



FAIRHAVEN SELECT BOARD

Meeting Minutes *December 15, 2025*

FAIRHAVEN TOWN CLERK
RCUD 2026 JAN 13 AM 8:47

Present: Charles Murphy Sr., Andrew Romano, Natalie A. Mello, Keith Silvia, Andrew B. Saunders, Keith R. Hickey and Anne Carreiro

Mr. Murphy opened the Select Board meeting at 6:00pm

A moment of silence was observed to honor the lives lost, to hold the injured in our thoughts, and to stand in solidarity with the Brown University community during this time of profound grief and shock. May this moment reflect our shared compassion and our hope for healing and peace.

EXECUTIVE SESSION

Motion: Mr. Saunders motioned to enter Executive Session Pursuant to G.L. c. 30A, s. 21(a)(6) to consider the purchase, exchange, lease or value of real property where the chair declares that an open session would have a detrimental effect on the negotiating position of the Select Board; and G.L. c. 30A, s. 21(a)(7) to comply with, or act under the authority of, the Public Records Law, G.L. c. 4, s. 7(26) (Fairhaven Wind and privileged written legal opinion regarding same) AND to return to open session. Ms. Mello seconded. Roll Call Vote. Mr. Saunders, Ms. Mello, Mr. Murphy, Mr. Romano and Mr. Silvia in favor. The motion passes unanimously (5-0-0).

Meeting adjourned to Executive Session from 6:04pm to 7:01pm

APPOINTMENTS AND COMMUNITY ITEMS

Update on the Oxford School Weathervane

Mr. Murphy reviewed the update that Dave Darmofal submitted about the Oxford School weathervane which was obtained by the Livesey Club, restored and rededicated when placed on the Livesey Club Building. Mr. Murphy thanked Mr. Darmofal, the students at Greater New Bedford Regional Vocational Technical High School (GNBRVTHS) who assisted with the copper work and the other volunteers who gave their time to the restoration project. Mr. Romano added that John Medeiros was also part of the efforts to obtain and restore the weathervane.

Update on the Paul Revere Bell

Doug Brady addressed the Board and provided an update about the Paul Revere Bell and cupola project (*Attachment A*). He thanked Keith Silvia, the many volunteers and the GNBRVTHS students for their help with the project. The bell is housed in Town storage and will be ready for installation on the east side of Town Hall once the retaining wall project is done.

Use of Town Hall: Department of Fine Arts and Historical Society: Author Charles Slack:

Friday, April 24, 2026 from 5:00 pm to 9:00 pm

Art Curator Mark Badwey addressed the Board about the request for the use of Town Hall for a talk by author Charles Slack about his book *Liberty's Last Crisis*. The Board clarified with Mr. Hickey, as a Town Department there would be no rental or custodian fee assessed.

Motion: Mr. Saunders motioned to approve the Department of Fine Arts and Historical Society's request to use the Town Hall on Friday, April 24, 2026 from 5:00 pm to 9:00 pm. As a Town department, there is no rental or custodial fee. Ms. Mello seconded. The motion passed unanimously (5-0-0).

Consider Appointment: Historical Commission, Associate Member:

Nils Isaksen, Gary Lavalette, Patrick Carr, Matthew Paulson

Mr. Romano addressed the Board about the direction the Board would take and whether to appoint up to six additional members considering recent turnover on the Historical Commission, what the maximum number of members should be and whether the Commission wanted the number of members expanded. Brief discussion ensued and the consensus was that if it is permissible to appoint up to six and there was interest from people willing to volunteer, then the Board should consider it.

Nils Isaksen and Patrick Carr addressed the Board individually regarding their application, interest and qualifications to join the Historical Commission as well as examples of volunteering for various Town projects. Gary Lavalette and Matt Paulson were unable to attend to address the Board.

The Board asked clarifying questions about each candidate's role with other projects and/or boards and the work of the Historical Commission. Mr. Romano asked to clarify the role of the Historical Commission and the Protecting Society. Ms. Mello said she understood it, the Historical Commission had some oversight on the buildings used by the Protecting Society but not the Protecting Society itself. Brian Messier addressed the Board via zoom and said that he resigned from the Protecting Society to avoid potential conflict.

Motion: Mr. Silvia motioned to take all four candidates that showed interest. Mr. Saunders seconded.

Discussion on the motion, Ms. Mello asked if the motion could be amended and the Board vote on each applicant individually. Mr. Saunders said he would need to abstain from Mr. Carr. Mr. Murphy said he would need to abstain from one of the members also due to a previous Select Board vote.

On the Motion: Mr. Silvia motioned to take all four candidates that showed interest. Mr. Saunders seconded. The motion failed (0-5-0) All opposed.

Motion: Mr. Saunders motioned to appoint Nils Isaksen as an Associate member of the Historical Commission for a term through May, 2026. Mr. Saunders seconded. The motion passed (4-1-0) Mr. Romano opposed.

Motion: Mr. Silvia motioned to appoint Gary Lavalette as an Associate member of the Historical Commission for a term through May, 2026. No second on the motion. The motion failed.

Motion: Mr. Silvia motioned to appoint Patrick Carr as an Associate member of the Historical Commission for a term through May, 2026. Mr. Murphy seconded.

Discussion on the motion, Ms. Mello said she would be voting against Mr. Carr despite the things he has been involved helping the Town with and their historic properties, his behavior on some of the boards and committees speaks loudly; past behavior is indicative of future behavior.

On the Motion: Mr. Silvia motioned to appoint Patrick Carr as an Associate member of the Historical Commission for a term through May, 2026. Mr. Murphy seconded. The motion failed (2-2-1) Mr. Romano and Ms. Mello opposed, Mr. Saunders abstained.

Mr. Carr addressed the Board and asked Ms. Mello to give examples.

Mr. Saunders recused himself and exited the Banquet Room.

Ms. Mello said it is based on observations of past behavior that should not continue on other boards and commissions. Brief discussion ensued about accepting volunteers who want to give their time; it's not personal. Mr. Romano added he was voting no on all tonight.

Mr. Saunders returned to the Banquet Room.

Motion: Mr. Saunders motioned to appoint Matthew Paulson as an alternate member of the Historical Commission for a term through May, 2026. Ms. Mello seconded. The motion passed (4-1-0) Mr. Romano opposed.

PUBLIC COMMENT

Nils Isaksen addressed the Board regarding Mr. Carr and the vote; Mr. Carr does a lot for the Town; his attitude is on other departments and he is always willing to loan his equipment and help with projects.

Erin Carr of 177 Main Street addressed the Board, she thanked Mr. Isaksen for his comments and said she hoped this Board would step up to its leadership responsibility, put ego aside and extend an olive branch. Associate members have no voting rights and contribute life and work experience.

ACTION / DISCUSSION

Consider Proposal for the Establishment of a Full-Time, Embedded Mental Health Clinician

Chief Daniel Dorgan and Lieutenant Kevin Swain addressed the Board with a proposal for a full-time, embedded Mental Health Clinician (*Attachment B*).

Discussion ensued regarding current practices, partnerships with other departments and agencies, the use of opioid litigation funds and projected availability of those funds, benefits of outreach with an embedded clinician, gaps created by the lack of state fully funding necessary programs, other considerations for the use of opioid funds and including in the motion “using opioid funds” to indicate it is not from the General Fund.

Motion: Mr. Saunders motioned to establish a full-time Mental Health Clinician position within the Fairhaven Police Department funded from opioid settlement funds. Ms. Mello seconded. The motion passed unanimously (5-0-0).

Consideration of Amended Speed Limits, One Way Traffic, Heavy Truck Exclusions and Intersection Safety Improvements

The Board tabled this item to coordinate with Public Works to attend. Mr. Hickey said that the Board’s packet online has a lot of information, any questions, please forward to him.

License/Permit Renewals for 2026

Mr. Murphy reviewed each license/permit category for renewal and asked the Board to identify any holds or items for discussion in each category (List, *Attachment C*).

Liquor Licenses

Fort Phoenix Post 2892, Veterans of Foreign Wars of USA, 109 Middle Street has surrendered their license due to the sale of the property and the new owner not being eligible for a Veterans license and pursuing a transfer of license from a difference establishment, this will be removed from the motion.

Mr. Saunders said he would abstain from number 32, Courtyard Restaurant, 270 Huttleston Avenue.

Brief discussion on number 15, Sivalai Thai Cuisine, 130 Sconticut Neck Road; the licensee is renewing because a transfer cannot be completed at this time with the new owner, operating as The Money Tree, is not eligible to apply for the liquor license transfer and is not utilizing the license.

Motion: Mr. Saunders motioned to approve the liquor licenses contingent on inspections and taxes paid for the businesses listed as numbers 1 - 21, 23 - 31 and 33-38 under Liquor Licenses (*Attachment C*). Ms. Mello seconded. The motion passed unanimously (5-0-0).

Motion: Ms. Mello motioned to approve the liquor license contingent on inspections and taxes paid for Courtyard Restaurant, 270 Huttleston Avenue. Mr. Romano seconded. The motion passed (4-0-1) Mr. Saunders abstained.

Pouring License

Motion: Mr. Saunders motioned to approve the pouring license contingent on inspections and taxes paid for Fairhaven Meadows LLC/Nasketucket Bay Vineyard, 237 New Boston Road. Ms. Mello seconded. The motion passed unanimously (5-0-0).

Car Dealer License

Motion: Mr. Saunders motioned to approve the Car Dealer licenses contingent on inspections and taxes paid for the businesses listed as numbers 1 - 13 under Car Dealer Licenses (*Attachment C*). Ms. Mello seconded. The motion passed unanimously (5-0-0).

Car Repair License

Mr. Saunders said he would abstain from number 2, A-1 Crane Company, 86-88 Middle Street

Motion: Mr. Saunders motioned to approve the Car Repair licenses contingent on inspections and taxes paid for the businesses listed as numbers 1 and 3 - 13 under Car Repair Licenses (*Attachment C*). Ms. Mello seconded. The motion passed unanimously (5-0-0).

Motion: Ms. Mello motioned to approve the Car Repair licenses contingent on inspections and taxes paid for A-1 Crane Company, 86-88 Middle Street. Mr. Romano seconded. The motion passed (4-0-1) Mr. Saunders abstained.

Common Victualler License

Brief discussion on the spelling of number 32, it should be Mirasol's. The scriveners' error will be cared for in the motion and the license will reflect the correct spelling of Mirasol's. Mr. Romano asked if number 18, Mystic Café, 398 Main Street should be listed and why the Rescue Café, 414 Main Street was not listed. The Licensing Clerk will review both questions and follow up.

Motion: Mr. Saunders motioned to approve the Common Victualler licenses contingent on inspections and taxes paid for the businesses listed as numbers 1 - 38 under Common Victualler Licenses (*Attachment C*). Ms. Mello seconded. The motion passed unanimously (5-0-0).

Lodging House License

Motion: Mr. Saunders motioned to approve the Lodging House license contingent on inspections and taxes paid for Kopper Kettle Guest House, 41 Huttleston Avenue and Delano Homestead Bed & Breakfast, 39 Walnut Street. Ms. Mello seconded. The motion passed unanimously (5-0-0).

Private Livery License

Motion: Mr. Saunders motioned to approve the Private Livery license for Elite Transportation, 1 Deerfield Lane. Ms. Mello seconded. The motion passed unanimously (5-0-0).

TOWN ADMINISTRATOR REPORT

Mr. Hickey reviewed his Town Administrator report (*Attachment D*)

- Mr. Hickey added that the Rogers Grammar School is officially on the National Register.
- The Veterans Office worked with volunteers on "Wreaths Across Fairhaven." To honor those who served, wreaths were placed at all Fairhaven cemeteries.
- Merry Christmas to all

The Board asked for an update on open staff positions. Mr. Hickey said the interview panel is reviewing applications and will schedule interviews. The Planner posting is in process and interim work is being discussed with the Town of Rochester.

Mr. Romano wished Mr. Hickey a "happy birthday"

BOARD MEMBER ITEMS / COMMITTEE LIAISON REPORTS

Mr. Saunders had no meetings to report on.

Ms. Mello reported:

- The Historical Commission met and has invited Mr. Hickey to their January meeting
- The Library has an upcoming December meeting

Mr. Murphy reported:

- The Sister City Committee has a future meeting
- Lagoa had a table at the Olde Tyme holiday event with brochures
- Happy Hanukkah, Happy Kwanza, Merry Christmas and Happy New Year
- The Polar Plunge will take place at 10:00m on January 1, 2026 at Fort Phoenix

Mr. Romano reported:

- SRPEDD met and discussed the Swansea Route 103 study and an age friendly mobility study.
- The mobility study scores the distances seniors have to bus stops and beyond and Fairhaven's score was the lowest rated.
- Congratulations to the Fairhaven Blue Devils
- The Belonging Committee has not met and did have a table at Olde Tyme holiday and a display showing all holidays

Mr. Silvia had no meetings to report on.

MINUTES

Motion: Mr. Saunders motioned to accept the Open Session minutes of December 1, 2025 as amended with the spelling of "Tasca". Ms. Mello seconded. The motion passed unanimously (5-0-0).

Motion: Mr. Saunders motioned to accept the Executive Session minutes of December 1, 2025. Ms. Mello seconded. The motion passed unanimously (5-0-0).

CORRESPONDENCE

Michelle Costen emails dated November 27, 2025 and December 5, 2025. (*Attachment E*)

Motion: Mr. Saunders motioned to enter the Select Board correspondence as listed into the record. Ms. Mello seconded. The motion passed unanimously (5-0-0).

NEWS AND ANNOUNCEMENTS

- The next meeting will be on Monday, January 12, 2026 at 6:30pm.

Closing Thought:

As we close tonight's meeting, we do so mindful of the tragic events at Brown University and the loss of two innocent students, with others still recovering from their injuries. Our thoughts remain with their families, friends, and the entire university community. May we leave here grounded in compassion, unity, and a shared commitment to care for one another in the days ahead and let the season remind us of all we have accomplished together and inspire us to enter the new year with a renewed sense of kindness and purpose.

Meeting adjourned at 8:56pm

ATTACHMENTS

- A. Revere Bell Presentation
- B. Embedded Mental Health Clinician Proposal
- C. 2026 License/Permit Renewals
- D. Town Administrator Report
- E. Correspondence: Michelle Costen emails dated November 27, 2025 and December 5, 2025

Respectfully submitted on behalf of the Select Board Clerk (ah)

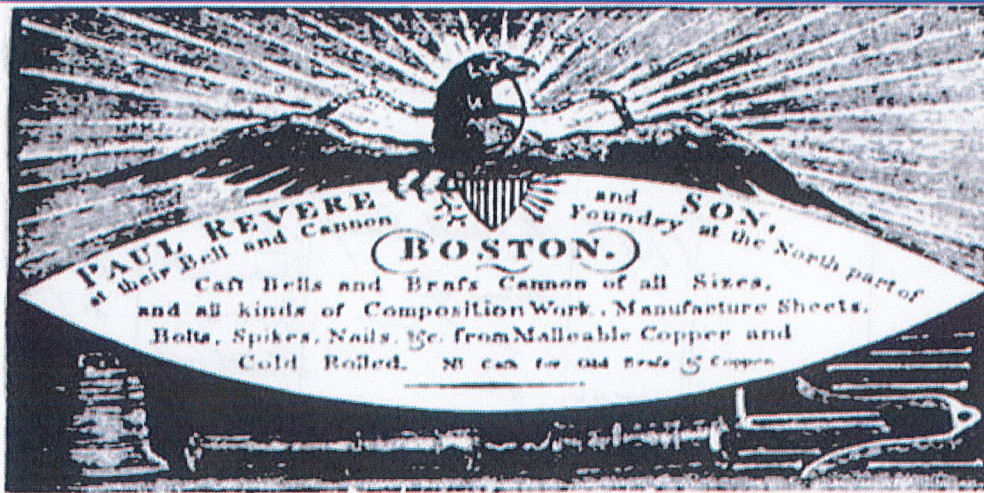
Accepted on January 12, 2026

The Paul Revere Bell

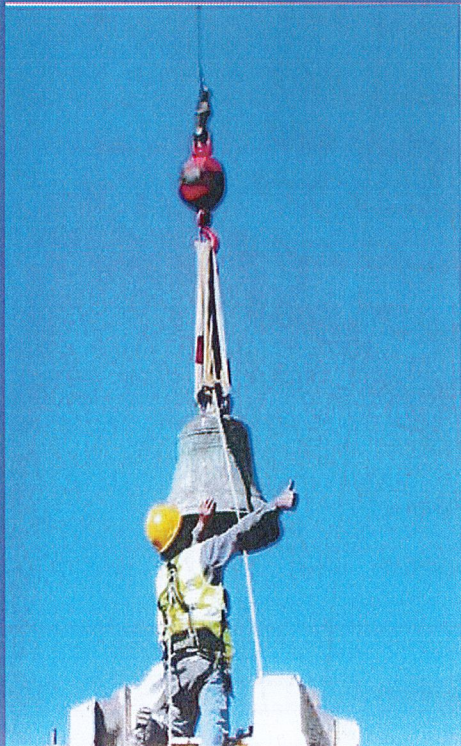
Cast in 1796 and a weight of 756 Pounds

Inscribed:

THE LIVING TO THE CHURCH I CALL AND THE GRAVE I
SUMMON ALL



*Removed from Oxford School - Fairhaven, MA
October 10, 2015*



Weight of the bell
(located on the bell's waist)

Collection of letters from over the years by various people and newspapers
along with my current research of the Paul Revere Bell at Oxford School.

Submitted for Review by:

Doug Brady 8-21-15

Church Bells

From the
 1793-1800
 1793-1800
 1793-1800

Date	To whom sold	Weight
1793	Newbricks Society Boston	912 lbs
	Town of Amherst	638
	Westford	675
1794	" Marshfield	673
	Cohasset	735
1795	" Bradford	695
	Newburyport	756
1796	" Portland	1073
	Dover N.H.	892
	Judsony	695
	Falmouth	821
1797	New South Socy Boston	1225
	Town of Thomaston	683
	" Ipswich	827
1798	" Northfield	944
	Petersham	1150
	" Roxbury	862
	" Worcester	1181
1799	" Wrentham	500
	" Haverhill	689
	" N.H. Boscaawen	510
1800	" Exeter	868
	" Brookfield	683
	" Pawneeborough	958
	" Warren R.I.	1292
	N.H. Sunderland	958
	N.H. Walpole	936
	" Weston	997
	" Plymouth	844
	" Salem	920



~~Memorandum of Contributions Given to the
of Smith, Mather & Hoag 1784~~

Memorandum of Bills call by me		Paul Hume
the first for the Lattinop Society		
weights	912	1
The Town of Amherst one	638	2
for Capt. Rame	50	3
The Town of Westford	675	4
The Academy of do.	120	5
The Church at Hallowell	160	6
The Church at Marshfield	673	7
The Church at Cohasset	735	8
The Church at Cohasset	150	9
The Frigate building in Boston	2750	10
The Town of Newbury for	675	11
The Town of New Bedford	756	12
The Town of Portland	1073	13
The Town of Dover N.H.	892	14
The Town of Sudbury	695	15
The Town of Hallowell	821	16
The Town of Boston, the Rev. Mr. Shickland's Society for New South	1125	17
The Town of Thom's Town	683	18
a present from Gen. Knox		
The Town of Ipswich	827	19
The Town of Providence for a school	52	20
The Town of Sandwich for Reading	112	21
The Frigate Constitution	242	22
The Town of Northfield, Mass	944	23
The Town of Petersham, Mass	1150	24
The Town of Dedham for Court house	224	25
The Town of Roxbury	862	26
The Town of Worcester	1181	27
The Town of Bridgewater for School	72	28
	52	29

April 12, 1867

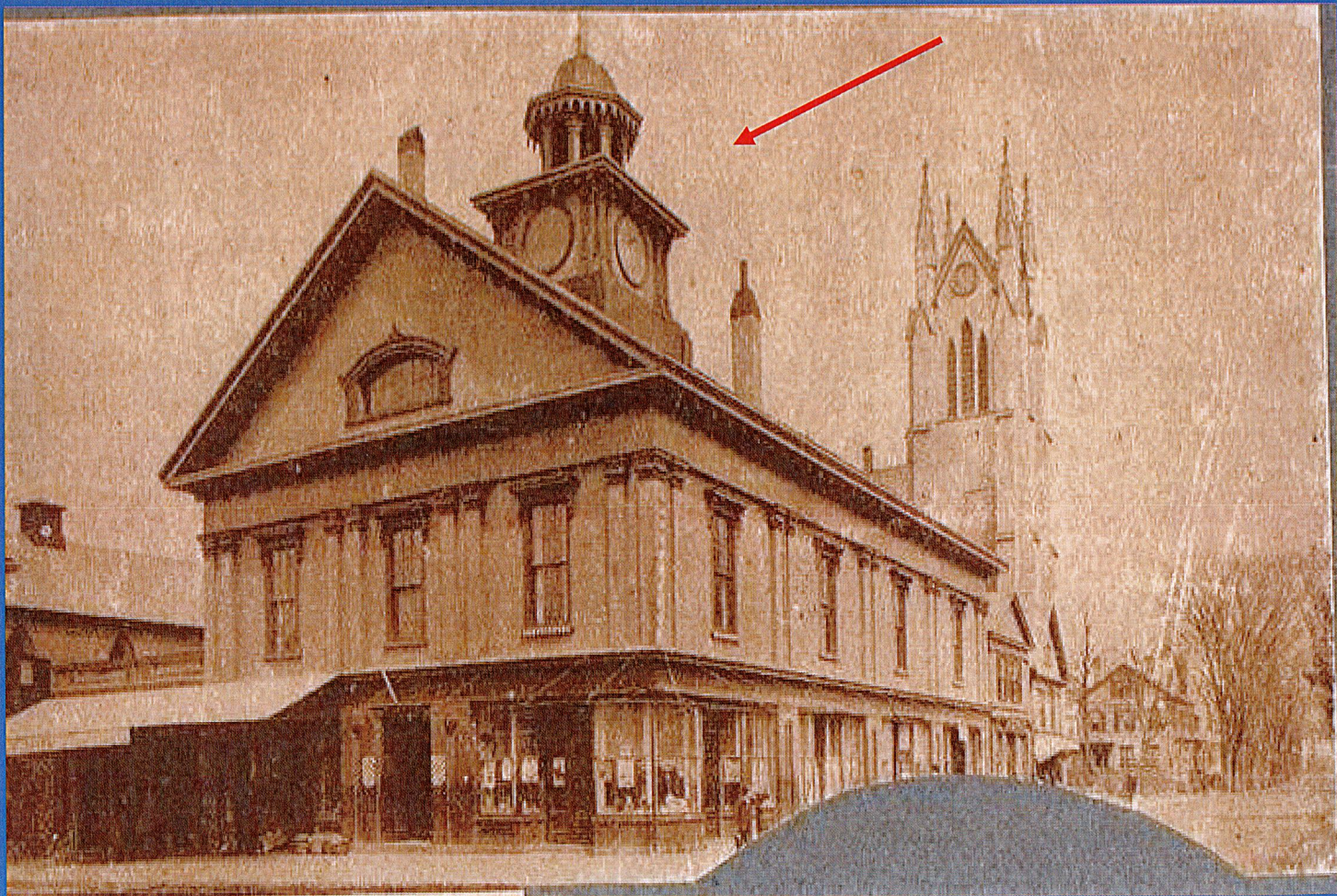
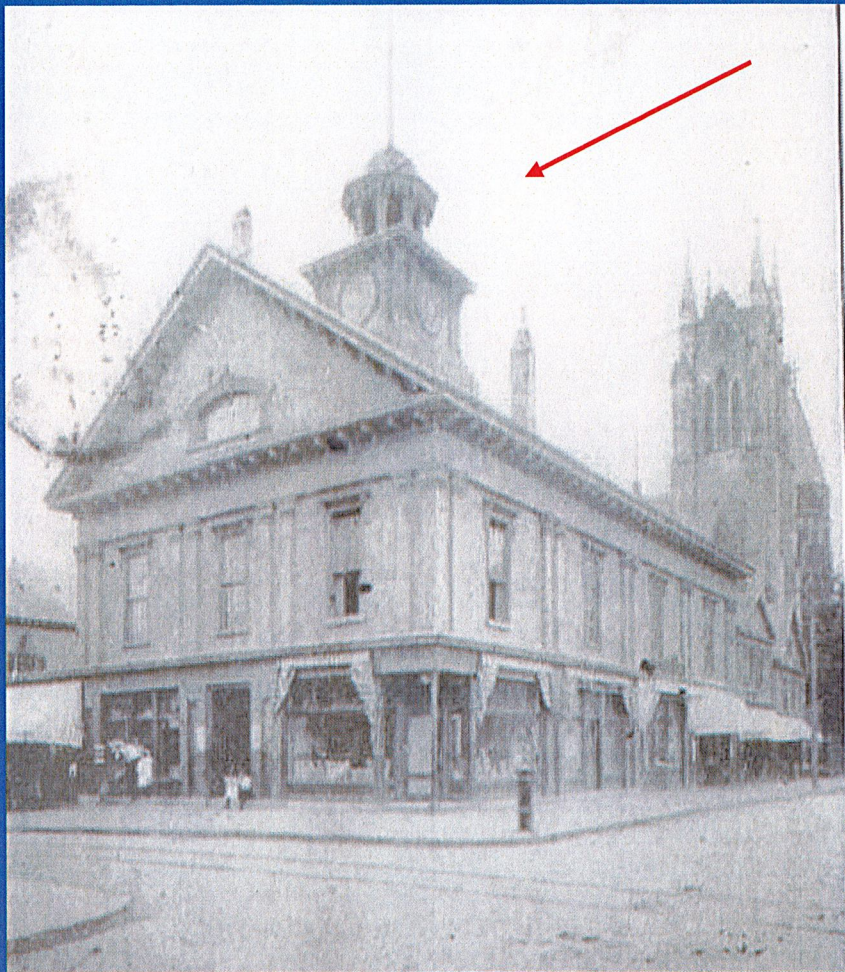
Mrs. Eliza Radcliffe
90 Laurel Street
Fairhaven, Ma 02715

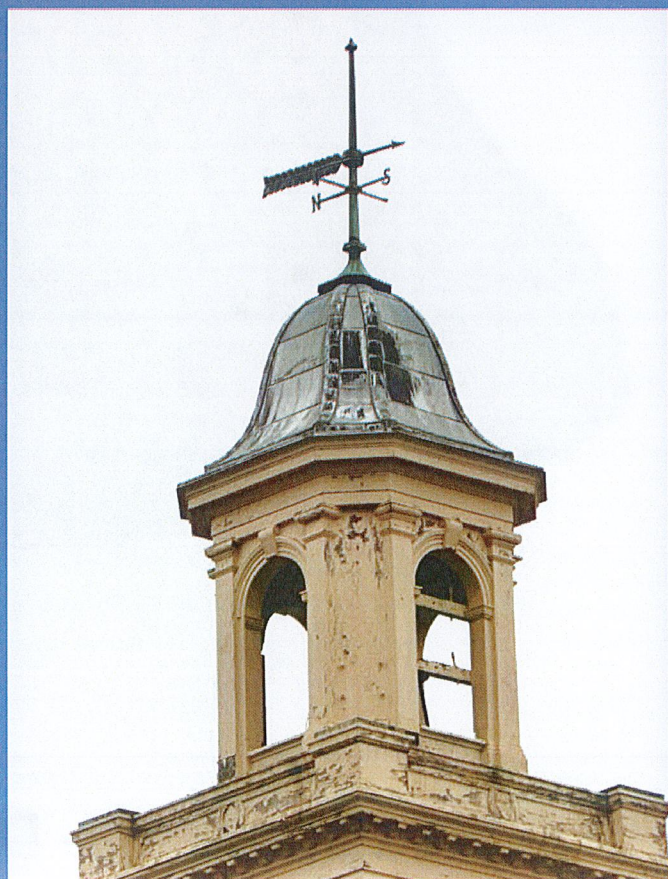
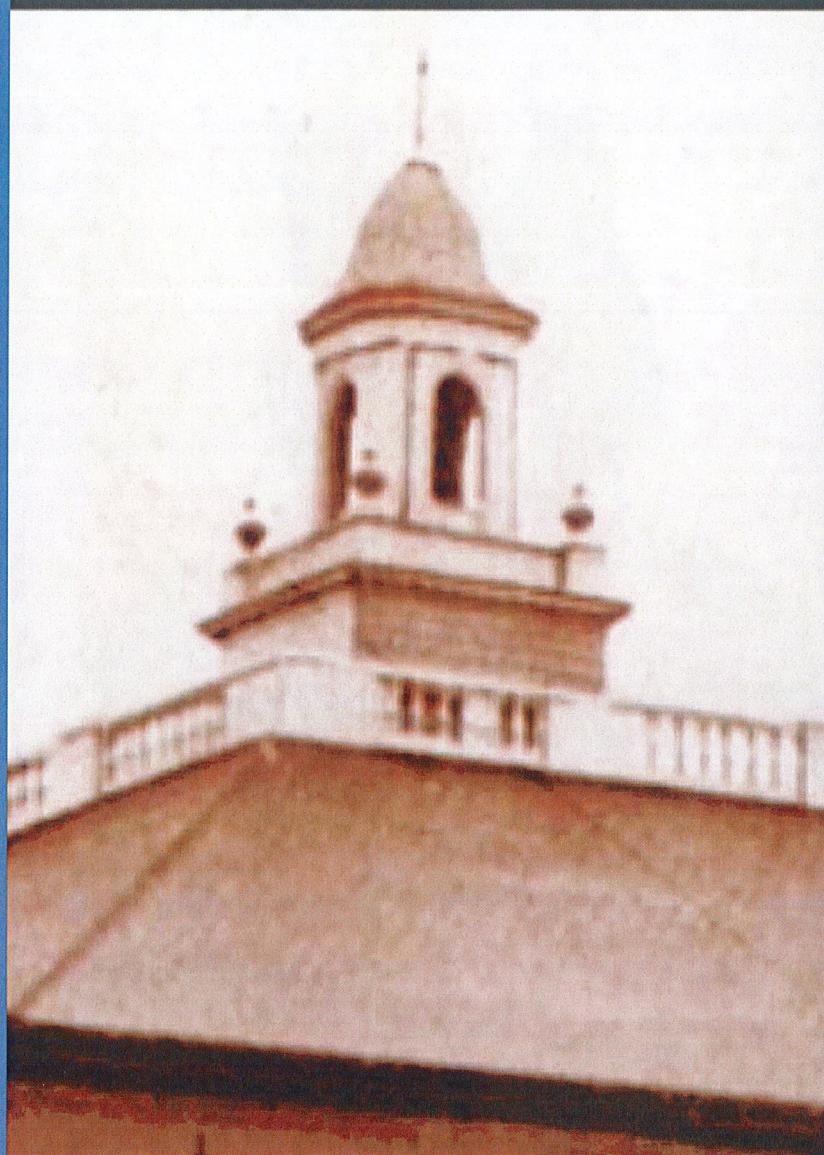
Dear Mrs. Radcliffe:

Enclosed is a copy of the letter written by Joseph Bates to
your Reverend asking to have the Bell sent to New Bedford. I
will write out what it says: "New Bedford Aug 22. 1860. I
understand you have Cast the Bell for New Bedford Academy.
Should take it. . . . if you would send it by Capt Host of
New Bedford he will be at Davis Wharf in the Sloop Freelove
& Polly. Capt Isaac Sherman Merchant of this town is a
Committee with me and he is Boston in the . . .
one month when (he shall) call on you and settle for it
from your most Obedient & Humble Servant Joseph Bates."
In the lower left it says "Col Rivier"

I signed that you have sent the Bell for New Bedford
Academy. Should take it. . . . if you would send it by Capt Host of
New Bedford he will be at Davis Wharf in the Sloop
Freelove & Polly.

Isaac Sherman Merchant of this town is a Committee







BEFORE CLEANING- DAY OF REMOVAL



**REVERE BELL BEFORE
CLEANING**



BEFORE

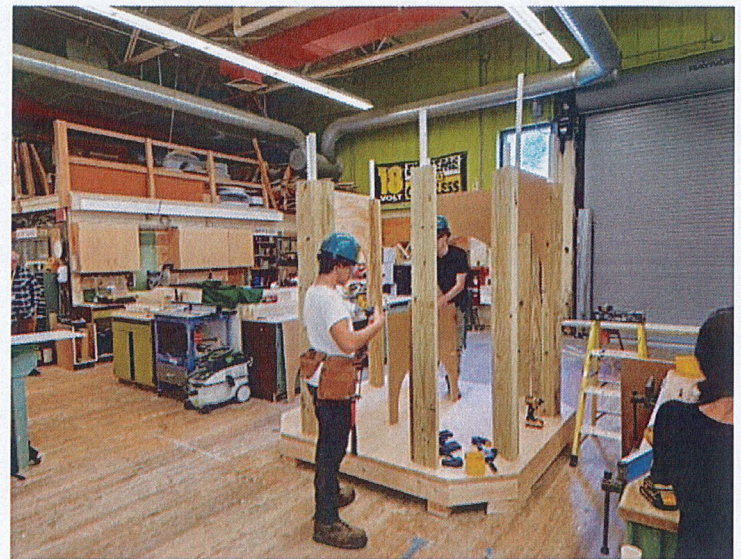


AFTER

**BLENDING OF THE
PATINA**









**LOCATION IS SECURED ON THE RIGHT SIDE-
MIDDLE OF TOWN HALL BEHIND FLAG POLE**



Holtz, Paul (SEC)

From:paul.holtz@state.ma.us

To:Doug B.

Doug Brady, Chair
Fairhaven Bell Committee
40 Center Street
Fairhaven, MA 02179

Dear Mr. Brady;

..... After review of the submitted project information, the MHC is agreeable to the scope of the project as presented.

These comments are provided to assist in compliance with M.G.L. Chapter 184, Section 31-33 and the terms of the preservation restriction agreement.

Thank you for your cooperation.

Paul Holtz
Historical Architect
Co-Director Grants Division
Massachusetts Historical Commission
220 Morrissey Blvd.
Boston, Ma 02125
(617) 727-8470 x347

Paul.holtz@sec.state.ma.us

Revere Bell is currently in safe
town storage awaiting
completion of the cupola



AND

the effects of the Town Hall
retaining wall repairs

The sustainability model for the proposed Embedded Mental Health Clinician is structured to ensure long-term stability, predictable financial planning, and a responsible transition from opioid settlement funding to full municipal support. The framework spans 13 fiscal years (FY27–FY39) and reflects the anticipated annual distribution of Massachusetts Opioid Settlement Funds to the Town of Fairhaven.

Years FY27–FY29: 100% Opioid Settlement Funding

For the first three years, the clinician's full compensation, including salary and indirect costs, is funded entirely through opioid settlement proceeds.

This period serves three essential purposes:

1. **Data Collection:** The town can collect performance metrics demonstrating the clinician's impact on public safety, behavioral health outcomes, emergency service reduction, and linkage to treatment.
2. **Program Validation:** Departments, including Police, Fire, Health, Elder Services, and Veterans Services can establish workflow, referral protocols, and shared-use efficiencies.
3. **Budget Forecasting:** With no immediate financial burden placed on the operating budget, Fairhaven has time to assess long-term financial capacity and plan strategically.

During these three years, the Town's monetary contribution is \$0 under all salary scenarios.

Years FY30–FY39: 10-Year Tiered Transition to Full Town Funding

Beginning in FY30, the Town gradually assumes financial responsibility for the clinician's position. The contribution increases by 10% each year, beginning at 10% in FY30 and reaching 100% by FY39, at which point the position becomes fully integrated into the municipal operating budget.

Each scenario below includes a 32% indirect cost rate, which accounts for taxes, insurance, retirement contributions, administrative overhead, and other employment-related expenses.

Total Compensation Amounts Used in Calculations

- \$65,000 base salary with \$85,800 with indirect costs
- \$75,000 base salary with \$99,000 with indirect costs
- \$85,000 base salary with \$112,200 with indirect costs

Town Contribution Over Time

Under the tiered model:

FY30:

Town funds **10%** of total compensation

- \$65k scenario: \$8,580
- \$75k scenario: \$9,900
- \$85k scenario: \$11,220

FY31:

Town funds **20%** of total compensation

- \$65k scenario: \$17,160
- \$75k scenario: \$19,800
- \$85k scenario: \$22,400

FY32:

Town funds **30%** of total compensation

- \$65k scenario: \$25,740
- \$75k scenario: \$29,700
- \$85k scenario: \$33,660

FY33:

Town funds **40%** of total compensation

- \$65k scenario: \$34,320
- \$75k scenario: \$39,600
- \$85k scenario: \$44,880

FY34 (**50% mark**):

Town funds half of total compensation

- \$65k scenario: \$42,900
- \$75k scenario: \$49,500
- \$85k scenario: \$56,100

FY35:

Town funds **60%** of total compensation

- \$65k scenario: \$51,480
- \$75k scenario: \$59,400
- \$85k scenario: \$67,320

FY36:

Town funds **70%** of total compensation

- \$65k scenario: \$60,060
- \$75k scenario: \$69,300
- \$85k scenario: \$78,540

FY37:

Town funds **80%** of total compensation

- \$65k scenario: \$68,640
- \$75k scenario: \$79,200
- \$85k scenario: \$89,760

FY38:

Town funds **90%** of total compensation

- \$65k scenario: \$77,220
- \$75k scenario: \$89,100
- \$85k scenario: \$100,980

FY39 (**100% absorbed**):

Town fully funds total compensation

- \$65k scenario: \$85,800
- \$75k scenario: \$99,000
- \$85k scenario: \$112,200

The Town's contribution grows gradually and predictably, allowing the Finance Committee and Select Board to incorporate incremental increases into annual budgeting. This phased approach avoids sudden spikes in municipal spending and aligns the final transition with the full exhaustion of opioid settlement funds.

TOWN OF FAIRHAVEN, MASSACHUSETTS

Proposal for the Establishment of a Full-Time Embedded Mental Health Clinician

Submitted To:

The Honorable Members of the Fairhaven Select Board and Town Administrator Keith Hickey

Town of Fairhaven, Massachusetts

Submitted By:

Fairhaven Police Department

In partnership with the Fire Department, Department of Health, Council on Aging, and Veterans

Affairs

Primary Contact:

Kevin Swain
Lieutenant
Fairhaven Police Department
kevin.swain@fairhavenpolice.org
508-997-7421 ext. 6093

Date of Submission: November 1, 2025

Funding Source: Town of Fairhaven Opioid Settlement Funds Supplemental Request

Supplemental Request: Town Administrator's RIZE Mosaic Grant Matching Commitment
(First-Year Support)

This proposal seeks authorization and financial support to establish a full-time Embedded Mental Health Clinician to serve as a shared resource across multiple town departments, enhancing Fairhaven's coordinated response to mental health, substance use, and community wellness challenges.

Town of Fairhaven, Massachusetts

Select Board Proposal

Proposal for the Establishment of a Full-Time Embedded Mental Health Clinician

To: The Honorable Members of the Fairhaven Select Board & Town Administrator Keith Hickey

From: Daniel Dorgan, Chief, Fairhaven Police Department

Kevin Swain, Lieutenant, Fairhaven Police Department

Date: November 1, 2025

Subject: Proposal for Full-Time Embedded Mental Health Clinician

Executive Summary

The Fairhaven Police Department respectfully submits this proposal for the creation of a full-time embedded mental health clinician position. This role will be designed as a shared town-wide resource, providing behavioral health services and crisis response support to the Police Department, Fire Department, Health Department, and the Departments of Elder and Veterans Affairs. The proposed position directly responds to the growing behavioral health and substance use challenges facing our community, particularly those stemming from the ongoing opioid epidemic. First responders and human services staff have seen a marked increase in incidents involving substance use, overdose, and mental health crises. These complex calls require specialized expertise to ensure appropriate care, reduce unnecessary emergency or criminal justice involvement, and improve outcomes for residents and first responders.

Funding for this position is proposed to come from the Town's allocation of opioid settlement funds. These funds are specifically intended to strengthen community-based responses to substance use disorders, prevention, treatment, recovery, and harm reduction.

Rationale and Community Need

The opioid crisis continues to impact residents of all ages and backgrounds. Local response trends demonstrate an ongoing need for coordinated intervention efforts that combine public safety, public health, and social service disciplines. Currently, first responders frequently encounter individuals in crisis without immediate access to trained clinical professionals who can assess needs, de-escalate situations, and connect individuals to ongoing treatment.

An embedded clinician model has proven highly effective across Massachusetts communities by providing on-scene crisis response, conducting follow-up and care coordination, offering clinical support and consultation to staff, delivering training on trauma-informed care and mental health first aid, and enhancing community outreach and prevention initiatives.

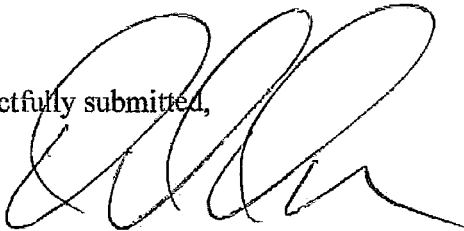
Funding and Implementation

The proposed clinician position would be fully funded for the first three years through the Town's opioid settlement funds, with no immediate impact on the town's general operating budget. Upon approval, the Police Department will collaborate with the Town Administrator, Health Department, and other stakeholders to finalize the job description, establish performance metrics, and explore partnerships with regional behavioral health providers.

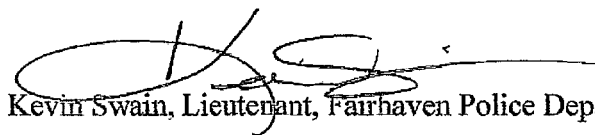
Conclusion

The establishment of a full-time embedded mental health clinician represents a proactive, evidence-based approach to addressing behavioral health and substance use challenges within Fairhaven. By leveraging opioid settlement funds, the town will enhance crisis response capabilities, reduce long-term public safety costs, and improve the overall well-being of its residents. The Police Department respectfully requests the Select Board's consideration and approval of this proposal.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. Dorgan', written over the text 'Respectfully submitted,'.

Daniel Dorgan, Chief, Fairhaven Police Department

A handwritten signature in black ink, appearing to read 'K. Swain', written over the text 'Kevin Swain, Lieutenant, Fairhaven Police Department'.

Kevin Swain, Lieutenant, Fairhaven Police Department

Fairhaven Police Department's Community Outreach Unit- History

In 2017, the Fairhaven Police Department and the community that it represents and protects was overwhelmed with the devastating effects of the opioid crises. Recognizing the need to provide support for those affected by the crises, the Fairhaven Police Department formed a community outreach response unit. The goal of the unit was to provide immediate and personalized support for individuals who had experienced an overdose, by connecting them with a substance use recovery coach. Additional goals included, intervention and prevention, assistance with treatment, and engaging with individuals in harm-reduction strategies and recovery services to reduce the risk of future overdoses and improve the overall well-being of an individual affected by a substance use disorder.

The Fairhaven Police Department adopted a co-responder model, incorporating police officers, clinicians, social workers, members of the faith-based community, peers, and other personnel that respond in the field together. The outreach team also began coordinating with local agencies that provide needle exchange, naloxone distribution, and other harm-reduction services. Currently, the Fairhaven Community Outreach unit works with Fishing Partnerships, Seven Hills Foundation, Steppingstone, Bristol County Outreach, the Greater New Bedford Inter-Church Council, the New Bedford Crisis Center, Fairhaven Health Department, and the New Bedford Health Department. The unit is also part of the Fairhaven Opioid Task-Force, the Greater New Bedford Opioid Task-Force, and the Police Assisted Addiction and Recovery Initiative (PAARI). Officers on the unit and partnering coaches are trained as recovery coaches, trained in motivational interviewing, trauma-informed care, and harm reduction strategies. Officers within the unit attended a recovery coach academy. Officers within the unit have also received extensive crisis intervention training.

In 2019, the Fairhaven Police Department began utilizing the Critical Incident Management System database. The database, founded by Kelley Research Associates, supports law enforcement involvement in post-overdose and behavioral health deflection program models. The database effectively aids as a program management tool that assists in managing and sharing overdose data, identifying at-risk individuals, and integrating behavioral health modules.

In 2024, the Fairhaven Police Department furthered their partnership with the Bristol County Outreach Coalition. Through federal grant funding, Bristol County Outreach was able to provide the department with funding and access to a certified mental health clinician. Through these combined efforts, the Fairhaven community outreach unit implemented post-behavioral follow-up home visits with a mental health clinician. The collaborative effort integrates the strengths of both law enforcement and mental health expertise to provide safe, effective interventions for individuals experiencing mental health crises. The team assists in coordinating hospitalization or transportation to a mental health facility, using involuntary commitment protocols if necessary. In less acute situations, the clinician provides referrals to community mental health services, outpatient care, or other support systems like health insurance navigation, addiction recovery, or social work. Through follow-up visits, the clinician aids in ensuring continued care and potentially prevent future crises. By combining the strengths of law enforcement and mental health professionals, this plan ensures more compassionate and effective responses to mental health crises, with a focus on safety, support, and recovery. Officers involved in the program

undergo specialized mental health crisis intervention training, including recognizing mental health symptoms, de-escalation tactics, and cultural competency.

In 2024, the Fairhaven Police Department responded to seventeen overdoses, in which two were fatal. Narcan was administered on ten occasions and the deployment of Narcan was successful in all ten uses. The community outreach unit conducted one hundred sixteen follow-up attempts and were successful with sixty-four contact visits. Out of the sixty-four successful contact visits, forty-one people accepted services from the unit. Beginning in August of 2024, with the implementation of a mental health clinician, the department began documenting behavioral health data. Since the implementation of the behavioral health initiative, the program has expanded to clinician co-responder shifts in addition to post-incident outreach attempts.

So far, in 2025, the Fairhaven Police Department has responded to three suspected fatal overdoses and ten non-fatal overdoses, in which Narcan was administered during seven incidents. Officers have also responded to forty-nine behavioral health events, in which there were thirty-five involuntary mental health commitments. The community outreach unit received thirty-one at-risk referrals. Members of the community outreach unit, to include recovery coaches and/or a clinician have made two hundred thirty-three follow-up attempts, in which there were one hundred sixty successful contacts made. Out of those one hundred sixty successful contacts, one hundred three individuals accepted some form of services from the unit. Since 2020, the community outreach unit of the Fairhaven Police Department has attempted four hundred eighty follow-up visits, in which successful contact was made two hundred ninety-three times. Of the two hundred ninety-three successful contacts, one hundred eighty-seven individuals accepted services from the unit.

Fairhaven Police Department and the Community Outreach Unit responded to the following:

	2025	2024	2023	2022	2021	2020	2019	2018
Non-fatal overdoses	10	15	15	22	34	38	9	23
Fatal events	3	2	2	3	4	5	3	2
At-risk referrals	29	10	2	2	3	1	0	0
Narcan administered	8	10	10	18	24	29	7	18
Narcan saves	7	10	10	17	24	27	6	18
Follow-up attempts	217	116	63	52	27	5*	N/A	N/A
Successful contact	160	64	24	24	18	3	N/A	N/A
Services accepted	103	41	18	18	5	2	N/A	N/A

*(Covid-19 affected follow-ups)

Fairhaven Police Community Outreach Unit

Post-overdose response, Harm-reduction, At-risk referrals, and Mental Health Clinician Support

Unit Members	Support Staff	Agency
Lieutenant Kevin Swain (PC)	Deb Kelsey	Fishing Partnership
Sergeant Michael Bouvier	Jacqueline Maloney (PC)	Steppingstone
Sergeant Scott Joseph	Connie Rocha-Mimosa (PC)	Seven Hills Foundation
Officer Jason Tavares	Pam Kelley (PC)	Bristol County Outreach
Officer Marcy Christ	Jacki Boswell (Clinician)	Bristol County Outreach
Officer Michael Carrette	Reverend David Lima	Inter-Church Council
Officer Jillian Jodoin	Karen Macdonald	NB Health Department
	David Flaherty	Fairhaven Health Dept.

**Program Coordinator-(PC)*

Grant Funding

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) (active until 9/30/25)
No cost extension (active until fund depletion- anticipated February/March 2026)

Implementing Overdose Response Strategies at the Local Level (IOPSLL) (expired 6/30/24)

Source	Grant Manager	Agency
Bristol County Outreach	Chief David Enos	Seekonk Police Department

Recovery Coach Training

Lieutenant Kevin Swain
Sergeant Michael Bouvier
Sergeant Scott Joseph
Officer Michael Carrette
Officer Jillian Jodoin

Crisis Intervention Team Training

Lieutenant Kevin Swain
Sergeant Michael Bouvier
Sergeant Scott Joseph
Officer Michael Carrette
Officer Jillian Jodoin
Officer Marcy Christ
Officer Jason Tavares

Program Objective:

To provide immediate and personalized support for individuals who have experienced an overdose, by connecting them with a substance use recovery coach. The goal is to engage with individuals in harm reduction strategies and recovery services, reducing the risk of future overdoses and improving overall well-being.

The Fairhaven Police Department has adopted a co-responder model, incorporating police, clinicians, social workers, peers or other personnel that respond in the field together.

1. Initial Assessment and Data Tracking

Identify Target Population: Work with local health departments, EMS, and hospitals, utilize call logs and police reports, as well as notifications from the Bristol County Critical Incident Management System to identify individuals at high risk of overdose or those who have recently overdosed.

Partner with Local Organizations:

Collaborate with St. Luke's Hospital to identify overdose survivors.

Coordinate with local agencies that provide needle exchange, naloxone distribution, and other harm reduction services. Currently, the Fairhaven Community Outreach unit works with Fishing Partnerships, 7 Hills Foundation, Steppingstone Peer-to-Peer and the New Bedford Health Department. The unit is also part of the Fairhaven Opioid Task Force, the Greater New Bedford Opioid Task Force, Bristol County Outreach, and Police Assisted Addiction and Recovery Initiative (PAARI).

Partner with local AA/NA groups, sober living homes, and peer recovery networks to facilitate smooth transitions into recovery.

Identify individuals who have experienced an overdose within the town of Fairhaven, then track all pertinent data within the Critical Incident Management System (CIMS). Utilize data for field response and dissemination to other local police agencies for non-residents.

2. Training for Substance Use Recovery Coaches

Certification and Expertise: Ensure all coaches are certified as a recovery coach, trained in motivational interviewing, trauma-informed care, and harm reduction strategies. Officers within the unit will attend a recovery coach academy.

Cultural Sensitivity: Train coaches in cultural competency to address the unique needs of diverse populations within the community.

Mental Health Support: Coaches should have basic training in recognizing signs of mental health crises and know how to refer clients to mental health services when necessary. Officers within the unit will attend a 40-hour Crisis Intervention Training.

3. Outreach and Engagement Strategies

Warm Handoff: Partner with Fairhaven emergency responders or hospital staff to arrange a warm handoff to a recovery coach after an overdose event. The coach will follow up with the individual as soon as possible.

Home Visits: Arrange visits to the individual's home or other safe locations. The goal of the first visit is to build rapport, assess immediate needs, and provide harm reduction supplies (e.g., naloxone, fentanyl test strips).

Family Involvement: Where appropriate, engage family members in the support process, offering them resources to better understand addiction and overdose prevention.

Transportation Assistance: Provide transportation options for individuals needing access to detox centers, recovery meetings, or harm reduction services. **(Fairhaven Community Outreach currently does not have a system in place for this service.)**

4. Developing Trust and Building Relationships

Non-Judgmental Approach: Recovery coaches must approach individuals with empathy, understanding, and without judgment.

Consistent Check-ins: Follow-up visits and check-ins should occur regularly (weekly or bi-weekly) to maintain engagement and build trust.

Connection to Resources:

Substance Use Treatment: Provide information and facilitate access to local detox and rehabilitation services.

Mental Health Services: Connect individuals to therapy, psychiatric care, or counseling.

Basic Needs Support: Help individuals find stable housing, employment resources, and social services.

24/7 Support: Provide hotline numbers or immediate contact options in case of crisis or relapse. The Fairhaven Community Outreach Unit currently utilizes a department issued cell phone, which number has been disseminated throughout the community. The current phone number is 774-822-0227. A quick response code (QR code) has also been established and disseminated throughout the community. The QR code links individuals to local resources via the Town of Fairhaven web page. Current resources include Positive Addiction Against Chemical Addiction (PAACA), Fishing Partnerships, Seven Hills, High Point Treatment Center, Massachusetts Substance Abuse Helpline, the national crisis hotline, suicide hotline, and substance use hotline. Other support groups, education, and peer support resources is also listed with quick web links.

5. Data Collection and Monitoring

Track Interactions: Document each visit and interaction through CIMS.

Measure Success: Use metrics such as reduced overdose recurrences, increased engagement with recovery services, and improved overall well-being to measure program success. Current data analysis is conducted by Bristol County Outreach.

Feedback Loops: Collect feedback from individuals, family members, and community partners to improve outreach strategies and address any gaps in service. Information obtained will be shared with members of the unit, as well as partnering agencies.

Harm Reduction Plan

Objective:

To reduce the risks associated with substance use through practical, compassionate strategies that promote safety, well-being, and dignity, while respecting an individual's autonomy.

1. Naloxone Distribution and Training

Access to Naloxone: Ensure that all participants and family members have access to free or low-cost naloxone. Currently Fishing Partnerships and Seven Hills offer Narcan as a harm-reduction measure. Bristol County Outreach and the New Bedford Health Department have recently outfitted the unit with Narcan.

Training: Provide training on naloxone use to individuals, families, and community members. Include training on how to recognize signs of an overdose and administer naloxone safely. Currently Fishing Partnerships and Seven Hills offer this type of training.

2. Safe Use Education

Overdose Prevention Tips: Educate individuals about the dangers of using substances alone, mixing drugs, or using after a period of abstinence (increased risk of overdose due to reduced tolerance).

Fentanyl Testing: Distribute fentanyl test strips and educate individuals on how to test their drugs for the presence of fentanyl, reducing the risk of accidental overdoses. Currently Fishing Partnerships and Seven Hills distribute these items during home visits as part of harm-reduction efforts.

3. Needle Exchange Program

Safe Injection Supplies: Provide clean needles, syringes, and other injection supplies to prevent the spread of infectious diseases like HIV and Hepatitis C. Seven Hills currently offers this service.

Sharps Disposal: Offer safe disposal options for used syringes to prevent harm to the community and individuals. The Fairhaven Police Department has disposal containers in police vehicles.

4. Peer Support and Counseling

Peer-Led Groups: Connect individuals with peer-led harm reduction groups that offer support without requiring immediate abstinence.

Counseling: Offer non-abstinence-based counseling services that help individuals make safer choices while they are actively using substances.

5. Reducing Stigma

Community Education: Organize community education campaigns to reduce the stigma associated with substance use. Highlight harm reduction as a compassionate and effective strategy for saving lives.

Language Matters: Encourage the use of person-first language in all communications to reduce stigma (e.g., “person with substance use disorder” vs. “addict”).

6. Access to Comprehensive Services

Low-Barrier Health Care: Provide access to health services that do not require individuals to stop using substances to receive care (e.g., wound care, STD testing). Seven Hills currently offers a variety of services related to this, as does the New Bedford Health Department.

7. Community Partnerships and Advocacy

Work with local support agencies, faith-based organizations, and health and educational services to provide a wide range of support for those who suffer from addiction.

Conclusion:

This comprehensive community outreach and harm reduction plan centers on saving lives, building trust, and supporting individuals as they navigate the complexities of substance use and recovery. By offering both immediate harm reduction tools and pathways to recovery, the program can create a safer, more supportive environment for individuals and their families.

Overview of Opioid Settlement Fund Guidelines and Eligible Uses

Proposal: Establishment of a Full-Time Embedded Mental Health Clinician

Funding Source: Opioid Settlement Funds

I. Background

The Town of Fairhaven receives funding through the Massachusetts Statewide Opioid Settlement Agreements with national opioid manufacturers, distributors, and pharmacies. These settlement funds, administered under the Massachusetts State-Subdivision Agreement, are designed to remediate and abate the harms caused by the opioid epidemic. Approximately 40% of the Commonwealth's settlement proceeds are distributed directly to municipalities such as Fairhaven, while 60% is allocated to the Opioid Recovery and Remediation Fund (ORRF) for statewide initiatives. Municipalities are required to use their allocations to supplement and expand existing prevention, treatment, harm reduction, and recovery efforts related to opioid use disorder (OUD) and its impacts on residents and families.

II. Guiding Principles for Municipal Use of Funds

- **Supplement, not supplant:** Funds must enhance or expand existing programs rather than replace them.
- **Community input:** Municipalities should engage stakeholders in planning and implementation.
- **Behavioral health integration:** Projects should address co-occurring mental health and substance use disorders.
- **System coordination:** Initiatives should close service gaps and foster collaboration between public safety, health, and social services.
- **Transparency and reporting:** Annual public reporting of expenditures and measurable outcomes is expected.

III. Eligible Categories of Use

1. Treatment and Intervention Services

Alignment with Fairhaven's Proposal:

The clinician will provide crisis intervention, on-scene behavioral health assessments, and coordination of referrals to treatment and recovery programs.

2. Prevention and Early Intervention

Alignment with Fairhaven's Proposal:

The clinician will lead community education and training for first responders on overdose response, mental health awareness, and stigma reduction.

3. Harm-Reduction and Recovery Support

Alignment with Fairhaven's Proposal:

The clinician will assist individuals following overdose or crisis incidents, ensuring continuity of care and connections to recovery supports.

4. Co-Occurring Mental Health Disorders

Alignment with Fairhaven's Proposal:

The clinician will address the intersection of addiction, trauma, and mental health, particularly for vulnerable populations, such as veterans and older adults.

5. Innovations and Systems Coordination

Alignment with Fairhaven's Proposal:

Embedding one clinician across Police, Fire, Health, Elder, and Veteran Affairs Departments fills a critical gap and builds interdepartmental collaboration.

IV. Justification for Funding Source

Using Fairhaven's opioid settlement funds to establish a full-time embedded mental health clinician is fully consistent with the settlement's intent and the Commonwealth's guidance. This position directly addresses the behavioral health and substance use impacts of the opioid epidemic, providing a vital resource that connects residents to treatment and recovery while supporting first responders in the field.

V. Implementation and Oversight

- Develop a written implementation plan and define performance metrics.
- Collaborate with the Health Department and behavioral health providers for clinical oversight.
- Submit annual public reports documenting expenditures and community impact.
- Maintain compliance with Massachusetts General Laws Chapter 30B and Opioid Abatement

Fund Guidance.

VI. Summary

The proposed Embedded Mental Health Clinician represents a strategic, compliant, and community-centered investment of Fairhaven's opioid settlement funds. By embedding a licensed clinician within public safety and human service departments, Fairhaven will strengthen behavioral health response, improve access to care, enhance prevention, and build a coordinated model of community health and safety.

Implementation of Planned Project

Embedded Shared-Use, Town-Wide Mental Health Clinician

Project Title:

Community Care in Action: Expanding Embedded Mental Health and Social Work Services for Police-Community Response in a Town-Wide Shared-Use Initiative.

Project Summary:

This project aims to scale and sustain a successful local innovation pilot program by funding a full-time embedded mental health clinician, enhancing crisis response, social service, and long-term community wellness through continued collaboration between law enforcement, behavioral health professionals, and community partners focused on those affected by the opioid epidemic.

Project Team & Planning Partnerships:

The project will be led by the Fairhaven Police Department and guided by the town health department, with strong collaboration among other municipal agencies and community-based partners. The police department will serve as the lead agency, overseeing daily operations, coordinating response efforts, managing data collection, and ensuring the embedded clinician is effectively integrated into police and community response activities. Designated police supervisors will monitor case coordination, response protocols, and follow-up efforts to maintain consistency and accountability.

The town health department will provide overall program guidance, ensuring all activities align with public health priorities, harm-reduction strategies, and confidentiality standards. The health agent will oversee compliance with health regulations and contribute to community education and outreach efforts related to prevention and recovery.

The embedded mental health clinician will respond along with law enforcement officers to substance use and behavioral health calls, as well as with members of the community outreach unit to conduct post-overdose follow-ups, connecting individuals to treatment and recovery resources, while also maintaining collaborative relationships with healthcare and social service providers.

The fire department will assist with overdose response calls and providing referrals for follow-up outreach visits. The veteran's service officer and elderly social service coordinator will provide outreach referrals for veterans and elder adults affected by substance use and co-occurring behavioral health issues. Community based organizations will continue to offer ongoing recovery and treatment support for individuals and families affected by substance use disorders. Together these aforementioned partners will provide a cohesive, data-informed compassionate approach to addressing the opioid epidemic.

Needs Assessment:

Data used to identify the need for this project was gathered through a comprehensive local database that tracks overdoses, at-risk referrals, follow-up visits, and behavioral health incidents. Analysis of this data revealed a steady increase in opioid-related emergencies, repeated overdoses involving the same individuals, and a growing number of behavioral health calls requiring both clinical and social service intervention. Trends also indicated a service gap between emergency response and long-term recovery management, with many individuals failing to connect to treatment or harm reduction after initial contact.

Community outreach efforts, including partnerships with local health officials, recovery support organizations, and residents further reinforced the need for a sustained, embedded mental health clinician that can provide immediate post-crisis intervention to care and coordinated follow-up support. Feedback from public safety, social service partners, and local health officials emphasized that the current per-diam clinician coverage is insufficient to meet the demand during high-incident periods and for ongoing recovery support.

This project directly addresses these identified needs by expanding the embedded clinician position to full-time status, ensuring consistent coverage for overdose response, follow-up, and substance use outreach. The clinician will coordinate with police, fire, public health partners to deliver comprehensive intervention, prevention, and referral services. By integrating behavioral health expertise within the first response and community outreach systems, the project aims to reduce repeat overdoses, close gaps between emergency and recovery services, and strengthen the community's overall response to the opioid epidemic.

Communication:

To ensure transparency and maintain public trust, the project will include a clear communication and community engagement plan. The Fairhaven Police Department, in collaboration with the Town's Health Department and embedded clinician, will provide regular updates on the program's progress, outcomes, and community impact through multiple-facing channels. Information will be shared publicly with the selectboard and other community forums, allowing residents to ask questions, provide feedback, and learn how the program addresses substance use and behavioral health needs. Updates will be available that summarize data trends, such as follow-up contacts, overdose response and outcomes, and partnerships formed to enhance prevention and recovery.

The program will maintain an open communication line, where members of the community can submit questions, concerns, or referrals directly to program staff. The health department and police department administrators will ensure timely, respectful responses and clarify the program's goals, privacy protections, and use of settlement funds. Additionally, outreach materials and presentations will highlight the role of the embedded clinician, data outcomes, and available local resources for treatment, harm-reduction, and recovery.

By prioritizing open communication, transparency, and community involvement, this project will build confidence, strengthen understating of behavioral health initiatives, and demonstrate accountability in addressing the opioid crisis through collaborative data-driven strategies. The goal of the reporting, communication, and transparency is to solidify a need for permanent position funding from the Town of Fairhaven's operating budget.

Sustainability Plan

Long-Term Funding and Integration into the Town Operating Budget

To ensure the long-term viability of the embedded mental health clinician position beyond the initial period supported by opioid settlement funds, the Town of Fairhaven will adopt a tiered sustainability model that transitions financial responsibility from the opioid settlement allocation to the town's general operating budget over a 10-year period. This approach allows for program stabilization, data collection, and measurable impact assessment during the first three years, while responsibly planning for permanent integration of the position into town operations. Currently, the opioid settlement funds in Massachusetts will be disbursed through 2039.

Tiered Funding Structure

The following framework outlines the planned transition of financial responsibility over a 10-year period. Percentages represent the share of total personnel and indirect costs funded by each source.

Implementation and Oversight

Annual Fiscal Review: The Town Administrator, Police Department, and Finance Committee will conduct annual reviews to assess financial capacity, program effectiveness, and available opioid settlement balances.

Data-Driven Transition: During the first three years, data on community outcomes, such as reduced emergency response calls, fewer overdoses, and successful treatment linkages, will inform long-term budgeting and demonstrate cost savings.

Strategic Budget Integration: Beginning in Year 4, incremental funding allocations will be proposed in the town's annual operating budget to ensure seamless absorption by Year 10.

Transparency and Reporting: The Police Department will coordinate with the Health Department to publish annual reports summarizing expenditures, outcomes, and progress toward sustainability.

Conclusion

This sustainability plan ensures that the embedded mental health clinician position evolves from full opioid settlement funding to a stable, fully budgeted municipal role. By using Opioid Settlement Funds strategically over the first three years and transitioning gradually thereafter, Fairhaven will secure a sustainable, long-term behavioral health resource that continues to address the opioid crisis and related community needs well beyond the life of the settlement funds.

Clinician Salary Funding Transition

OSF= Opioid Settlement Funds			
Fiscal Year	Town Operating Budget Contribution	OSF Contribution	Funding Description
2027	0%	100%	Full funding from opioid settlement funds proceeds. Initial year supports salary, benefits, and startup costs.
2028	0%	100%	Continued full funding from opioid settlement funds as the program develops evaluation data and reporting processes.
2029	0%	100%	Final year of full opioid funding. Position and program operations become fully established and evaluated for long-term success.
2030	10%	90%	Transition phase begins. Town assumes partial funding as settlement funds gradually reduce.
2031	20%	80%	Town contribution increases as opioid fund dependency decreases.
2032	30%	70%	Town contribution continues to increase as opioid fund dependency decreases.
2033	40%	60%	Town contribution continues to increase as opioid fund dependency decreases.
2034	50%	50%	Town contribution matches half of opioid funding.
2035	60%	40%	Town assumes majority of cost.
2036	70%	30%	Continued phase-out of opioid funding as clinician becomes embedded in the town's operating structure.
2037	80%	20%	Minimal opioid settlement funds used.
2038	90%	10%	Nearly complete transition into the town's operating budget.
2039	100%	0%	Full integration into town's operations. All salary, benefits, and indirect costs absorbed by the town's general budget.

* Funding contribution percentages could change based off of additional settlement funding awards.

* Current COSSUP grant funding is anticipated to end in February/March 2026. To ensure a smooth transition with no interruption of services, it is recommended to implement position prior to Fiscal Year 2027.

Municipal Oploid Abatement Funds Look-Up Tool

Please note this tool tracks finalized settlements. As new settlements are achieved, this tool will be updated. The amounts listed reflect estimates, which may be subject to change prior to distribution.

To see the estimated disbursement amounts to a specific municipality for each year of the settlements:
1. Click on cell D8 - the shaded cell to the right of "Municipality"
2. Use the drop down menu to select a municipality. The amounts below will change to show the municipality's estimated payments. The Payment Details table to the right provides the payment dates, amounts, and type to date. (Updated 04/15/2025)

Municipality	Fairhaven
Allocation %	0.00326536

Actual Payment Details

Year	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Revenue	\$ 43,911.54	\$ 38,670.42	\$ 31,370.23	\$ 31,370.23	\$ 31,370.23	\$ 11,952.06	\$ 36,856.17	\$ 36,855.17	\$ 38,895.17	\$ 31,014.11	\$ 31,014.11	\$ 31,014.11	\$ 31,014.11	\$ 31,014.11	\$ 31,014.11	\$ 31,014.11	\$ 31,014.11	\$ 552,643.36
Expenses	\$ 23,958.72	\$ 26,828.72	\$ 23,958.72	\$ 23,958.72	\$ 23,958.72	\$ 8,286.82	\$ 26,828.79	\$ 26,828.79	\$ 26,828.79	\$ 13,100.93	\$ 13,100.93	\$ 13,100.93	\$ 13,100.93	\$ 13,100.93	\$ 13,100.93	\$ 13,100.93	\$ 13,100.93	\$ 104,445.27
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09
Capital Gains	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Losses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ 19,952.82	\$ 11,841.70	\$ 7,411.51	\$ 7,411.51	\$ 7,411.51	\$ 3,665.24	\$ 10,027.38	\$ 10,026.38	\$ 12,066.38	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 17,913.18	\$ 448,198.09

Community: Fairhaven
Lump or annual: Annual
Used for Policy Development Purposes: Only

Payment Date	Amount	Payment Type
3/15/2024	\$ 8,280.62	Terra Payment Year 1
7/28/2022	\$ 23,648.17	Distributer Payment Year 1
6/30/2022	\$ 25,063.27	Distributer Payment Year 2
11/2/2022	\$ 23,869.71	Janssen Payment Year 1
7/20/2023	\$ 23,882.71	Janssen Payment Year 3
8/15/2023	\$ 25,063.27	Distributer Payment Year 3
3/15/2024	\$ 13,807.53	Distributer Payment Year 7
3/15/2024	\$ 9,162.48	Atteropen Payment Year 1
3/15/2024	\$ 11,955.51	Walgreens Payment Year 1
3/15/2024	\$ 7,691.70	Walgreens Payment Year 2
3/15/2024	\$ 80,695.34	Walmart Payment Year 1
4/30/2024	\$ 10,190.60	CVS Payment Year 1
7/31/2024	\$ 31,370.23	Distributer Payment Year 4
7/31/2024	\$ 23,698.71	Janssen Payment Year 4
7/31/2024	\$ 9,163.49	Atteropen Payment Year 2
7/31/2024	\$ 13,244.45	CVS Payment Year 2
7/31/2024	\$ 9,018.26	Terra Payment Year 2
4/15/2025	\$ 7,691.70	Walgreens Payment Year 3

Town of Fairhaven- Current Opioid Settlement Funds: \$365,785

Massachusetts Statewide Opioid Settlement Funds

Municipal Opioid Abatement Funds Look-Up Tool

Important Information

Please note this tool tracks finalized settlements. As new settlements are achieved, this tool will be updated. The amounts listed reflect estimates, which may be subject to change prior to distribution.

Look-Up Tool Instructions

- To see the estimated disbursement amounts to a specific municipality for each year of the settlements:
1. Click on cell D8 - the shaded cell to the right of "Municipality."
2. Use the drop down menu to select a municipality. The amounts below will change to show the municipality's estimated payments. The Payment Details table to the right provides the payment dates, amounts, and type to date. (Updated 04/15/2025)

Municipality	Fairhaven
Allocation %	0.00326536

Estimated Annual Payments

Fiscal Year	Distributors	Janssen	Teva	Allergan	Wal-Mart	CVS	Walgreens	Total
2023	\$ 48,911.44	\$ 23,868.72	\$ 8,280.62	\$ 9,162.46	\$ 80,695.34	\$ 10,190.60	\$ 19,847.62	\$ 72,780.16
2024	\$ 39,870.80	\$ 23,868.72	\$ 8,286.79	\$ 9,168.48	\$ 8,124.46	\$ 16,236.05	\$ 7,891.70	\$ 190,916.16
2025	\$ 31,370.23	\$ 23,868.72	\$ 8,286.79	\$ 9,168.48	\$ -	\$ 16,236.05	\$ 7,891.70	\$ 88,710.39
2026	\$ 4,815.44	\$ 4,815.44	\$ 8,286.79	\$ 9,168.48	\$ -	\$ 16,236.05	\$ 7,891.70	\$ 77,768.70
2027	\$ 31,370.23	\$ 4,815.44	\$ 8,286.79	\$ 9,168.48	\$ -	\$ 16,236.05	\$ 7,891.70	\$ 77,768.70
2028	\$ 11,952.09	\$ 4,815.44	\$ 8,286.79	\$ 9,168.48	\$ -	\$ 16,236.05	\$ 7,891.70	\$ 58,366.43
2029	\$ 36,895.17	\$ 6,130.93	\$ 8,286.79	\$ 9,168.49	\$ -	\$ 16,236.05	\$ 7,891.70	\$ 84,500.14
2030	\$ 36,895.17	\$ 6,130.93	\$ 8,286.79	\$ 9,168.49	\$ 11	\$ 15,424.80	\$ 11,955.91	\$ 87,882.19
2031	\$ 36,895.17	\$ 6,130.93	\$ 8,286.79	\$ -	\$ -	\$ 14,600.86	\$ 11,955.91	\$ 77,869.87
2032	\$ 31,014.11	\$ -	\$ 8,286.79	\$ -	\$ -	\$ 14,600.86	\$ 11,995.91	\$ 66,667.68
2033	\$ 31,014.11	\$ -	\$ 8,286.79	\$ -	\$ -	\$ 14,600.86	\$ 11,995.91	\$ 66,667.68
2034	\$ 31,014.11	\$ -	\$ 8,286.79	\$ -	\$ -	\$ 11,995.91	\$ -	\$ 51,266.82
2035	\$ 31,014.11	\$ -	\$ 8,286.79	\$ -	\$ -	\$ -	\$ 11,955.91	\$ 51,266.82
2036	\$ 31,014.11	\$ -	\$ 8,286.79	\$ -	\$ -	\$ -	\$ 11,955.91	\$ 51,266.82
2037	\$ 31,014.11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 42,970.02
2038	\$ 31,014.11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,014.11
2039	\$ 31,014.11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,014.11
Total	\$ 562,643.36	\$ 104,445.27	\$ 107,722.13	\$ 64,173.38	\$ 80,695.34	\$ 142,486.76	\$ 154,953.43	\$ 1,207,119.68

*Janssen payment options were: default lump sum in November 2022 or electric annual equal payments from July 2022-2025.

*Janssen payment options were, default lump sum in November 2022 or elective annual equal payments between July 2022-2025.
Community: Fairhaven
Lump or annual: Annual
Used for Policy Development Purposes Only

Actual Payment Details

Payment Date	Payment Amount	Payment Type
3/15/2024	\$ 8,280.62	Teva Payment Year 1
7/29/2022	\$ 23,868.72	Distributor Payment Year 1
9/30/2022	\$ 23,868.72	Distributor Payment Year 2
11/2/2022	\$ 23,868.72	Janssen Payment Year 1
7/20/2023	\$ 23,868.72	Janssen Payment Year 3
8/15/2023	\$ 25,053.27	Distributor Payment Year 3
3/15/2024	\$ 13,807.53	Distributor Payment Year 7
3/15/2024	\$ 9,162.46	Allegan Payment Year 1
3/15/2024	\$ 11,955.91	Walgreen Payment Year 1
3/15/2024	\$ 7,891.70	Walgreens Payment Year 1
4/30/2024	\$ 10,190.60	Walgreen Payment Year 2
7/31/2024	\$ 31,370.23	Walgreen Payment Year 1
7/31/2024	\$ 31,370.23	Janssen Payment Year 1
7/31/2024	\$ 23,868.72	Janssen Payment Year 4
7/31/2024	\$ 9,168.48	Allegan Payment Year 2
7/31/2024	\$ 8,124.46	CVS Payment Year 2
7/31/2024	\$ 9,018.26	Teva Payment Year 2
4/15/2025	\$ 7,891.70	Walgreens Payment Year 3

Town of Fairhaven Community Mental Health Liaison

Position Summary

The Embedded Mental Health Clinician is a licensed behavioral health professional who will serve as a shared town-wide resource supporting the Town of Fairhaven's Police Department, Fire Department, Health Department, and the Departments of Elder and Veterans Affairs.

This position is designed to provide on-scene crisis intervention, behavioral health assessment, substance use disorder support, and care coordination for individuals and families experiencing crisis or distress. The clinician will work collaboratively with first responders and municipal staff to ensure timely, compassionate, and effective responses to mental health and substance use-related incidents.

This role is funded through the Town of Fairhaven's opioid settlement funds, reflecting the community's commitment to addressing the opioid epidemic and its broader behavioral health impacts through prevention, intervention, and recovery-oriented services.

Essential Duties and Responsibilities

- **Crisis Response and Intervention**
 - Respond with first responders to calls involving individuals in behavioral health or substance use crisis.
 - Provide on-scene assessment, de-escalation, and immediate crisis support.
 - Determine appropriate level of care and assist with voluntary or involuntary placement when necessary.
- **Follow-Up and Case Management**
 - Conduct outreach following crisis events to ensure continuity of care.
 - Develop individualized service plans and coordinate referrals to community-based treatment, recovery, or social service providers.
 - Maintain communication with families, providers, and partnering departments as appropriate.
- **Interagency Collaboration**
 - Serve as a clinical liaison among the Police, Fire, Health, Housing Authority, Council on Aging, and Veterans Affairs Departments. Additional duties to include functioning as a liaison to the Fairhaven Public School District.
 - Consult with staff on behavioral health-related cases and provide guidance on trauma-informed and de-escalation practices.
 - Participate in multidisciplinary case reviews and community wellness initiatives.

- Conduct co-responder shifts with officers of the Fairhaven Police Department.
- **Training and Education**
 - Provide training for first responders and town employees in areas such as crisis intervention, overdose response, suicide prevention, and mental health awareness.
 - Support public education efforts on behavioral health, addiction, and recovery resources.
- **Program Development and Reporting**
 - Collect data and prepare reports on service utilization, outcomes, and community impact. Current report management system being utilized is CIMS- Critical Incident Management System.
 - Assist in identifying trends, service gaps, and recommendations for program improvement.
 - Participate in grant reporting and evaluation requirements related to opioid settlement funding.

Minimum Qualifications

Master's degree in Social Work, Counseling, Psychology, or related field.

Licensed in Massachusetts as an LMHC, LICSW, or equivalent.

Minimum of three (3) years of experience in clinical behavioral health, crisis intervention, or substance use treatment.

Experience working in community-based, public safety, or multidisciplinary settings preferred.

Knowledge of local and regional behavioral health and recovery resources.

Strong interpersonal and communication skills; ability to work independently and collaboratively in a team-based environment.

Valid Massachusetts driver's license and ability to respond to calls across town departments.

Certification in CPR and First Aid preferred- certification must be obtained within 12 months of hire.

Supervision

The clinician will be operationally assigned to the Fairhaven Police Department for day-to-day coordination and dispatching of services, while maintaining clinical oversight through the Health Department or a partnering behavioral health agency to ensure adherence to clinical standards, documentation, and supervision requirements.

Performance Measures

Performance will be evaluated based on:

- Timely and effective response to behavioral health and substance use incidents.
- Number and quality of follow-up contacts and service linkages.
- Interdepartmental collaboration and satisfaction among participating departments.
- Reduction in repeated crisis calls or emergency interventions.
- Program reporting and compliance with opioid settlement funding objectives.

Work Environment

Work is performed in a combination of office, community, and field settings, often in dynamic or emotionally charged environments. The clinician must be able to respond to emergency situations during regular and occasional off-hours as needed.

Recommendations For Compensation- Embedded Mental Health Clinician

Current Job Postings in Massachusetts for Embedded Mental Health Clinician	
Municipality	Compensation
Town of Franklin	\$71,000-\$80,000
Town of Bridgewater	\$85,000
Town of Rockland	\$75,000+
<i>Franklin and Rockland (Pay is commensurate with experience)</i>	

Recommendations from current Bristol County Outreach Clinician	
Under 5 years-experience	\$65,000
Highly competitive salary commensurate with experience	\$100,000

Examples of Salary with Direct and Indirect Costs Added in at 32%	
Salary	Total with Direct and Indirect Costs
\$65,000	\$85,800
\$70,000	\$92,400
\$75,000	\$99,000
\$80,000	\$105,600
\$85,000	\$112,200
\$90,000	\$118,800
\$95,000	\$125,400
\$100,000	\$132,000

COMMUNITY OUTREACH/
MENTAL HEALTH CLINICIAN

Community Relations and Services 520.04

Fairhaven Police Department
Daniel M. Dorgan
Chief of Police

TYPE OF ORDER	NUMBER/SERIES	EFFECTIVE DATE	ISSUE DATE
General Order	520.04		
SUBJECT TITLE		PREVIOUSLY ISSUED DATES	
Community Outreach and Mental Health Clinician			
CALEA		RE-EVALUATION DATE	
SUBJECT AREA		DISTRIBUTION	
Community Relations and Services		All Personnel	

COMMUNITY OUTREACH AND MENTAL HEALTH CLINICIAN

I I. Purpose

Mental Health Clinician

The purpose of this position is to improve service to the community, especially in situations where the Easton Police Department responds to incidents involving persons with Mental Illness, Substance Use Disorder and Co-occurring Mental Illness Substance Use disorders. This position will lead the collaboration between mental health professionals and law enforcement to promote effective strategies to identify and effectively support persons in these vulnerable populations, reducing the risk to law enforcement, the individual and the public.

This position will focus on providing support tailored to the behavioral and mental health needs of the individual, and will provide ongoing, non-emergency case management and follow-up services to vulnerable populations in Easton working collaboratively with the Community Outreach Officer of the Easton Police Department, Fire/EMS Department, and the Department of Health and Community Services.

This position will encourage and utilize positive relationships with social support systems such as family, positive peer groups, and/or faith-based communities as well as with clinical and professional support systems such as rehabilitation clinics, therapists, and other mental health and addiction treatment service providers to improve outcomes, ultimately striving to reduce the occurrence of emergency-based acute crisis response via 911 and shifting towards ongoing treatment and service.

Community Outreach Officer

The Community Outreach program is comprised of police officer(s) who will focus on various issues of concern as provided to them in consultation with the Chief of Police. The Community Outreach Officer(s) will work with community members who are at high risk of victimization including the elderly and juvenile population; those who are experiencing substance use and mental health disorders; and a variety of other duties in support of patrol operations. Traditional policing efforts most often provide superficial attention to these types of problems which inevitably results in citizen frustration and recurring calls for service. The Community Outreach Program will create connections between law enforcement, mental health providers, hospital emergency services and individuals with substance use and mental health disorders so that resources can be provided to those in crisis. In addition, they may be assigned to work on other quality of life issues within the community including but not limited to domestic violence, traffic complaints, vandalism, etc.

II. Policy

It is the policy of the Easton Police Department to notify the Community Outreach Officer and/or Mental Health Clinician for a myriad of reasons to include but are not limited to: those suffering from substance use/abuse, mental health disorders, vulnerable populations who may be at high risk of victimization, domestic violence victims, and other quality of life issues as determined by the Chief of Police.

III. Procedure A. The Community Outreach Officer and Mental Health Clinician are available Monday – Friday during the hours of 8:00am – 4:00pm. Officers dealing with complex issues that may be best served utilizing the outreach officer/mental health clinician shall contact them for assistance to determine what services can be provided. The shift officer-in charge shall consult with the community outreach officer when responding to calls involving mental health issues, as a non-uniformed response may appropriate rather than a traditional approach with a uniformed officer. The Mental Health Clinician can also be contacted after hours to assist officers in crisis situations in person or by consultation via phone.

1. Notification following a NON-FATAL suspected drug overdose

- a. Name, gender, and age of person experiencing overdose
- b. Residential address/location of overdose
- c. Substance ingested, if known. (opiate, cocaine, etc.)
- d. Additionally, officers shall ensure the following notation is in the call narrative: "Information forwarded to Outreach Officer"

2. Providing Informational Resources

The Community Outreach Officer and Mental Health Clinician will be notified following every non-fatal suspected drug overdose using the police paging system or directly via phone. The following information shall be provided:

Officers responding to a NON-FATAL suspected drug overdose shall provide informational resources, when available, (packets, business cards, etc.) to family members or guardians (if present) at the scene of a drug overdose.

3. Follow-Up

The Community Outreach Officer and Mental Health Clinician will follow up with individuals using the “Shoulder TAP” type model post-incident to offer behavioral, mental health, and/or addiction service referrals as situation dictates; enlist family members and friends to be part of treatment solutions. The follow-up process is to provide ongoing, non-emergency case management and services, and track relevant case referral and program/patient metrics to determine success of interventions and supports offered to inform future program decisions.

4. Reporting

The Community Outreach Officer will document interactions/referrals utilizing the police department’s records management system. In addition, the Mental Health Clinician will document interactions, referrals, and patient information outside of the police department’s records system. The Director of Health and Community Services, Police Chief, Deputy Police Chief, and Community Outreach Officer shall have access to this data for review. The Community Outreach Officer and Mental Health Clinician will also be responsible for entering overdose and behavioral health information into the Critical Incident Management System (CIMS) database.



Fairhaven

Council on Aging

229 Huttleston Avenue

Fairhaven, MA 02719

Telephone: 508-979-4029 Fax: 508-979-4116

October 27, 2025

Fairhaven Select Board
40 Center Street
Fairhaven, MA 02719

Dear Fairhaven Select Board Members:

On behalf of the Fairhaven Council on Aging, I am writing to express my strong support for the Fairhaven Police Department's proposal to establish a full-time embedded Mental Health Clinician position serving as a shared town-wide resource.

This initiative represents an important and forward-thinking investment in the wellbeing of our residents and the effectiveness of our first responders. As our community continues to face the complex impacts of mental health and substance use challenges—particularly those associated with the opioid epidemic—having an embedded clinician will allow for more timely, compassionate, and coordinated responses.

This position will not only enhance crisis intervention and follow-up care but also strengthen collaboration among multiple departments, including the Council on Aging, Fire, Health, and Veterans Services. Older adults, caregivers, and families we serve are increasingly affected by behavioral health concerns, grief, isolation, and the secondary effects of addiction. An embedded clinician will bring critical expertise and continuity of care that ensures individuals in crisis are connected to appropriate resources and supports rather than being cycled through emergency or criminal justice systems.

The Fairhaven COA enthusiastically supports the use of the Town's opioid settlement funds for this initiative, as it directly aligns with the intent of those funds—to expand prevention, treatment, recovery, and harm reduction services within the community. This collaborative approach will help create a safer, healthier, and more resilient Fairhaven.

Thank you for your consideration of this important proposal.

Respectfully,

A handwritten signature in cursive script that reads "Martha Reed".

Martha Reed
Executive Director



Town of Fairhaven Board of Health

Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 8130 • Fax: (508) 979-4079

Justine Frezza, Chair
Brian Meneses, Vice-Chair
Barbara Ackson, Clerk
David D. Flaherty Jr, RS, Health Agent

October 28, 2025

To Whom It May Concern,

The Fairhaven Police Department respectfully submits this proposal for the creation of a full-time embedded mental health clinician position. This role will be designed as a shared town-wide resource, providing behavioral health services and crisis response support to the Police Department, Fire Department, Health Department, and the Departments of Elder and Veterans Affairs. The proposed position directly responds to the growing behavioral health and substance use challenges facing our community, particularly those stemming from the ongoing opioid epidemic. First responders and human services staff have seen a marked increase in incidents involving substance use, overdose, and mental health crises. These complex calls require specialized expertise to ensure appropriate care, reduce unnecessary emergency or criminal justice involvement, and improve outcomes for residents and first responders.

Funding for this position is proposed to come from the Town's allocation of opioid settlement funds. These funds are specifically intended to strengthen community-based responses to substance use disorders, prevention, treatment, recovery, and harm reduction.

The opioid crisis continues to impact residents of all ages and backgrounds. Local response trends demonstrate an ongoing need for coordinated intervention efforts that combine public safety, public health, and social service disciplines. Currently, first responders frequently encounter individuals in crisis without immediate access to trained clinical professionals who can assess needs, de-escalate situations, and connect individuals to ongoing treatment.

An embedded clinician model has proven highly effective across Massachusetts communities by providing on-scene crisis response, conducting follow-up and care coordination, offering clinical support and consultation to staff, delivering training on trauma-informed care and mental health first aid, and enhancing community outreach and prevention initiatives.

The Fairhaven Health Department is in full support of the aforementioned Opioid Settlement Fund Program. The Health Department and the Fairhaven Board of Health anticipate assisting in any appropriate capacity.

Respectfully Submitted,

David D. Flaherty Jr., RS
Town of Fairhaven Health Agent

Cc: Fairhaven Board of Health
file



TOWN OF FAIRHAVEN

MASSACHUSETTS



FIRE DEPARTMENT / EMERGENCY MEDICAL SERVICE

146 Washington Street, Fairhaven, MA 02719

Phone: 508 994-1428 • Fax: 508 994-1515

Fireadmin@Fairhaven-ma.gov

Emergency # 911

TODD M. CORREIA
Fire Chief

November 11, 2025

To the Fairhaven Selectboard and Town Administrator,

On behalf of the Fairhaven Fire Department, I am writing to express our strong support for the proposal to establish a full-time embedded mental health clinician as a shared resource for our town's public safety and human services agencies. This initiative, led by the Fairhaven Police Department, represents a vital step forward in addressing the behavioral health and substance use challenges that continue to impact our community.

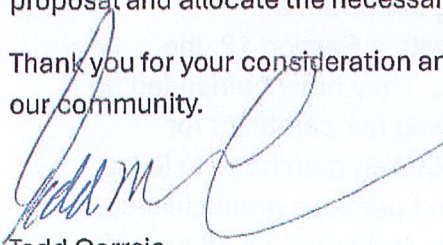
Our first responders regularly encounter individuals experiencing mental health crises and substance use emergencies: These situations are complex and require specialized clinical expertise to ensure the safety and well-being of both residents and emergency personnel. The addition of an embedded clinician will provide immediate on-scene crisis response, facilitate follow-up care, and offer essential support and training to our staff.

By leveraging opioid settlement funds for this position, Fairhaven will strengthen its community-based response to substance use disorders, prevention, treatment, recovery, and harm reduction. The clinician's presence will enhance our ability to deliver trauma-informed care, reduce unnecessary emergency interventions, and connect individuals to ongoing treatment and support.

We believe that a collaborative, town-wide approach—integrating the Fire Department, Police Department, Health Department, and Departments of Elder and Veterans Affairs—will maximize the impact of this program and improve outcomes for all residents.

The Fairhaven Fire Department is committed to working alongside our partner agencies to ensure the success of this initiative. We urge the Selectboard and Town Administrator to support this proposal and allocate the necessary funding from the opioid settlement resources.

Thank you for your consideration and for your continued commitment to the health and safety of our community.


Todd Correia
Fire Chief

I am writing to express my strong support for funding a Co-Responder/Outreach Mental Health Clinician within the Fairhaven Police Department. As a licensed mental health counselor (LMHC) I have had the unique privilege, since September 2024, working alongside the Fairhaven PD through Bristol County Outreach, a law enforcement-led outreach program that seeks to facilitate access to treatment for those struggling with substance use disorder and mental health issues, as well as offering support to families and friends.

Fact: Police officers are often the first on the scene when a person experiences a mental health crisis. While I have been immensely impressed by Fairhaven's officers' responses to these situations, the complexity of these calls requires much more than traditional policing. The addition of a mental health clinician provides instant clinical insight and a trauma informed approach, which invariably results in quicker de-escalation, enhances safety, and reduces unnecessary arrests and repeat emergency calls. The strain is taken off the police, and later, the justice system, leading people to the services they need to facilitate their healing and recovery. Funding for this position will prove to be an investment in public safety, as well as, fiscally efficient for the town.

The data supporting this position is solid, but what it can't reflect is the stories of lives touched by this small, but mighty, Outreach Program. Over the past year, I have witnessed police officers learn to take pause, and assess what may seem on the surface to be a routine call, for a deeper understanding. Not stopping there, the officers have done a tremendous job of utilizing their available resources or finding the appropriate supports in the community to help remedy the situation. The police officers have shown genuine interest in mental health and substance use disorders, always asking questions, and have used my expertise as another tool in their duty belt.

In the last year Fairhaven Outreach has secured housing and food for several homeless and evicted residents, including a young pregnant woman living her truck in a local parking lot. They have visited and encouraged a young woman suffering from addiction to engage in treatment services while also supplying her with Narcan and food in a non-judgmental way. They have sat in living rooms listening to parents cry for their adult children who may have had their first psychotic break, leaving them with an understanding, that the next time the police have to respond with a Section 12, the family will be treated with compassion and clinical knowledge. They have befriended an elderly gentleman who recently lost his wife to cancer after being her caretaker for years. The kindness and repeated visits has given this grief-stricken man hope to leave his apartment more often and spend time with his daughter and precious grandchildren, and also get connected with the local senior center. They have reassured an 86 year old widow, who lives alone and suffers from dementia, that her home is safe and secure.

They make time to listen to her stories about her younger years, always ending each visit with a big hug. These incredible examples are a mere glimpse of what is occurring with the addition of a mental health clinician and funding for outreach for just several hours per month. The potential for continued life-saving outcomes by adding a full-time clinician to the Fairhaven PD would be astounding.

I strongly encourage the prioritization of funding for a mental health clinician position within the Fairhaven PD. The data is strong and the anecdotal evidence is undeniable for positive outcomes and financial savings. Thank you for allowing me to share my part in this initiative; it truly has been one of the most fulfilling experiences of my 25+ year career.

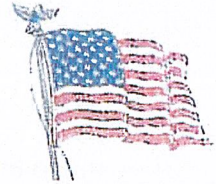
Sincerely,

Jacki Boswell, LMHC



Town of Fairhaven
Office of
Veterans' Services

229 Huttleston Ave
Fairhaven, Ma 02719
Tel 508-202-4603
Fax 508-979-4079



Greetings

I am righting today in support of an initiative to add a town wide mental health clinician to be utilized by the Police Department, Fire Department, Health Department, Office of Veterans Services as well as Elder Affairs. It is a proven fact that on average 22 Veterans commit suicide every day in our country, Having the resource of a mental health clinician would defiantly have an impact allowing us to reach the people in need before it's to late.

Across Massachusetts it is proven that having an embedded clinician available has made a difference in supporting the health and well being of people affected by personal trauma.

I truly believe that if we have the rite tools and can reach just one person than that's money well spent.

Michael Jenney
Veterans Service Officer
Town of Fairhaven, Ma



Behavioral Health and Community Outreach Referrals and Response

☐ Officer Requested ☐ Call for service ☐ Follow up case #

☐ Agency referral _____ ☐ Self-Referral ☐ Other _____

Incident date: _____ What shift did this occur on: Day Evening Overnight

Home address: _____

Incident location: _____

Name: _____

Phone #: _____

DOB: _____ Age _____ ☐ Male ☐ Female Race (If Known): B / W / H / A / U

*** OFFICERS PLEASE ENTER BELOW DATA ***

Officer's Name (s): _____

Clinician/Recovery Coach Name (s): _____

Date of Visit: _____ Shift: AM PM Time: _____

Language Spoken _____

If call for service, who else provided assistance? EMS Fire None Other _____

Location of visit: Residence Community Police station Crisis Phone Other

Did the individual appear under the influence? Yes No unknown

History of SUD Yes No Unknown

Was it a post-overdose visit? _____ Harm reduction kit issued? _____

Was naran issued? _____ Were pamphlets provided? _____

Advised of local resources? _____ If so, which ones? _____
Which Psych issue was most likely the cause of the event?

___ Psychotic disorder ___ Mood Disorder
___ Acute Stress ___ Developmental ___ Cognitive ___ Substance Use ___ None ___ Unknown

What charge would have been filed if any? ___ None ___ Other _____

If non-criminal, what assistance was provided?

___ Agency assistance ___ Community Outreach
___ Family Support ___ Follow-up ___ Wellness Check ___ Victim Assistance ___ Other

Outcome:

___ Crisis Center ___ Mobile crisis ___ De-escalated ___ Hospital ___ Refer to own provider
___ Referral to services (DMH, DDS, etc) ___ Section 12 ___ Section 35 ___ Supports contacted ___ Voluntary ER eval

Did this visit prevent an ER visit? ___ Yes ___ No ___ Unknown

Do they have any state services? ___ DMH ___ DDS ___ DCF ___ None ___ Unknown ___ Other _____

History of SUD? ___ Yes ___ No ___ Unknown

If known employment status? ___ FT ___ PT ___ Unemployment ___ Retired ___ Receives benefits
___ Unknown

Housing situation? ___ Rent/Own ___ Living with Parent ___ Living with relatives/friends _____
___ Homeless ___ Group home ___ Assisted Living ___ Unknown ___ Other _____

Military History? ___ Yes ___ No ___ Unknown Former Police Officer? ___ Yes ___ NO ___ Unknown

Could they benefit from a diversion program? ___ Yes ___ No If so, which one? _____

Additional Comments:

Opioid Settlement Funds

How Police Departments and Other Law Enforcement Can Access the Opioid Settlement Funds*

Opioid Settlement Funds: Our State-by-State Guide:



State-by-State Guide

We have assembled a state-by-state guide that provides key information about each state's Opioid Settlement Funds. Please [click here](#) to access our guide and utilize the "Outline" feature on the left-hand side to quickly navigate to your state. Check back regularly for updates.

You can also download a PDF version of our guide (last updated 03/19/24) by clicking [here](#)



Can your department use opioid settlement funds for PAARI/ Angel Programs?

The Master Opioid Settlement Agreement creates a huge opportunity to expand and support Angel Programs and other PAARI-type models of deflection and diversion.

The settlement language encourages Public Safety/Public Health partnerships by specifically listing programs that qualify for funding, including referencing PAARI and our Angel Programs:

Distributor Settlement Agreement, Exhibit E, Sch. B, Sec. D, Paragraph 1.1
Reads:

*"D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:*

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("PAARI");"

According to a recent survey of our members, over 50% of our partners have an "Angel Program" or other self-referral program that could qualify for

funding under the opioid settlement language.

That section goes on to include “3. ‘Naloxone Plus’ strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;”

Over 65% of the partners we surveyed, also reported that they are engaged in these overdose outreach strategies that also could qualify for funding.

Finally, nearly 80% of the partners surveyed reported that their officers carry naloxone. Naloxone distribution and training for first responders is a core strategy for opioid remediation in the Settlement Agreement (Exhibit E, Sched. A, Sect. A, Paragraphs 1 & 2).

Below you will find more background information about the settlement agreement, but you can also skip to the printable guide: [“Tips on How to Access Opioid Settlement Funds”](#)

What are the opioid settlement funds and who is entitled to them?

“On February 25, 2022, the National Prescription Opiate Litigation Plaintiffs’ Executive Committee (PEC) finalized settlements totaling \$26 billion with three of the nation’s top wholesale pharmaceutical drug distributors, AmerisourceBergen, Cardinal Health and McKesson and opioid manufacturer Johnson & Johnson. Fifty-two states and territories and thousands of local governments across the country signed on to the agreement which was made possible by years of advocacy by the PEC on behalf of more than 3,300 community clients and State Attorneys General.” ([South Carolina Institute of Medicine and Public Health](#))

The lists of states and their allocation percentages can be found on Exhibit F of the [Master Distributor Settlement Agreement](#).

What entity will receive the funds?

Each state has its own internal agreement on how to split the funds between local governments (cities and counties) and the state. [This website](#) was put together by the attorneys who managed the national distributor opioid settlement. It has links to most of the local government subdivision/state agreements, or the statutes that guide the spending. Generally, each state-level document lays out what percentage each subdivision will receive of the total state settlement funds and what the funds must be spent on. Funds are generally divided between the state and smaller governmental entities such as: cities, counties, sheriffs (ex. Louisiana), or a trust (ex. Massachusetts).

How will funds be spent?

Under the [master opioid settlement agreement](#), the majority of funds from the settlement must be used for current and future opioid remediation. The master opioid settlement includes an approved "List of Opioid Remediation Uses" in [Exhibit E](#) that suggests how funds can be used. That list includes both "Core Strategies" and "Approved Uses."

What are Core Strategies for the Opioid Settlement funds?

"Core Strategies" include the following:

1. Naloxone or other FDA-approved drug to reverse opioid overdoses
2. Medication-Assisted Treatment ("MAT") Distribution and Other Opioid-Related Treatment
3. Pregnant & Postpartum Women
4. Expanding Treatment For Neonatal Abstinence Syndrome ("Nas")
5. Expansion Of Warm Hand-Off Programs And Recovery Services
6. Treatment For Incarcerated Population
7. Prevention Programs

8. Expanding Syringe Service Programs
9. Evidence-Based Data Collection And Research Analyzing The Effectiveness Of The Abatement Strategies Within The State

Each of these strategies includes additional examples and definitions in Exhibit E.

What are Approved Uses for the Opioid Settlement funds?

The list of “Approved Uses” lists many uses that are broadly broken into three categories: treatment, prevention and other strategies. Those are, in turn, broken into the following categories (again each Use includes examples and definitions):

1. Treat Opioid Use Disorder (OUD)
2. Support People In Treatment And Recovery
3. Connect People Who Need Help To The Help They Need (Connections To Care)
4. Address The Needs Of Criminal Justice-Involved Persons
5. Address The Needs Of Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome
6. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
7. Prevent Misuse Of Opioids
8. Prevent Overdose Deaths And Other Harms (Harm Reduction)
9. First Responders
10. Leadership, Planning And Coordination
11. Training
12. Research

How can I tell what my state is using the funds for?

States are generally using a trust, a state subdivision agreement, or a state statute to govern how funds are spent. Many states are using the Exhibit E list, verbatim, in their governing documents. However, some states have included additional programs or limitations on the funds. For example, in

Massachusetts and New York, funds must be used to supplement programs and not to supplant current funding. [Find your state's list of approved uses in your state's state-specific guiding document.](#)

How can your program receive funding for the work you are doing?*

Step 1: Find and read your state's settlement agreement. This [website](#) has links to most of the state settlement agreements. This is [another resource](#) that shows how funds are allocated between state and local authorities.

Step 2: Determine which entity will control how the money is spent. [This website](#) has links to additional state websites that indicate where funds will be held.

Step 3: Apply for funding with the relevant controlling entities. Some states are already publicizing an application process, other states have not gotten that far. If your state has not publicized an application process, now is the perfect time to reach out to the committee/board/entity which will be making those decisions to tell them about your program.

Step 4: Things to consider when advocating for your program.

Include key stats: Some potential statistics you could share: # of overdoses responded to in your community, # of fatal overdoses in your community, # of people your department has referred to treatment, # of partners you are working with, # of contacts your department has had individuals with Opioid Use Disorder and any co-occurring substance use disorder/Mental Health condition.

Include a budget: Tell the potential funders how your program or department would use the funds, and include amounts for those costs.

Include a citation: Find where PAARI and deflection programs are cited in your state's controlling document (subdivision agreement, trust, or statute) and include a citation to that source.

Include letters of support: PAARI will write our partners letters of support,

consider asking us or other groups you work with to provide a letter of support.

Include your successes: For example, if you were the first program of your type in your state, let the potential funders know, if you have served X number of people, if you have referred X people to treatment, if you have X partners that you work with, if you answered X calls, if overdose deaths in your community have decreased, if you've built trust, if you've incorporated peer support, if you've overcome obstacles etc.

*This guide is intended to support your work and is not intended to provide legal advice. We encourage you to consult your own legal counsel.

Additional Resources:

National Opioid Settlement Site by Directing Administrator:

<https://nationalopioidsettlement.com>

Opioid Settlement Tracker – Comprehensive look at how funds are being distributed and spent created by private citizen unrelated to the settlement:

<https://www.opioidsettlementtracker.com>

Massachusetts Attorney General's Site of FAQ:

<https://www.mass.gov/info-details/frequently-asked-questions-about-the-ags-statewide-opioid-settlements>

Search this website

To: Keith Hickey
Town Administrator

From: Daniel Dorgan
Chief of Police

David Flaherty
Health Agent

October 27, 2025

Subject: Request for Grant Matching Commitment from Opioid Settlement Funds for an Embedded Mental Health Clinician Position

Dear Mr. Hickey,

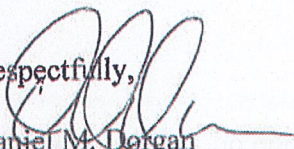
The Fairhaven Police and Fairhaven Health Department respectfully requests the Town's commitment to provide grant matching funds from its opioid settlement allocation to support the first year's salary of a newly created Embedded Mental Health Clinician proposed position. This position is being developed as part of a collaborative initiative to enhance the Town's capacity to respond to mental health crises and substance use disorders, particularly those related to opioid addiction. The clinician will be embedded within the Fairhaven Police Department, but will operate as a shared-use, town-wide resource, serving multiple municipal departments including Police, Fire/EMS, Health, Veteran's and Elder Affairs, and the Housing Authority.

The clinician's primary responsibilities will include assisting first responders during mental health and substance use-related incidents, conducting follow-up outreach to individuals and families affected by addiction, connecting residents to treatment and recovery services, and providing prevention and education support across the community. This integrated approach aims to reduce repeated emergency calls, hospitalizations, and criminal justice involvement while promoting long-term recovery and stability.

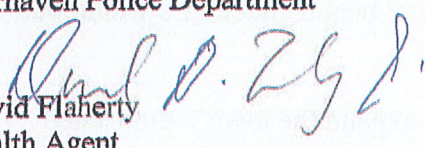
The Fairhaven Police Department is currently partnering with the Health Department to submit an application for a RIZE Mosaic Grant to fund a significant portion of the clinician's salary. To strengthen the competitiveness and sustainability of the application, a formal matching commitment of \$50,000 from the Town of Fairhaven, utilizing opioid settlement funds, is being requested. Using these dedicated funds align directly with the intended purpose of the opioid settlement: to expand local capacity for prevention, treatment, and recovery initiatives. This shared clinician model represents a proactive investment in public health and safety. It will enhance the Town's ability to address the complex challenges of opioid use and behavioral health crises through a compassionate, coordinated, and evidence-based response.

We sincerely appreciate your consideration and support of this request for a grant matching commitment from the Town's opioid settlement funds to help establish this vital community resource. A formal project proposal will be submitted to the Town of Fairhaven at an upcoming Selectboard meeting. The grant matching commitment will only go into effect if the project proposal is accepted by Town officials. Grant awards are anticipated by March of 2026.

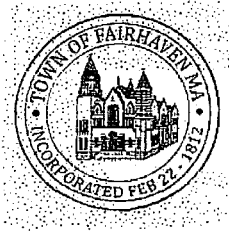
Respectfully,



Daniel M. Dorgan
Chief of Police
Fairhaven Police Department



David Flaherty
Health Agent
Town of Fairhaven Board of Health



Keith R. Hickey
Town Administrator

Town of Fairhaven
Massachusetts
Office of the Town Administrator
40 Center Street
Fairhaven, MA 02719

Tel: (508) 979-4107
khickey@fairhaven-ma.gov

November 3, 2025

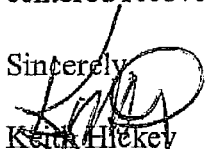
To Whom It May Concern,

The Town of Fairhaven confirms its commitment to allocate \$50,000.00 of its Opioid Abatement Settlement Funds to the Mosaic Municipal Matching Grant Program in support of the town's continued efforts to address substance use and behavioral health challenges within our community.

This funding will serve as a local match to sustain and expand the town's Embedded Clinician and Community Outreach Program, an initiative that partners law enforcement, public health, and social service agencies to provide coordinated responses to individuals and families impacted by substance use disorder and the opioid epidemic.

The Town of Fairhaven remains dedicated to implementing data-driven, compassionate, and collaborative approaches that promote prevention, harm reduction, treatment access, and long-term recovery. The allocation of these funds reflects the town's ongoing commitment to improving public health, enhancing community safety, and supporting sustainable, person-centered recovery pathways for residents in need.

Sincerely,


Keith Hickey
Town Administrator
Town of Fairhaven