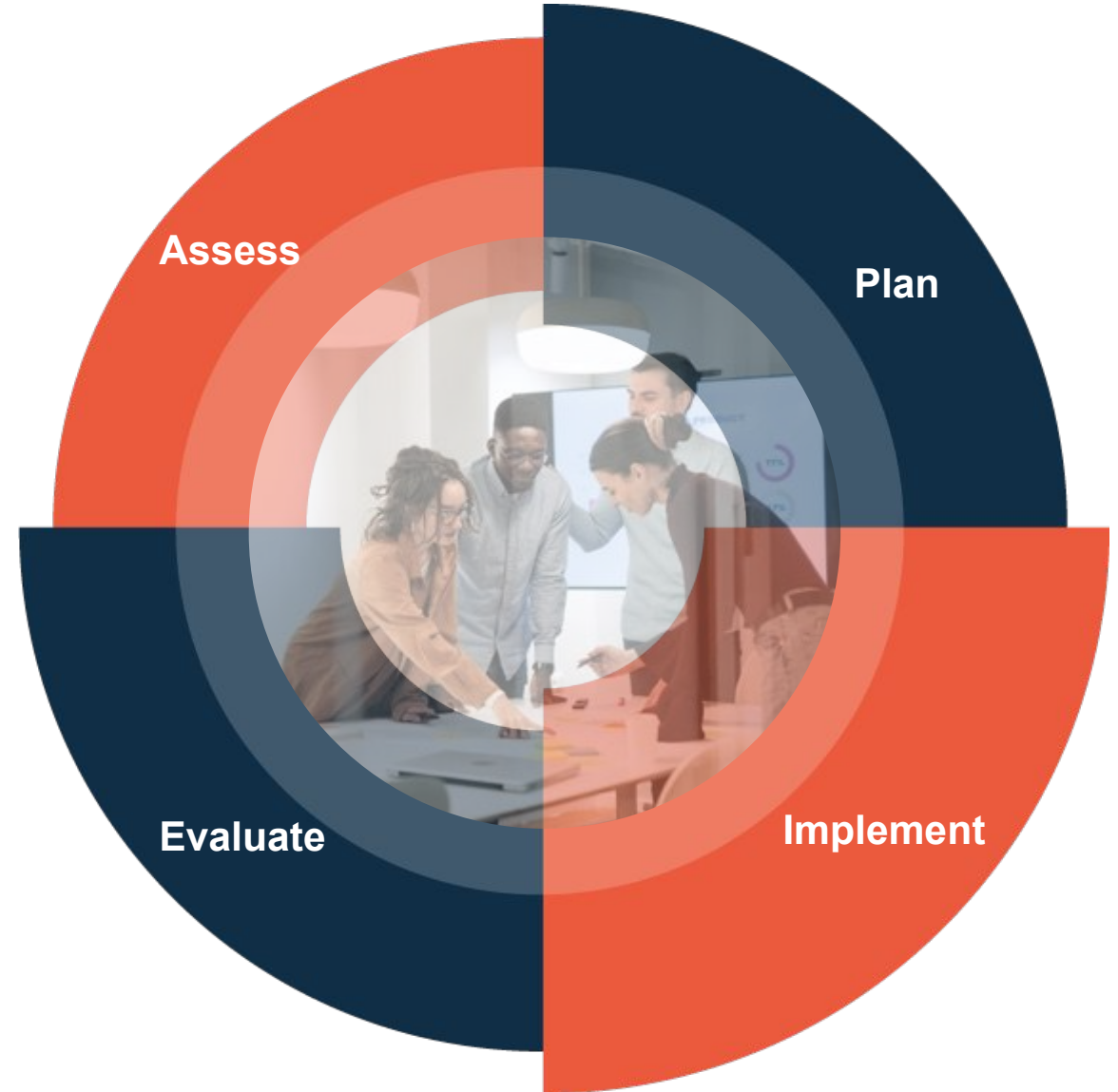
- Priority setting and decision-making
- Develop workplans w/timelines, responsibilities

Implement

- Execute plans; establish/maintain infrastructure
- Issue and manage subcontracts

Evaluate

- Collect data (metrics, tools, frequency)
- Assess progress and outcomes

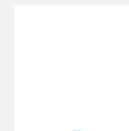


Assessment – What's The Problem?

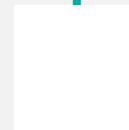
Goal: Build a clear, community picture of needs and opportunities

- **Understand local trends:** Gather data on substance use, overdoses, treatment patterns
- **Use many data sources:** Public health, first responders, schools, service providers
- **Map the environment:** What services are offered and what's missing.
- **Center real-world perspectives:** Listen to people with lived experience, families, and frontline providers
- **Find inequities:** Identify groups and places most affected or underserved

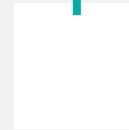
Best Practices:



Inventory stakeholders to ensure representation from **priority groups**



Provide **stipends** for people with lived experience



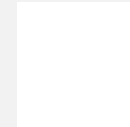
Don't forget about your community's **strengths!**

Planning – Turning Insights Into Action

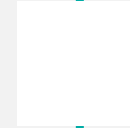
Goal: Turn your findings into a clear, coordinated strategy

- **Build a team:** Include health, safety, education, recovery, and local leaders
- **Set a shared vision:** What is the future you're working towards
- **Prioritize needs:** Use the data to guide what to focus on
- **Create accountability:** Assign roles, set timelines, and track progress
- **Stay flexible:** Track progress and adjust plans as you learn

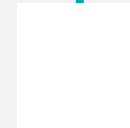
Best Practices:



Formalize your decision-making group
(*clear roles, purpose, scope*)

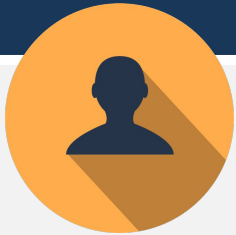


Be transparent



Establish clear decision-making criteria
(*feasibility, equity, changeability*)

Results – Assessment and Planning



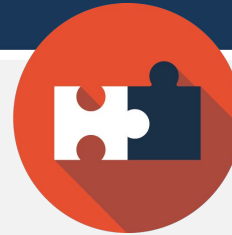
Engaged intentionally with individuals with lived experience to ensure

community-informed solutions



Provided municipalities with comprehensive, **data-driven report** to guide

decision-making



Facilitated alignment and ownership among leaders on **actionable strategies**



Delivered a strategic plan with a **clear vision and roadmap** for impactful OSF investment

Build From What You Already Have

**Public Health &
Overdose Data**



**Community Health &
Social Determinants
of Health Data**



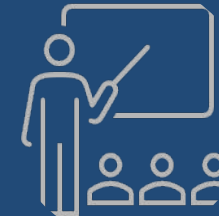
**Law Enforcement &
Criminal Justice Data**



**Treatment &
Recovery Data**

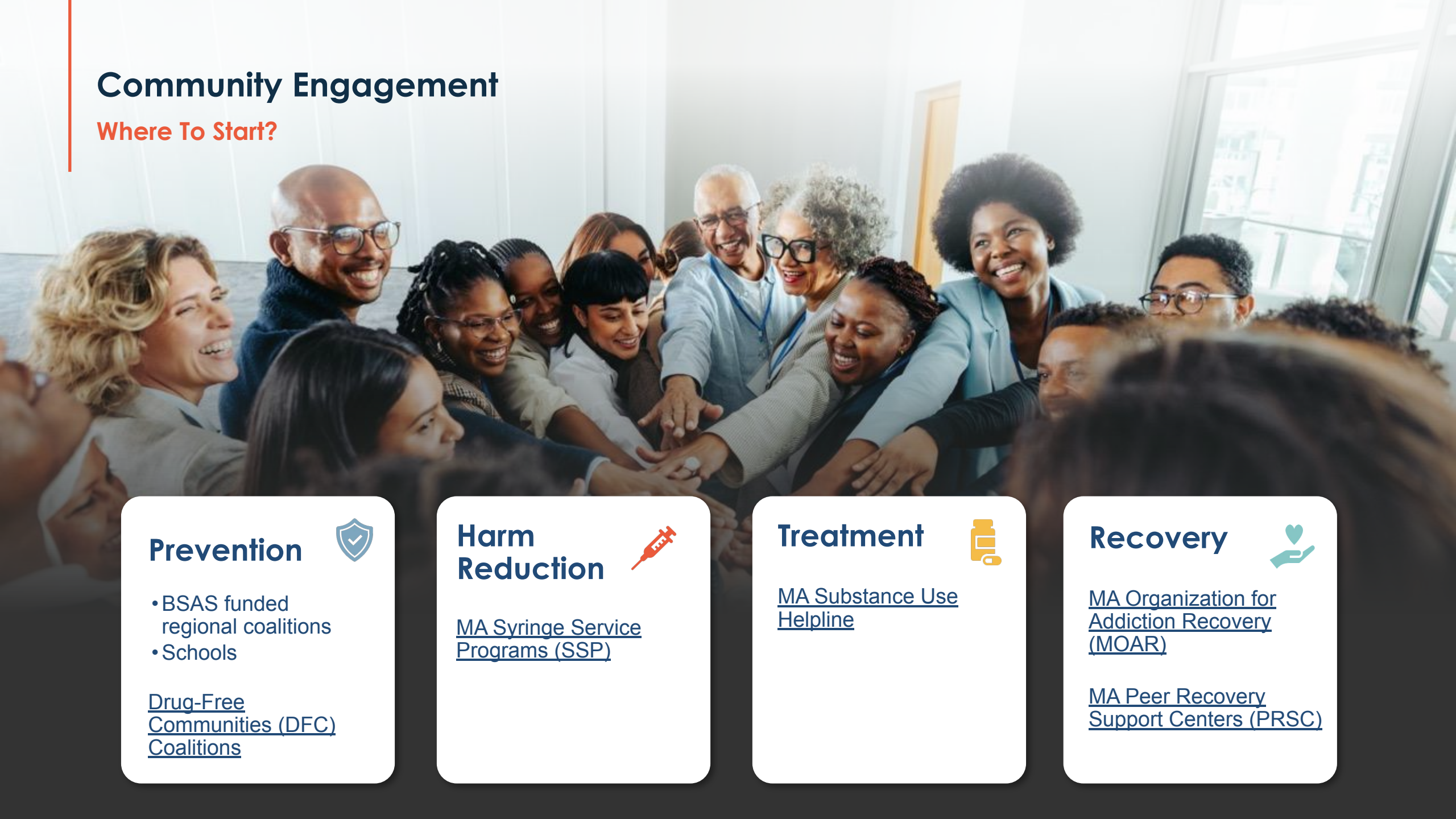


**School & Youth Risk
Behavior Data**



Community Engagement

Where To Start?



Prevention



- BSAS funded regional coalitions
- Schools

Drug-Free Communities (DFC) Coalitions

Harm Reduction



MA Syringe Service Programs (SSP)

Treatment



MA Substance Use Helpline

Recovery



MA Organization for Addiction Recovery (MOAR)

MA Peer Recovery Support Centers (PRSC)

Lessons Learned

- ✓ Center Lived Experience
- ✓ Build Shared Understanding
- ✓ Prioritize Transparency
- ✓ Designate a Point Person
- ✓ Keep Implementation Iterative

Key Takeaways



Early Steps Matter

Start strong by investing in planning – this is your backbone



Build Relationships

Community partnerships make plans stronger and more sustainable



Use Available Support

Leverage state tools and technical assistance and bring in professional services when you need deeper or more direct support



Data is Your North Star

Let community-driven data guide your decisions

Working Regionally

Vivian Zeng & Kelli Calo
Town of Sudbury



TOWN OF SUDBURY

MUNICIPAL POOLING OF OPIOID SETTLEMENT FUNDS

Vivian Zeng, MPH, REHS, CHO

Kelli M. Calo, CHO, CPH



SUDBURY, MASSACHUSETTS

Middlesex County

Population: 18,926

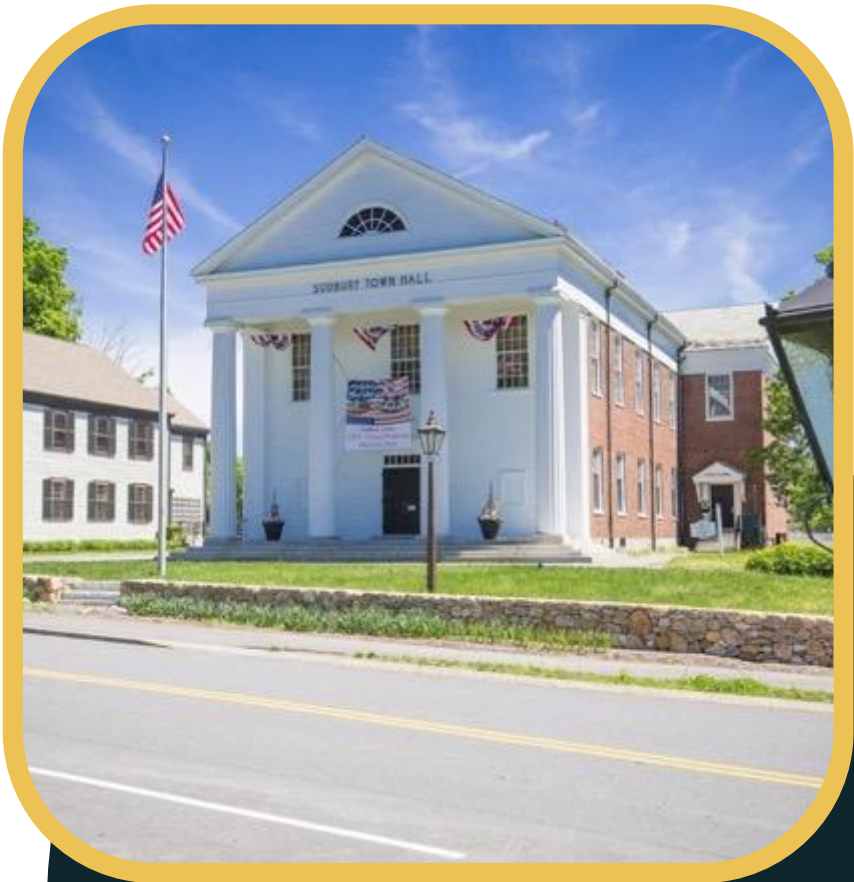
FY25 Disbursement: \$39,162.68

Funding available to date: \$225,162.28

Incident Type	2020	2021	2022	2023	2024	% Change 2023 v 2024
Non-Fatal	800 (66%)	1,029 (59%)	838 (49%)	727 (37%)	607 (27%)	-17%
Fatal	114 (9%)	161 (9%)	109 (6%)	104 (5%)	62 (3%)	-40%
At-Risk	98 (8%)	121 (7%)	187 (11%)	227 (11%)	220 (10%)	-3%
Behavioral Health	204 (17%)	424 (24%)	579 (34%)	922 (47%)	1,334 (60%)	+45%
Total	1,216 (100%)	1,735 (100%)	1,713 (100%)	1,980 (100%)	2,223 (100%)	+12%

Middlesex County Outreach

2024 ANNUAL REPORT, Kelley Research Associates, April 2025



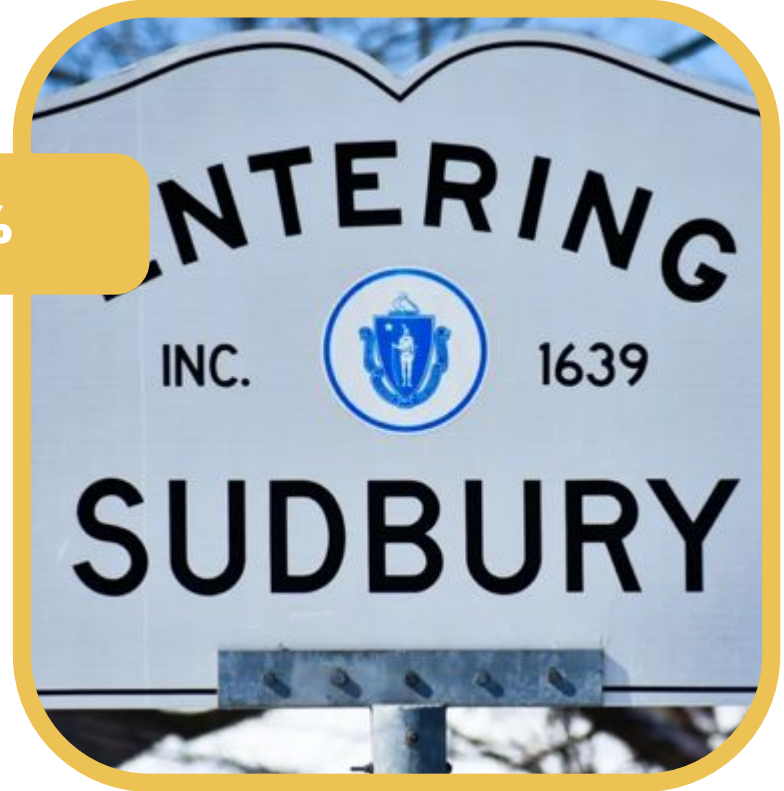
DISTRIBUTION OF FUNDS

60%



State's Opioid Recovery and
Remediation Fund

40%



Local Municipalities

SUDBURY ESTIMATED TOTALS, BY SETTLEMENT



These amounts are subject to adjustment, including deductions to account for the costs of settlement administration. Payouts through 2038 in disbursements.

Settlement	Estimated Total
Walmart	\$48,194.20
Teva	\$64,335.59
Allergan	\$38,326.68
CVS	\$85,105.99
Walgreens	\$92,543.85
J&J	\$76,634.00
Distributor	\$330,058.80
Total	\$735,199.11

WHY

REGIONALIZE?

- **Increase capacity:**
 - Average staff size of 3.7 persons (excluding regional staff)
- **Reduce duplication of efforts:**
 - Generally our communities have similar needs and resources
 - By regionalizing, we can have programming that addresses these needs without having to operate it 7 different times
- **Maintain flexibility:**
 - By only pooling a portion of funds, our communities can still use the money to fund initiatives that are important to their specific
 - ... into the regional efforts



WHY REGIONALIZE?

- **Reporting:**
 - The regional reporting structure means only one community has to report on the activities of the group
 - Increased support for both the regional report and individual reports
 - Better able to ensure that reports are consistent and reflect the work being done in our communities





GREAT MEADOWS PUBLIC HEALTH COLLABORATIVE

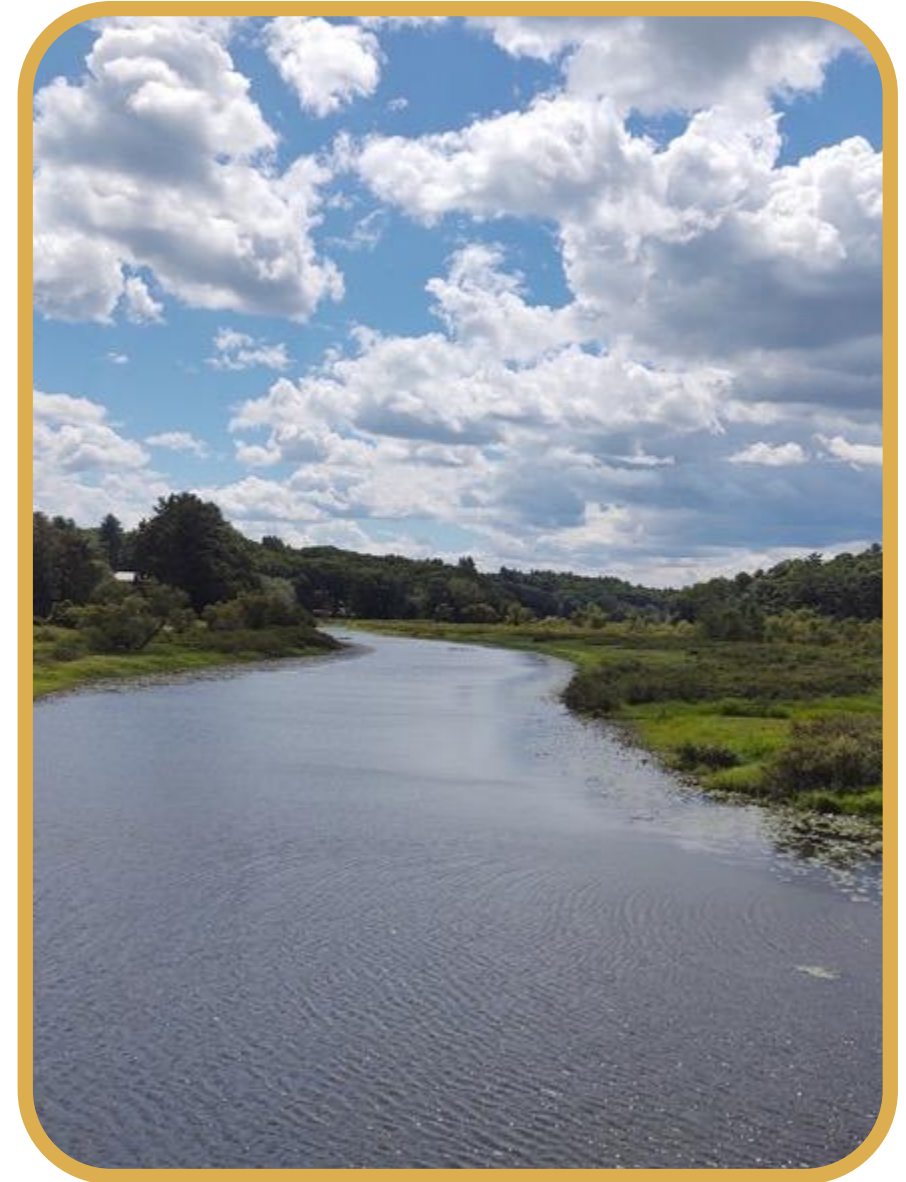


Bedford
Carlisle
Concord
Lincoln
Sudbury*
Wayland
Weston

REGIONAL HEALTH ADVISORY COMMITTEE

ONE REPRESENTATIVE FROM EACH PARTICIPATING MUNICIPALITY

- Heidi Porter, Bedford
- Linda Fantasia, Carlisle
- Melanie Dineen, Concord
- Dan Pereira, Lincoln
- Vivian Zeng, Sudbury*
- Julia Junghanns, Wayland
- Kelly Pawluczonek, Weston



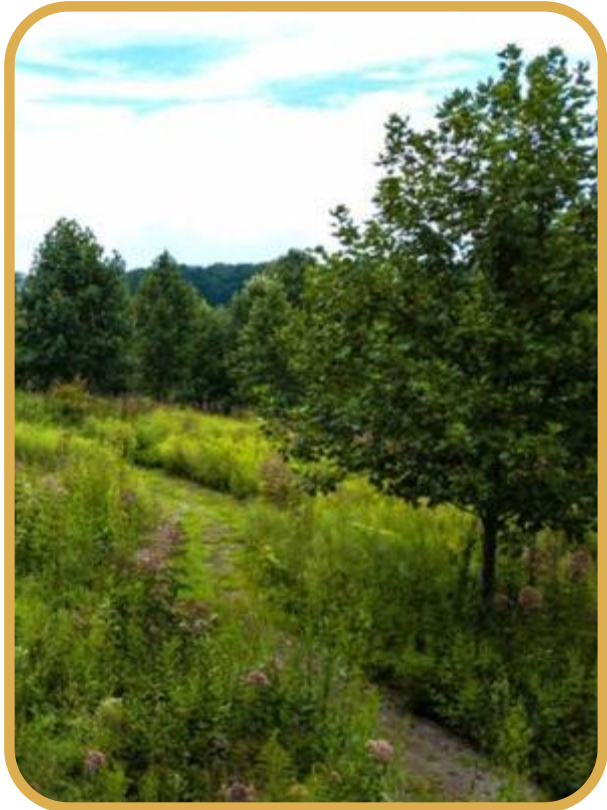
*host municipality

ROLE OF THE HOST COMMUNITY

- Serves as employer of record and provides daily supervision
- Ensures compliance with HR policies, terms of the funding, and reporting deadlines
- Coordinates with participating towns on priorities
- Oversees purchasing and reimbursements tied to the position
- Collaborates with all towns on prevention goals and shared initiatives
- Facilitates communication, program planning, and equitable service delivery
- **Opioid expenditure reporting for the region**



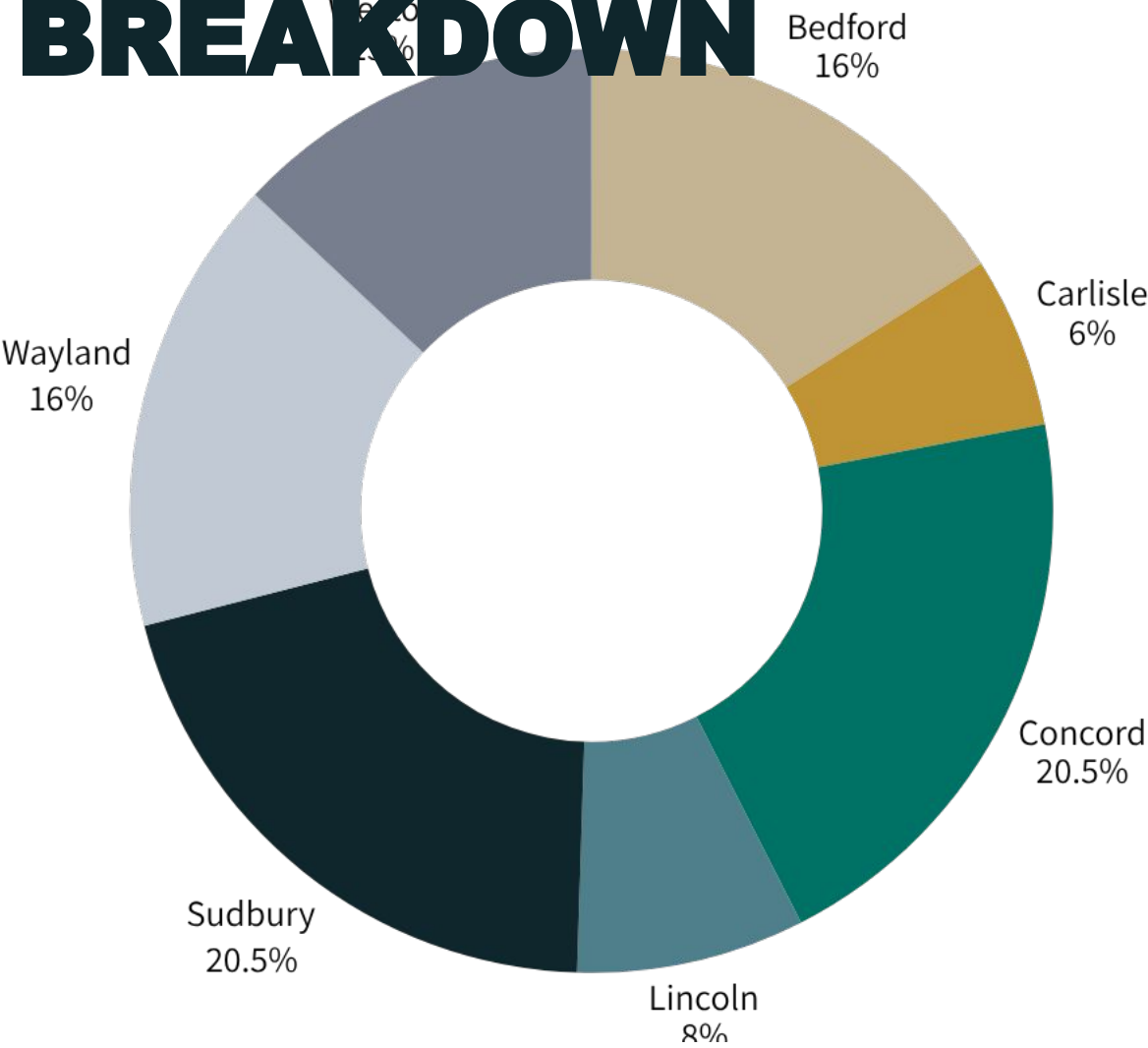
REGIONAL DISTRIBUTION OF FUNDS



Municipality	Approximate Total to be Received by 2036 (\$)	Total Received as of June 30th, 2025 (\$)
Bedford	\$747,533.77	\$228,942.80
Carlisle	\$198,348.81	\$60,746.72
Concord	\$659,569.52	\$202,002.15
Lincoln	\$414,540.44	\$126,957.99
Sudbury	\$735,192.42	\$225,162.28
Wayland	\$809,532.22	\$247,929.80
Weston	\$849,968.49	\$260,314.61

COST

BREAKDOWN



Cost based on each town's share of the total regional population



OVERVIEW OF **REGIONAL POOLING**



IMA

- Establish intermunicipal agreement to include Opioid Settlement Funds
- Have all municipalities sign the



REALLOCATE FUNDS

- Move opioid settlement funds into Special Revenue Accounts
- Be aware of Town Meeting timelines



HIRE COORDINATOR

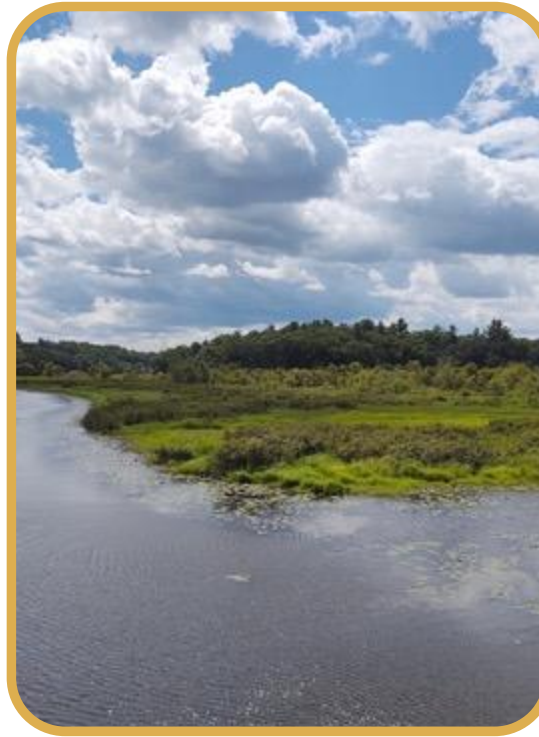
- Hire and onboard Regional Substance Use Prevention Coordinator
- Funds from municipalities are strictly for the Coordinator position

INTERMUNICIPAL AGREEMENT

- Drafted in January, 2024
- Municipal attorneys reviewed IMA
- IMA signed in September, 2024

WHY AN IMA?

- Creates a governance structure
- Secures financial commitments, ensuring funds are used for the Coordinator
- Provides a framework for sustainability



REGIONAL SUBSTANCE USE PREVENTION COORDINATOR

PLANNING PROCESS

- Coordinate evidence-based substance use prevention programs within the Great Meadows Public Health Collaborative
- Community events, forums, speaker series, connection with peer-to-peer recovery groups





REGIONAL SUBSTANCE USE PREVENTION COORDINATOR **HIRING PROCESS**

Hiring committee:

- Vivian Zeng, Sudbury Director of Public Health
- Kelli M. Calo, Shared Services Coordinator
- Laura Duff, Carlisle/Weston Public Health Nurse
- Nina Lurie, Sudbury Social Worker

22 applicants, interviewed 3 applicants from end of
October- beginning of November

Olivia Dufour started on December 2, 2024!



SUBSTANCE AWARENESS FOR EVERYONE



Great Meadows Public Health Collaborative

Bedford | Carlisle | Concord | Lincoln | Sudbury | Wayland | Weston



INTRODUCING **SAFE GREAT MEADOWS**

A regional coalition for substance use prevention, treatment, and recovery.





VISION

We envision a connected and resilient community in the Great Meadows region that is free from stigma and recognizes all pathways of recovery.

MISSION

To support safe, informed, and healthy communities by promoting education, prevention, and harm reduction strategies around substance use. We believe in meeting people where they are, reducing stigma, and building lasting connections to care.



COMMUNITY RELATIONSHIPS

Building relationships with existing

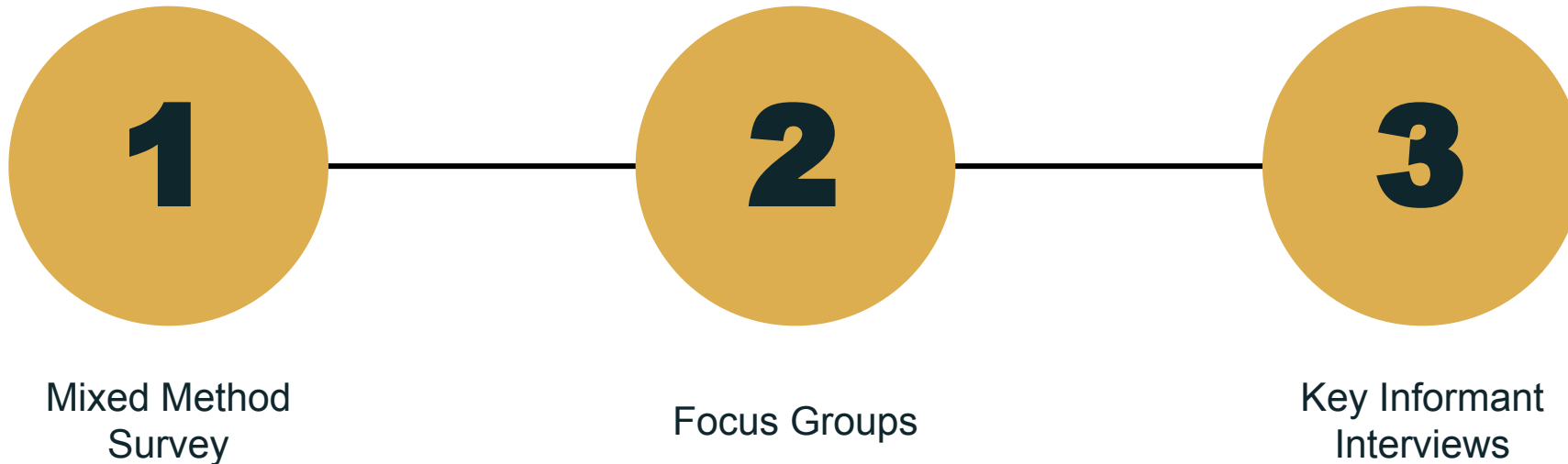
■ organizations that are already doing the work to create a network of providers and community-based organizations that can work together towards our common goal: preventing and treating harmful substance use.

- Town Health Departments
- Public Libraries
- Schools
- Emerson Hospital
- MOAR
- Engage Wellness
- Forrest Recovery
- Kiwi Recovery
- Pyramid Healthcare
- RISE at JRI
- Heartwell Institute
- Learn2Cope



COMMUNITY LEVEL FEEDBACK

THREE PRONG APPROACH:



Goal: Gather community input on the spending of opioid settlement funds in individual municipalities, and guide the priorities of programming from the region.

COMMUNITY LEVEL FEEDBACK

DEFINITION OF COMMUNITY:

WE ARE USING THE “LIVE, WORK, PRAY, AND PLAY” DEFINITION OF A COMMUNITY MEMBER FOR THIS ASSESSMENT

- Town borders are not hard and fast! People can spend just as much time, if not more, in communities they do not live in due to work, volunteering, faith based practices, etc.
- People who use drugs and people in recovery may intentionally seek resources outside of the communities where they live to avoid stigma

THE OPIOID PROJECT

Through grant funding from Emerson Hospital we were able to put on the Opioid Project, an arts based initiative which aims to start conversations around opioid use and reduce stigma.



SUCCESSSES

- Getting the IMA approved by all 7 municipalities
- Streamlined Narcan availability
- Running the Opioid Project
- Engaging with community stakeholders
- Gathering community feedback through surveys



CHALLENGES

- Getting the IMA approved by all 7 municipalities
- Building community buy-in
- Communicating with the public about the work



The Future

NEXT EXIT 

THANK YOU

Vivian Zeng, Director of Public Health: zengv@sudbury.ma.us

Kelli M. Calo, Shared Services Coordinator: calok@sudbury.ma.us

Olivia Dufour, Regional Substance Use Prevention Specialist:

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Great Meadows
PUBLIC HEALTH COLLABORATIVE

Questions?



Contact Us

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THANK YOU!

Resources for Technical Assistance



[RIZE/Mosaic Opioid Recovery Partnership](#)



[Massachusetts Association of Health Boards](#)