



MUNICIPAL MATCHING GRANT PROGRAM GUIDELINES

Background: The Opioid Recovery and Remediation Fund

For the last several years, the Commonwealth of Massachusetts has participated in historic legal efforts to hold private companies accountable for the harms caused by the opioid epidemic. Through settlements with those companies, our state will receive more than \$900 million over 18 years for substance use prevention, harm reduction, treatment, and recovery support. For certain settlements, Massachusetts will dedicate 40 percent of the funds to municipalities and 60 percent to the statewide Opioid Recovery and Remediation Fund (ORRF) to mitigate the impacts of the opioid overdose epidemic.

The Healey-Driscoll Administration selected RIZE Massachusetts Foundation (RIZE) to create and manage the Mosaic Opioid Recovery Partnership (Mosaic), funded by ORRF and the MA Department of Public Health, Bureau of Substance Addiction Services, through a unique public-private partnership that will allow small, community-based organizations (CBOs) and municipalities to apply for a portion of the settlement funds. It is specifically designed to support communities and populations that have been historically underserved and have experienced a higher rate of opioid-related overdose deaths. The grants will be community-led and culturally responsive, aimed at reaching individuals and families affected by the opioid overdose epidemic. The goal of Mosaic is to fund community-led initiatives that use ideas with promise to address the opioid crisis. The grants will strengthen prevention, harm reduction, access to care, recovery, trauma, and family support programs. Through Mosaic, RIZE will distribute approximately \$5 million annually.

Powered by RIZE and the MA Department of Public Health, Mosaic is a grant program like no other. Just like a mosaic is made up of individual materials to create a complete picture, this program brings together the best ideas and initiatives across the Commonwealth to create a comprehensive response to the opioid overdose crisis. Mosaic is a once-in-a-lifetime opportunity to save lives, end stigma, and improve the quality of life for people living with substance use disorder. The Healey-Driscoll Administration chose RIZE because it brings together key players based on trusted relationships and credibility among practitioners, researchers, decision-makers, community leaders, and people affected by addiction. Centering the voices of people with lived and living experience is part of RIZE's DNA and is integral to the success of Mosaic and ensuring the dollars reach the communities most impacted by the opioid crisis.



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RIZE Massachusetts Foundation

RIZE is the only public-private partnership solely dedicated to funding and collaborating on solutions to end the overdose crisis. RIZE's goal is to ensure that people suffering from substance use disorder have access to care and experience better quality of life and overall health. Guided by individuals with lived experience and unafraid of new ideas, RIZE is building networks, creating programming, and supporting community partners using novel approaches to preventing overdose. RIZE seeks to increase visibility, expand the evidence base, and inform policy to elevate programs with promise. At the same time, RIZE is amplifying the voices of its community partners to bring greater awareness and urgency to the devastating impact of the overdose crisis. We envision a Massachusetts with zero stigma and zero deaths.

The Municipal Matching Grant Program

The Municipal Matching Grant Program is designed to support municipalities in addressing the opioid crisis by providing financial assistance to enhance their initiatives. In 2026, RIZE will allocate \$1,250,000 to municipalities as part of the second round of this one-year matching grant program, following the first round in 2025, which awarded a total of \$1,485,042. Additionally, RIZE plans to award another \$1,250,000 in 2027. This program incentivizes cities and towns to utilize opioid abatement funds by requiring them to 1) adopt best practices to combat the overdose crisis, 2) take advantage of Mosaic's Municipal Training and Technical Assistance resources, 3) meaningfully engage people with lived and living experience (PWLLE), 4) conduct assessments and other strategic planning activities, and 5) collaborate with others, especially those pooling financial resources. The Municipal Matching Grant Program emphasizes equity, sustainability, regional collaboration, and community-driven solutions. It supports municipalities at various stages of their efforts—from those just starting to those implementing innovative, data-driven programs. By providing financial assistance at two distinct stages, the program aims to build capacity across communities, ensuring a comprehensive and collaborative response to the overdose crisis.

Proposed projects and initiatives must align with the [Massachusetts State Sub-Division Agreement \(SSA\) for Statewide Opioid Settlements](#) and advance non-punitive, health-centered approaches to substance use disorder-related harms and challenges.

Track 1: Planning and Capacity-Building for Early-Stage Municipalities

This track is specifically designed for municipalities in the early stages of planning and those seeking to enhance or improve their current planning efforts. It provides targeted support to help local governments build capacity to design, implement, and evaluate strategies responsive to their communities and adhere to the SSA.

The matching funds can support a more comprehensive approach to planning activities. The goal is to promote strategic, community-informed decisions that maximize the impact of opioid abatement funding for prevention, treatment, recovery, harm reduction, and grief and family support. Furthermore, Mosaic encourages municipalities to leverage their funds through regional



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collaboration. Examples of strategic planning activities based on annual abatement payment amounts can be found [here](#).

Eligible municipalities may be:

- In the early stages of assessing and planning their abatement strategies
- Forming regional collaboratives to maximize impact
- Seeking to engage PWLLE and other community partners in planning and decision-making
- Laying the groundwork for future implementation efforts

Proposed activities for Track 1:

- Forming steering committees and community advisory boards
- Performing community engagement activities to obtain community input
- Developing mechanisms for regular two-way communication
- Assessing internal capacity and building infrastructure to fill gaps
- Collecting and analyzing qualitative and quantitative data to identify gaps and needs
- Facilitating community forums to prioritize needs
- Adopting formal decision-making processes to ensure inclusivity of PWLLE
- Providing staff training and fostering partnership development
- Formalizing regional collaboratives to share infrastructure, workforce, and services
- Setting priorities, developing logic models
- Drafting strategic plans based on evidence-based practices
- Establishing implementation and budget plans
- Preparing evaluation plans

Examples of Track 1 projects can be found [here](#).

This track helps municipalities move from intention to action, ensuring they have the tools, infrastructure, and partnerships to develop and launch responsive opioid abatement initiatives.

Track 2: Sustained Support for Early Adopters Implementing Data-Driven Strategies

This track is designed for municipalities that have already established community-informed, data-driven opioid abatement strategies and are ready to initiate, expand, or sustain their efforts.

Eligible municipalities that have:

- Conducted a strategic planning process
- Demonstrated success in implementing best practice strategies
- Achieved measurable outcomes or early impact
- Established infrastructure in place to get started with a project



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- Collaborated regionally and have an implementation plan in place
- Embedded community engagement activities into their decision-making process

Proposed activities for Track 2:

- Starting a strategy that is ready to go but requires additional funding
- Implementing a new project based on planning efforts
- Scaling effective programs
- Sustaining local innovations with demonstrated success
- Expanding access to proven interventions
- Strengthening outcomes tracking and evaluation

Examples of Track 2 projects can be found [here](#).

This track ensures that promising local efforts are launched, maintained, and expanded, creating long-term, systemic impact across prevention, treatment, recovery, harm reduction, and support for impacted communities.

How Funds Can Be Used

The funds must support projects and initiatives developed with input from people with lived and living experience, municipal leaders, and subject matter experts. Proposed projects and initiatives must align with the [Massachusetts State Sub-Division Agreement for Statewide Opioid Settlements](#) and advance non-punitive, health-centered approaches to substance use disorder-related harms and challenges. A guidance document for municipal opioid abatement can be found [here](#).

Funds cannot be used for:

- Care or costs reimbursed by the state, including MassHealth and MA DPH Bureau of Substance Addiction Services, unless they strengthen and supplement these services, not supplant them
- Initiatives and activities that are not considered best practice and cause additional harm and/or trauma for people who use drugs, individuals in recovery and/or treatment, and their family members
- Fundraising pursuits
- Endowments or annual appeals
- Clinical or drug trials
- The promulgation of religious beliefs
- Lobbying or legislative activity



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While some law enforcement, fire, or EMS services may be tailored to the SSA-approved abatement strategies and, therefore, permissible uses of opioid abatement funds under the SSA, others are not. For example, law enforcement activities related to interdiction or criminal investigation, apprehension, or processing (such as search and seizure activities or police equipment) do not fall within the approved abatement strategies. As a further example, fire and EMS-related costs and equipment that are used in response to a wide variety of emergencies unrelated to opioid use disorder (“OUD”), including ambulances, stretchers, cardiac monitors, chest compression devices, and ventilators, do not fall within the approved abatement strategies.

Who Should Apply

RIZE seeks to award matching funds to local governments and nonprofit organizations across the Commonwealth that work on any aspect of the care continuum, from prevention to recovery, and that work with communities and populations that are diverse, historically underserved, and have experienced a higher rate of opioid-related overdose deaths. Applicants must be one of the following:

- A single municipality
- A group of municipalities, with one municipality designated as the lead applicant or,
- A nonprofit applying in partnership with a municipality or a group of municipalities

Municipalities must be in compliance with all expenditure reporting requirements.

How Much Can You Apply For

Applicants can apply as many times as they like, but RIZE will fund only one project per municipality, regional collaborative, or non-profit CBO. Award amounts are as follows:

- A single municipality is eligible to apply for a matching grant of **up to \$50,000**. If a municipality is partnering with a CBO, the CBO can be the lead applicant if doing so improves efficiency in project implementation or administration.
- Municipalities can collaborate by pooling their resources and funds to pursue a **regional grant of up to \$150,000**. For regional collaboratives only, funding may be provided beyond a one-to-one match. This approach is especially valuable for municipalities with limited abatement funds that may not be able to support a project independently. By joining forces as a collaborative group, these municipalities can request more funding than they can individually contribute.
- Funding requests will be carefully evaluated, focusing on how well they align with the goals of the proposed initiative. This strategy is designed to encourage cooperation and increase collective impact.



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Match Commitment from Municipalities

Applicants must submit proof of the municipality's commitment to earmark their portion of opioid abatement funds to the proposed initiative. Such proof may be a formal recorded budget discussion or a commitment letter signed by the mayor or city/town manager. The letter should be on municipal letterhead with the municipality's address, and must contain (at a minimum) the following text:

To Whom It May Concern,

The City/Town of XYZ confirms its commitment to allocate \$00.00 of its opioid abatement funds to the Mosaic Municipal Matching Grant Program.

Funding Commitments from Municipalities Who Are Pooling Funds **ONLY**

The **lead municipality** must certify that participating municipal partners are committed to contributing funds as outlined in the application.

Please note:

- Proof of these funding commitments is highly recommended but **not required at the time of application**.
- However, if the application is recommended for an award, the lead municipality will have **five (5) business days** from the award announcement to submit **written commitment letters** from each contributing municipal partner.

We recognize that securing official commitments can take time, so while they are not required with the application, the **lead municipality should begin collecting these letters immediately after submission** to ensure timely compliance if awarded.

Application Process, Support & Timeline

If your project meets the guidelines, we invite you to complete an **application** and submit it by **11:59 pm EST on November 7, 2025**. The application questions are at the end of this document. Questions are highly encouraged and should be submitted to grants@rizema.org. RIZE will post answers to submitted questions on mosaic.rizema.org in an FAQ format. All questions will be de-identified. RIZE may contact applicants for additional information or clarification if needed during the review process.

RIZE is committed to providing ample technical assistance and support during the application process. Some additional resources to assist you in completing the application are:

- Informational webinar and office hours with RIZE staff. (See schedule below.)
- The **Massachusetts Association of Health Boards (MAHB)** provides training and technical assistance to municipalities interested in formalizing a regional collaborative. MAHB can



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assist municipalities in navigating the fiscal and/or legal considerations associated with forming a regional arrangement, including drafting and amending intermunicipal agreements and memorandums of understanding, complying with municipal finance laws about fund appropriation and utilization, and establishing governance bodies.

- Mosaic’s **Municipal Training and Technical Assistance Program (Municipal TTA)** works alongside cities and towns to use abatement funds to build community-based solutions and strategies through individual TTA, shared resources, and ongoing community learning events.

Date	Activity
Application Released	September 18, 2025
Informational Webinar (RSVP here)	October 2, 2025, at 10:00 am
Office Hours (RSVP here)	October 20, 2025, at 11:00 am
Application Due	November 7, 2025, at 11:59 pm
Notifications	February 2026
Grant Period Begins	March 1, 2026

Grant Selection Criteria

All proposals will undergo an unbiased, fair, equitable, and timely review process that includes people with lived and living experience and other subject matter experts. RIZE recognizes that not every proposal will address all items below, but in general, seeks to fund initiatives that:

- Address prevention, harm reduction, access to care, recovery, and trauma, grief, and/or family supports
- Have a well-thought-out project and describe the partners engaged (including people with lived and living experience, experts, and professionals) and how their feedback informed the proposal.
- Serve populations and communities with high rates of opioid overdoses and deaths that have been historically underserved
- Deliver programs and services that reflect the input of their communities, centering the voices of those with lived and living experience, and are based on best practices
- Commit to diversity, equity, and inclusion and engage in activities to address existing disparities in services and outcomes and improve equity
- Commit to transparency



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Evaluation & Reporting

RIZE aims to measure what matters most, not just what is easily measurable. Our evaluations track progress, increase grantee capacity for data-informed decision-making, and develop a community of learning and improvement. This helps grantees understand what works, adjust what doesn't, and create sustainable means to measure success. For example, we may explore questions like:

- To what extent were municipalities and their partners able to implement projects as expected? What challenges did they experience, and how were they resolved?
- How did the matching funds impact municipalities' strategies for using their opioid settlement funds?
- What were the strengths and challenges of municipal-CBO partnerships and collaborations?
- How many community members were reached with the projects, and what were their characteristics?
- What early outcomes did communities experience as a result of the projects? (e.g., shifts in attitudes and perceptions, increased access to care and resources, strengthened cross-sector collaborations, etc.)

We will ask grantees to submit reports sharing their progress, successes, and challenges at the mid and end of the grant period. Our evaluation partner, the Institute for Community Health (ICH), will gather information about program implementation and outcomes. ICH may also invite grantees to participate in interviews at the end of the grant period to speak about their experience and work in more detail. The evaluation process will respect the grantees' limited time and resources.

Health Equity Statement

RIZE believes that anyone with substance use disorder should have access to a range of substance use treatments, including all types of MOUD, psychosocial interventions, harm reduction, community services, and recovery supports. Yet, gaps in access to care remain, especially for people who identify as Black, Indigenous, and people of color, as well as rural residents, LGBTQ+ persons, youth, and others. RIZE makes health equity a grantmaking priority by investing in programs that increase access to care and address root causes, such as racism, poverty, and power imbalances. RIZE also follows the MA Department of Public Health Principles for Racial Equity and endeavors to meet national Culturally and Linguistically Appropriate Services (CLAS) standards as an additional tool to help achieve health and racial equity.



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Application Questions

Contact Information

- Lead municipality or nonprofit partner
- Street Address, City, County, Zip Code
- Geographic region: Please select one response. You can find definitions for the regions [here](#).
 - Region 1: Western MA
 - Region 2: Central MA
 - Region 3: Northeast MA
 - Region 4: MetroWest MA
 - Region 5: Southeast MA
 - Region 6: Boston area
 - Statewide
- If a nonprofit organization, please provide your EIN
- If a municipality, please provide your FEIN
- Contact person at municipality
- Contact person at the nonprofit organization

Funding Request

- Total amount committed by municipality (or municipalities)
- Total amount requested in matching funds
- Which municipality (or municipalities) is providing funds?

If you are applying as a regional collaborative, please answer the following:

- Name of the regional collaborative
- Participating cities and towns
- Lead municipality

Select the most appropriate continuum of care category for your proposed project (select one)

- Prevention; harm reduction; access to care, recovery; trauma, grief, and family supports; planning/capacity building

Which track are you applying for? (Select one)

- Track 1 – Planning and Capacity-Building for Early-Stage Municipalities



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- Track 2 – Sustained Support for Early Adopters Implementing Data-Driven Strategies

Track 1 – Planning and Capacity-Building for Early-Stage Municipalities

Project Description & Implementation

1. **Project Title:** If awarded, this description will be used in publicly facing materials. (25 words max)
2. **Project Summary:** Briefly describe the primary goal of your planning/capacity-building project (e.g., conduct a community needs assessment, develop a strategic plan, establish a Community Advisory Board). This description will be used in publicly facing materials if awarded. (50 words max)
3. **Full Project Description** (500 words max)
Fully describe the proposed project and include:
 - Proposed activities (e.g., forming an advisory council, conducting a strategic planning process, analyzing population health data, developing a logic model).
 - How will this planning process center the voices of people with lived and living experience (PWLLE) and lead to strategic, community-informed decisions for future opioid abatement spending?
 - Please describe the proposed project timeline, including the anticipated start date and end date, and what activities will occur in each phase of the project.
 - If applicable, describe your regional collaborative and how you pool funds with other municipalities.
4. **Budget:** Please provide a detailed budget narrative. Be specific and include amounts allocated to categories such as contractor/consultant fees, contracts (e.g., facilitating assessments or strategic planning), community engagement costs (e.g., stipends for participants, focus group costs, translation services), personnel costs, and other direct costs. (250 words max)
5. **Project Team & Planning Partnerships:** Describe who will lead this planning/capacity-building process. Identify key partners (e.g., an organization to help conduct a survey, a university to perform data analysis, a community-based organization to establish a Community Advisory Board) and their specific roles. (250 words max)
6. **Funds Management:** Explain how the funds will be managed and disbursed, particularly for participant stipends and contractor payments. How will you ensure transparency, compliance with grant guidelines, and that funds are not supplanted? (250 words max)
7. **Communication:** Explain what steps you will take to keep the public informed and respond to questions and concerns to ensure transparency. (250 words)

Identifying Needs & Measuring Results

8. **Community & Partner Engagement in Planning:** Describe your initial outreach strategy to identify and recruit diverse community members, including people with lived and living



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experience, to participate in the project. How will you ensure their input is genuinely integrated? (250 words max)

9. Identifying the Need for Planning: What specific gap or challenge has led you to apply for Track 1 funding? (e.g., "We lack data on local service gaps," "We have no formal mechanism for community input," "We need a regional strategy"). How will this project directly address that initial gap? (250 words max)
10. Expected Outcomes of the Planning Process: What key deliverables will you produce by the end of this one-year grant (e.g., completed needs assessment report, finalized strategic plan, established a functioning Community Advisory Board, logic model for future implementation)? How will this create capacity for effective action in the future? (250 words max)

Track 2 – Sustained Support for Early Adopters Implementing Data-Driven Strategies

Project Description & Implementation

1. Project Title: If awarded, this description will be used in publicly facing materials. (25 words max)
2. Project Summary: Briefly describe the primary goal of your project (e.g., hire a staff person, deliver mobile services, scale an effective program, sustain a local innovation with demonstrated success). If awarded, this description will be used in publicly facing materials. (50 words max)
3. Full Project Description (500 words max)
Fully describe the proposed project and include proposed activities (e.g., hiring a staff person, purchasing a van, scaling an effective program).
4. Budget: Please provide a detailed budget narrative. Explain how funds will be spent. Be specific and include amounts allocated to categories such as contractor/consultant fees, contracts, community engagement costs, personnel costs, equipment, and other direct costs. (250 words max)
5. Project Team & Planning Partnerships: Describe who will execute your project, including the specific roles and responsibilities of municipal agencies, CBOs, and other key partners. (250 words max)
6. Funds Management: Explain the process for managing and disbursing funds. How will you ensure the funds are used specifically for the approved project activities, in compliance with the grant guidelines, and not supplanting other funds? (250 words max)
7. Communication: Explain what steps you will take to keep the public informed and respond to questions and concerns to ensure transparency. (250 words)

Identifying Needs & Measuring Results





8. **Community & Partner Engagement:** Describe the partners engaged in developing this project (e.g., people with lived and living experience, public health experts, municipal leaders, CBOs). How did their input directly inform your proposal? (250 words max)
9. **Needs Assessment:** Describe the data, community outreach, needs assessments, or other methods used to identify the specific need for this project. Explain how your project will address these identified needs and/or service gaps. (250 words max)
10. **Expected Outcomes & Impact:** Detail the results and outcomes you hope to achieve through your project during the one-year grant period. How will this project strengthen prevention, harm reduction, access to care, recovery, trauma, grief, and family supports in your community? (250 words max)

Uploads

Proof of a municipality's commitment to allocate opioid abatement funds for the proposal. Such proof may be 1) a formal recorded budget discussion or 2) a commitment letter signed by the mayor or city/town manager. The letter should be on municipal letterhead with the municipality's address and must contain (at a minimum) the following text:

To Whom It May Concern,

The City/Town of XYZ confirms its commitment to allocate \$00.00 of its opioid abatement funds to the Mosaic Municipal Matching Grant Program.

HOWEVER: IF the applicant is a regional collaborative OR a nonprofit partnering with a regional collaborative AND the proof is not available when the application is submitted, a letter certifying the intent of the collaborative to commit matching funds is sufficient to submit with the application. **If a letter of intent is submitted with the application, proof of the above commitment must be submitted within 5 days of receiving notice of a grant award.**



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RIZE Mosaic Grant Matching Program

Project Title:

If awarded, this description will be used in publicly facing materials

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:

Briefly describe the primary goal of your project (e.g., hire a staff person, deliver mobile services, scale an effective program, sustain a local innovation with demonstrated success). If awarded, this description will be used in publicly facing materials.

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.

Full Project Description:

Fully describe the proposed project and include activities (e.g., hiring a staff person, purchasing a van, scaling an effective program).

The proposed project seeks to strengthen the Town of Fairhaven's coordinated response to substance use and behavioral health crises by hiring a full-time embedded mental health clinician and scaling an established and effective outreach program that has been operating under federal COSSUP grant funding. This initiative builds on a proven local innovation pilot that has demonstrated success in improving outcomes for individuals and families affected by substance use, particularly opioid-related incidents, through early intervention, follow-up support, and collaboration among first responders, health professionals, and community partners.

The primary goal of this project is to sustain and expand the community's ability to provide timely, compassionate, and effective responses to individuals in crisis. The project will fund a full-time clinician embedded within the Fairhaven Police Department, guided by the Town Health Department. This clinician will respond alongside law enforcement and EMS personnel to overdose calls, behavioral health crises, and welfare checks involving substance use or co-occurring mental health conditions. The clinician will provide on-scene clinical assessment, de-escalation, crisis counseling, and connection to treatment and recovery resources.

In addition to response activities, the clinician will conduct post-overdose follow-ups, engage individuals and families in harm reduction and recovery services, and collaborate with local providers to ensure continuity of care. A core component of the project will be expanding community outreach, including proactive engagement with at-risk individuals identified through

data analysis, public education on opioid prevention, and participation in community forums and resource events.

Data used to identify this need revealed significant increases in opioid-related incidents, repeated overdoses, and behavioral health calls requiring social service support. The program's database tracks overdoses, at-risk referrals, follow-ups, and behavioral health contacts, providing ongoing performance data to guide program adjustments and measure success. The Fairhaven Police Department will serve as the lead agency, overseeing operations, coordination, and data management, while the Health Department will guide policy, training, and alignment with harm reduction and public health strategies. The Fire Department, Veteran's Service Officer, and Elderly Social Service Coordinator will contribute specialized outreach and referral pathways for vulnerable populations, including veterans and older adults.

The project's key activities will include recruitment and hiring of a full-time licensed mental health clinician. Implementation of expanded coverage for overdose response and follow-ups. Enhanced collaboration between police, fire, and public health departments. Delivery of targeted prevention, harm reduction, and recovery education to the community. Collection and analysis of program data to measure outcomes and improve effectiveness.

The expected impact includes reduced repeat overdoses, increased engagement in treatment and recovery services, improved coordination among first responders, and greater community awareness of available behavioral health supports. By combining grant funding with matching town funds, this project establishes a sustainable foundation for ongoing community-based behavioral health intervention, ensuring the long-term stability of an essential service that addresses the continuing challenges of the opioid epidemic.

Budget:

Please provide a detailed budget narrative. Explain how the funds will be spent. Be specific and include amounts allocated to categories such as contractor/consultant fees, contracts, community engagement costs, personnel costs, equipment, and other direct costs. A full budget will be required if selected for a grant award.

The budget for this project primarily supports the full-time embedded mental health clinician position, which will serve as the cornerstone of the town's coordinated response to substance use and behavioral crises. The total cost for the clinician is projected at \$100,000, which includes salary and indirect costs, such as fringe benefits. The grant funds being applied for will cover \$50,000 of this amount, supporting the majority of the clinician's annual salary, training, and certifications related to crisis intervention, harm-reduction, and trauma-informed care. The Town of Fairhaven will provide a matching contribution of \$50,000 to supplement the grant. The Town of Fairhaven will fund the remaining portion of the clinician's salary, benefits, and indirect expenses, such as administrative support, through utilization of the opioid settlement funds. The grant match demonstrates the town's long-term commitment to sustaining the program beyond the grant period.

All personnel costs are based on comparable compensation for licensed mental health clinicians working within a municipal, or law enforcement setting. The budget ensures competitive pay to

recruit and retain a qualified professional with experience in substance use, crisis intervention, and community-based care.

Together, the combined funding will fully support a full-time embedded clinician dedicated to improving substance use response, prevention, and recovery outcomes with the community, ensuring program sustainability through a balanced grant-town funding partnership.

Project Team & Planning Partnerships (250 words max):

Describe who will execute your project, including specific roles and responsibilities of municipal agencies, CBO's and other key partners.

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. 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.

Funds Management

Explain the process for managing and disbursing funds. How will you ensure the funds are used specifically for the approved project activities, in compliance with the grant guidelines, and that the grant does not supplant existing funding?

The Town of Fairhaven will manage and disburse funds for this project in accordance with municipal financial policies, state and federal grant management requirements, and the guidelines established by the Mosaic Municipal Matching Grant Program. Oversight of all financial activities will be coordinated jointly by the Town Administrator, Finance Director, and Health Department, with administrative support from the Police Department, which serves as the lead agency for project implementation.

All grant and matching funds will be deposited into a dedicated grant account established and monitored by the Town Treasurer's Office to ensure funds are used exclusively for approved project purposes. Expenditures will be processed through the town's existing purchase order and payroll systems, requiring dual authorization from both the department head and the Finance Director before any disbursement. This process guarantees fiscal accountability and adherence to budgeted line items.

Funds will be disbursed specifically for the salary, benefits, and operational expenses of the full-time embedded mental health clinician, as outlined in the approved project budget. The Town will maintain detailed records of all expenditures, including invoices, payroll documentation, and activity reports, to support financial transparency and compliance with audit requirements.

The Town of Fairhaven will ensure that grant funds do not supplant existing local funding by maintaining the current baseline of municipal support for public safety, public health, and social services. The grant and matching funds will instead supplement and expand the existing program, ensuring the sustainability and growth of the embedded clinician initiative beyond the grant period.

Communication:

Explain what steps you will take to keep the public informed and respond to questions and concerns to ensure transparency.

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 grant 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.

Identifying Needs and Measuring Results

Community & Partner Engagement:

Describe the partners engaged in developing this project (e.g., people with lived and living experience, public health experts, municipal leaders, CBO's) How did their input directly inform your proposal?

The development of this grant project was a coordinated effort among key municipal partners focused on addressing the community's growing substance use challenges, particularly, those related to the opioid epidemic. Public safety departments have identified an urgent need to expand the embedded clinician program after a rise in mental health calls, substance-related emergencies, and repeated contacts with individuals struggling with addiction. Their experience demonstrated how a full-time clinician can improve on-scene interventions, facilitate immediate referrals to treatment, and support harm reduction and recovery initiatives.

Veteran's services have contributed expertise on connecting veterans affected by substance use and co-occurring mental health conditions with specialized recovery services. Elderly social services have highlighted the increasing impact of substance use on older adults and their families, emphasizing education, prevention, and early intervention. The pilot mental health clinician provided valuable insights from the pilot program, including post-overdose follow-up outcomes, collaboration with recovery coaches, and identified service gaps that limit sustained recovery. This feedback was essential to designing a full-time model capable of expanding response capacity and outreach. Public health officials have ensured that the proposal aligned with local public health strategies, including overdose prevention, harm-reduction, and data-driven community wellness initiatives.

Together, these partners shaped a comprehensive, sustainable approach that integrates first responders, behavioral health, and public health to reduce overdoses, enhance recovery opportunities, and strengthen the community's response to the opioid epidemic.

Needs Assessment:

Describe the data, community outreach, needs assessments, or other methods used to identify the specific need for this project. Explain how your project will address these identified needs and/or service gaps.

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.

Expected Outcomes & Impact:

Detail your results and outcomes you hope to achieve through your project during the one-year grant period. How will this project strengthen prevention, harm reduction, access to care, recovery, trauma, grief, and family supports in your community?

The expected outcome of the project is to expand and strengthen the town's coordinated response to substance use and behavioral health crises by funding a full-time embedded mental health clinician. During the one-year grant period, the project aims to achieve measurable improvements in overdose response, treatment services, and recovery support. Anticipated outcomes include an increase in timely follow-up visits after overdoses, a reduction in repeat overdose incidents, and greater connection for individuals and families to treatment, recovery, and social service resources.

The full-time clinician will enhance the community's ability to deliver consistent prevention and harm-reduction efforts, including education to opioid risks and proactive outreach to at-risk individuals. The program will improve access to care by coordinating referrals to behavioral health providers, recovery coaches, and treatment programs directly from the field. It will also expand recovery support through ongoing contact and collaboration with community-based recovery networks.

Additionally, the clinician will provide trauma support for individuals and families affected by substance use, offering crisis counseling, grief intervention, and referrals to long-term therapeutic services or peer support. By maintaining close partnerships with social service, public health, police, and fire agencies, the initiative will create a seamless continuum of care from crisis to recovery.

Overall, the project will strengthen the town's capacity to respond compassionately and effectively to the opioid epidemic, improve health outcomes, and build a sustainable, community-centered model of prevention, intervention, and recovery.



**HUMAN
RESOURCES**
TOWN OF FRANKLIN

JOB POSTING NOTICE

POSITION: Co-Response Clinician
DEPARTMENT: Police Department
HOURS: Wednesday – Saturday; evenings (40 hours)
Exact schedule to be determined
SALARY: \$71,000 – \$80,000 annually (Grade 7)
POSTED: September 24, 2025
Priority Deadline: October 17, 2025

The Town of Franklin is seeking a licensed / license-eligible mental health professional for a Co-Response Clinician role. In this role, the Co-Response Clinician partners with police officers by responding to calls for service to provide immediate, on-site clinical assessment, crisis intervention, de-escalation, and service coordination. The Co-Response Clinician will participate in the ride-along portion of the model, responding alongside police officers as an integral part of the Franklin Police Department.

The Co-Response Clinician works with all units within the department, including participating in the overdose follow-up program alongside the Franklin Police Detective Unit. The incumbent will also establish and maintain working relationships with law enforcement and other community agencies by providing case consultation, ongoing program development, and cross-training.

The Co-Response Clinician provides referrals and resources to individuals and families facing crisis, or those in need of support who are encountered by the Franklin Police. The goal is to reduce arrests and emergency room visits, improve safety outcomes, and connect individuals with appropriate community-based care.

Essential Functions:

- Provide initial crisis intervention, along with crisis case management and short-term counseling as a follow-up to the initial intervention, as appropriate
- Strong skills in conducting assessments, managing crises, and connecting individuals with appropriate resources and support

- Respond to community emergencies and coordinate appropriate resources
- Maintain and distribute up-to-date resource materials and lead outreach efforts
- Liaise with town departments, providers, and service agencies
- Other related duties as assigned

The ideal candidate will have the following qualifications:

- Driven, self-motivated, compassionate, and collaborative
- Strong communication, organization, and crisis management skills
- The ability to employ initiative, discretion, and sound judgment when working with state agencies, service providers, and the public
- Maintain records, generate reports, and ensure compliance with data privacy protocols
- Skilled in Microsoft Office and Google Workspace, with the ability to quickly adapt to new software and systems
- Excellent organizational abilities and the capacity to manage multiple priorities effectively

Required Qualifications:

- 2+ years of crisis intervention experience required
- Knowledge of the Co-Response model
- Experience working with Law Enforcement
- Master's degree in social work, psychology, counseling, or a related field
- Satisfactorily pass Franklin Police background investigation, including a criminal history check
- CJIS compliant within 30 days
- Possess and maintain a valid Motor Vehicle Operator's license with an acceptable driving record

The functions or duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position. Duties are not necessarily in order of importance or frequency of performance.

The selected candidate must be authorized to work in the United States and be able to pass a criminal background check and a pre-employment physical exam, including a drug test.

Interested candidates shall email a resume and cover letter in Microsoft Word or PDF format or a [Town of Franklin employment application](#) to apply@franklinma.gov. Please include **Co-Response Clinician in the subject line.**



Town of Rockland

Job Description

Position Title:	Co-Response Mental Health Clinician	Department:	Rockland Police Department
Reports To:	Deputy Chief	Date	8/14/2025
Appointing Authority:	Rockland Police Department	FLSA:	Non-Exempt

Summary:

The Co-Response Mental Health Clinician will serve as an in-house clinician working with the officers of the Rockland Police Department in a co-response model. This clinician will work collaboratively with police personnel to assist with calls involving individuals exhibiting signs of mental distress, opiate abuse, or other substance use disorders. The clinician will provide on-site assessments to facilitate diversion, connect people experiencing behavioral health crises to resources and services, provide crisis intervention, model best practices aligned with the community-based mission, and assist in delivering training.

Essential Functions:

The Co-Response Mental Health Clinician will be responsible for the following and other responsibilities as determined by the Chief of Police:

- Accompany first-responding officers to call-out situations, promoting an ethical, structured, healthy, and helpful environment.
- Serve as clinical liaison to police department personnel.
- Provide psychiatric and substance abuse evaluation of individuals and families in crisis in police custody, community, clinic, and hospital settings.
- Provide crisis intervention services including crisis case management and short-term crisis counseling as follow-up from initial evaluation.
- Maintain linkages with community services by providing documented case consultations and problem resolution and referring individuals to appropriate services.
- Develop and maintain a thorough knowledge of managed care and health insurance systems; provide other clinicians with managed care information and resources pertinent to the crisis being managed.
- Participate in cross training of police personnel and Co-Response Program team members.
- Provide oversight of clinical and operational aspects of the Rockland Police Department Co-Response Program, ensure follow up is coordinated from previous shifts, coordinate training, and complete administrative tasks as necessary.
- Maintain linkages with law enforcement and community agencies by providing documented case consultation, program development and problem resolution.
- Develop and deliver mental health training for Rockland Police Department.
- Develop and maintain a thorough knowledge of managed care and health insurances systems; provide other clinicians with managed care information and resources pertinent to the crisis being managed.
- Assist staff in prioritizing client-centered, transparent interventions that aim to be responsive to the needs of the whole person.

Co-Response Mental Health Clinician
08/14/2025

- Respond to individuals in crisis with creative approaches to offer individuals the least restrictive level of care.
- Provide information on treatment and referral services to individuals and families.
- Maintain necessary documentation and records in accordance with program requirements.
- Demonstrate a proactive commitment to maintaining effective communication with police officers, organizations, and community members to facilitate and promote effective working relationships.
- Ensure that clinical services are being delivered in accordance with licensing and regulatory bodies.

Recommended Minimum Qualifications:

- Master's degree in Social Work, Counseling Education, Forensic Psychology, Counseling Psychology, Rehabilitation Counseling, or a related counseling field.
- Massachusetts licensure in Mental Health Counseling, Social Work, or Psychology, or actively working toward licensure.
- At least two years' experience with the target population (inpatient, outpatient, or residential), with one year in a diversion program.
- Knowledge of the DSM-5 and ability to apply diagnostic criteria.
- Cultural competence and ability to serve diverse populations.
- Valid driver's license and access to an insured vehicle.
- Strong client intake, interviewing, and assessment skills.
- Proactive, ethical, and creative approach with strong interpersonal skills.
- Ability to work effectively with employees, providers, and the public.
- Must pass CORI and a comprehensive Rockland Police Department background check.

Special Conditions:

To ensure 24/7 public safety coverage, employees must be available during emergencies and may be subject to forced overtime.

Supervision Received:

Works under the administration and direction of the Deputy Chief, with considerable latitude for independent judgment and action. Refers specific problems to the Deputy Chief when clarification or interpretation of department policy or procedure is required.

Supervision Exercised:

May supervise other Mental Health Clinicians if employed.

Confidentiality:

In accordance with the State Public Records Law, the employee has regular access to highly sensitive and confidential information, including protected health information (PHI), clinical records, law enforcement records, official personnel files, and other materials that, if improperly disclosed, could compromise individual privacy, ongoing investigations, and the integrity of Town operations.

Accountability:

Consequences of errors, missed deadlines, or poor judgment could result in harm to individuals in crisis, jeopardize public safety, cause delays in service delivery, undermine public trust, result in monetary loss, or lead to legal repercussions for the Town. The employee is expected to exercise a high degree of professionalism, discretion, and accuracy in all aspects of the work.

Co-Response Mental Health Clinician
08/14/2025

Judgment:

Work is performed in accordance with administrative and municipal policies, state and federal laws, mental health regulations, and professional standards of practice. Extensive judgment and clinical expertise are required to assess complex situations, determine appropriate interventions, adapt existing approaches, and make critical decisions in real time—often under pressure and in unpredictable circumstances. The employee serves as a subject matter expert within the department, interpreting guidelines and developing operational protocols for crisis response.

Complexity:

Work involves the application of a broad range of clinical, behavioral health, and crisis intervention principles, as well as law enforcement and community engagement strategies. Assignments include assessing behavioral health trends, recommending program improvements, coordinating with multiple service providers, and developing innovative approaches to crisis intervention. The position requires balancing clinical best practices with the operational needs of public safety.

Nature of Public Contacts:

The employee has frequent and direct interaction with individuals in crisis, family members, law enforcement personnel, healthcare providers, community agencies, and local, state, and federal officials. These interactions often occur under sensitive, high-stakes circumstances. The role demands a high degree of diplomacy, tact, and situational awareness, as the employee represents both the Town and the Police Department in critical and potentially impactful situations.

Work Environment:

The work environment includes both a professional office setting with moderate noise levels and field work in a variety of locations, including private residences, public spaces, and healthcare facilities. Field response may involve exposure to emotional distress, unpredictable behavior, and weather conditions. Appropriate safety precautions must be followed in all environments.

Physical and Mental Requirements:

- **Physical Skills:** Work involves frequent standing, walking, and driving to respond to calls, with intermittent sitting, stooping, and reaching. The employee may be required to lift objects such as equipment, files, or supplies weighing up to 30 pounds.
- **Motor Skills:** Duties require the ability to operate a motor vehicle, computer, telephone system, and standard office equipment, as well as to perform basic physical activities necessary for field response.
- **Visual/Auditory Skills:** The employee must be able to read and interpret clinical documentation, legal documents, and computer screens for both general understanding and analytical purposes. Strong auditory skills are required to listen, comprehend, and effectively communicate with individuals in crisis, law enforcement officers, and community partners, often in challenging environments.

Disclaimer:

This job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

The Town of Rockland offers excellent benefits with the Town contribution of 79% BCBS and 50% dental insurance. The Town of Rockland is currently seeking to fill the following positions:

Full Time Opportunities:

Rockland Police Department: Co-Response Mental Health Clinician

The Town of Rockland Police Department is seeking a dedicated Co-Response Mental Health Clinician to join our team. This position plays a vital role in supporting both our officers and our community through a co-response model that addresses behavioral health crises with compassion and expertise.

About the Role

The Co-Response Mental Health Clinician will work alongside police officers to respond to calls involving individuals experiencing mental health challenges, substance use disorders, or related crises. The clinician will provide on-site assessments, crisis intervention, short-term counseling, and referrals to community-based services. This role also includes training, consultation, and ongoing collaboration with law enforcement and local agencies to improve outcomes for individuals in crisis.

Key Responsibilities

- Respond with officers to calls involving behavioral health crises.
- Provide on-site clinical assessments and crisis intervention services.
- Deliver short-term counseling and facilitate referrals to appropriate services.
- Serve as a liaison between the Police Department and community providers.

- Assist with case management, documentation, and program development.
- Develop and deliver mental health training for police personnel.
- Support a collaborative, ethical, and community-focused approach to crisis response.

Qualifications

- Master's degree in Social Work, Counseling, Psychology, or a related field.
- Massachusetts licensure (LMHC, LCSW, LICSW, or equivalent) or actively working toward licensure.
- Minimum two years' experience with individuals experiencing mental health or substance use disorders; one year in a diversion or crisis program preferred.
- Strong knowledge of DSM-5, crisis intervention strategies, and community resources.
- Valid driver's license and access to an insured vehicle.
- Ability to pass CORI and comprehensive background checks.
- Excellent communication, problem-solving, and interpersonal skills.

Compensation & Benefits

- Starting salary: \$75,000 per year (negotiable based on experience).
- Outstanding health insurance benefits through Blue Cross Blue Shield, with the Town covering 79% of premiums and employees contributing only 21%.
- Retirement plan and additional benefits.
- Professional development and training opportunities.

Special Conditions

This role may require availability during emergencies and subject to overtime as needed to ensure public safety coverage.

How to Apply

Qualified applicants should submit a resume and cover letter to: hr@rockland-ma.gov. Position to remain open until filled. Please see the full job description in documents below.

Highway- Truck Driver-Laborer (Class II)

Status: Full-Time, 40 Hours/Week

Starting Pay: \$26.21/hour

Union Position: AFSCME Council 93, Local Public Works Unit

About the Role

The Town of Rockland is seeking a motivated and reliable Class II Truck Driver-Laborer to join our Highway Department. This role is essential in maintaining safe and functional roadways, supporting infrastructure projects, and ensuring the day-to-day operations of the department run smoothly.

Key Responsibilities

- Operate dump trucks and related equipment for highway operations
- Perform snow plowing and sanding during winter storms
- Support road construction, paving, maintenance, and repairs (including manholes, basins, and patching)
- Install and repair road signs
- Carry out general labor duties such as shoveling, sweeping, raking, and debris removal
- Assist with additional tasks and assignments as needed



Clinician in Fairhaven, MA



Clinician

Town of Bridgewater MA · Bridgewater, MA

2 weeks ago · Be among the first 25 applicants



See who Town of Bridgewater MA has hired for this role

Save

POSITION TITLE: CLINICIAN

BRIDGEWATER POLICE DEPARTMENT

FULL-TIME (40 HOURS PER WEEK)

PAY: \$85,000 PER YEAR

Position Overview

The Bridgewater Police Department is seeking a full-time Clinician to join its Regional Jail Diversion and crisis response efforts. In this role, you'll work alongside law enforcement from Bridgewater, West Bridgewater, East Bridgewater, and Whitman Police Departments to provide on-scene mental health evaluations, crisis intervention, and short-term stabilization for individuals experiencing acute mental health or substance use emergencies. You will help divert individuals from arrest or hospitalization when appropriate, coordinate referrals to treatment, and conduct follow-up services.

This position also plays a key role in community collaboration—training police officers, partnering with local providers, collecting program data, and supporting quality improvement

initiatives. The ideal candidate is a master's level clinician who is comfortable working independently in the field, engaging with diverse populations, and navigating the criminal justice and behavioral health systems. This is a unique opportunity to make a direct impact on public safety and mental health outcomes in the community.

Essential Duties And Responsibilities

- Receive and respond to pending assignments
- Develop and maintain effective relationships with all members of the police
- Perform evaluations of clients in acute crisis (including suicide/homicide assessments, mental status exams, evaluation of support networks and resource availability) and provides short term intensive crisis intervention with the client
- Conduct on-scene evaluations in locations, such as, homes, schools, shelters, and other community settings
- Screen clients for admissions to hospitals, diversionary programs, and Crisis Stabilization Unit.
- Present level of care assessments to managed care companies, hospitals, and other agencies that offer appropriate services for client
- Provide follow-up services to individuals who have had an emergency encounter
- Coordinate and collaborate with community stakeholders
- Educate the community regarding jail diversion services
- Document thoroughly, legibly, and promptly, all client interventions; maintain accurate client records in accordance with regulatory, departmental, and agency standards
- Complete all necessary paperwork and billing documentation
- Collect data and submit reports as required by assigned police station's Jail Diversion contract with Department of Mental Health and by other funding sources as applicable
- Enter all evaluations completely on computer
- Attend and participate in meetings as directed and care coordination and planning meetings with the assigned police agency and community providers
- Provide quality customer service to clients, families, other providers, funding sources, etc.
- Participate in quality management initiatives
- Provide orientation, training, and supervision of other Jail Diversion Clinicians at assigned police station.

- Provide training to officers in the assigned police agency on topics that include, but are not limited to, basic crisis intervention strategies, signs and symptoms of mental illness, and suicide risk and prevention
- Conduct proactive outreach to identify people in the assigned community who are in need of mental health or other support services
- Other job duties as assigned

Knowledge, Skills, And Abilities

- Extensive knowledge of DSM-V
- In-depth knowledge of Massachusetts General Laws Chapter 123 and its applications
- Knowledge of mental health and substance use disorders
- Knowledge of Massachusetts levels of care and referral process for access to treatment
- Ability to complete computerized evaluations, ability to work independently and at assigned police stations

Experience And Training

- Master's Degree in a counseling field
- Licensed as LMHC, LICSW, LADC1 (not required)
- One year of emergency services experience required
- Experience working with the criminal justice system preferred
- Jail diversion experience preferred

Licenses And Certifications

- Valid Massachusetts Driver's license and use of car

Diversity & Inclusion is a key component of our success as an organization. The Town of Bridgewater is an Equal Opportunity Employer and encourages all qualified individuals—regardless of background, experience, or strengths—to apply.

Show less ^



Fairhaven PD
CIMS Data Analysis
1/1/23 – 10/31/25

PAMELA KELLEY
KELLEY RESEARCH ASSOCIATES
STONEHILL COLLEGE

SEAN VARANO
KELLEY RESEARCH ASSOCIATES
ROGER WILLIAMS UNIVERSITY



CIMS Overview

- **The Critical Incident Management System (CIMS) software** is a software developed to support law enforcement involvement in post-overdose/behavioral health deflection program models.

- **CIMS Distinguishing Features**

- Effective for managing and sharing overdose data
- Identifying At-Risk Individuals
- Integrated Behavioral Health Module
- Ability to support reentry needs
- Program management tool
- Documents critical outcomes



CIMS Overview

CIMS is being utilized in MA:

- *Barnstable County*
- *Berkshire County*
- *Bristol County*
- *Essex County*
- *Franklin County*
- *Hampden County*
- *Hampshire County*
- *Norfolk County*
- *Middlesex County*
- *Plymouth County*
- *Suffolk County*
- *Worcester County*

CIMS is being utilized in SC:

- *Charleston County*
- *Dorchester County*

Current Usage Statistics:

- Over 2,200 registered users
- Over 335 concurrent agencies
- 76,000+ incidents entered
- 55,000+ follow-up records entered

Fairhaven PD CIMS & Bristol County Outreach Milestones



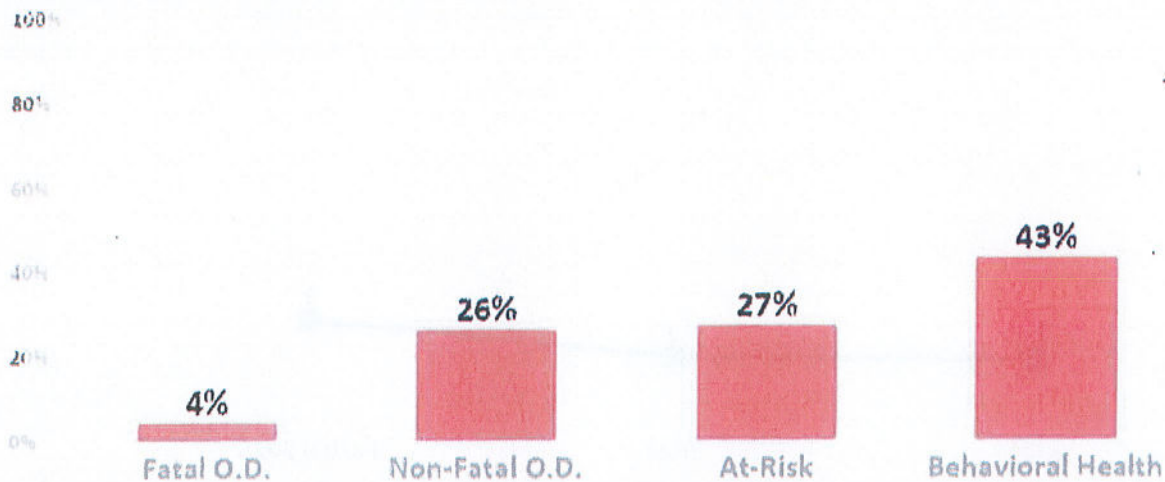
- Fairhaven PD began utilizing CIMS in 2019 and also back entered data from 2018 records as well.
- Originally, the system was used to just record fatal and non-fatal overdoses.
- Expansion of the system utilization to At-Risk Referrals began in 2021 and then to Behavioral Health events in 2024.
- Fairhaven PD joined the Bristol County Outreach (BCO) Coalition when it launched in May 2023 under the Seekonk PD COSSUP grant.
- Fairhaven PD began BCO outreach efforts with BCO clinicians in October 2024 and has expanded these efforts to clinician co-responder shifts in addition to post-incident outreach details in 2025.



Fairhaven Annual Trend Data

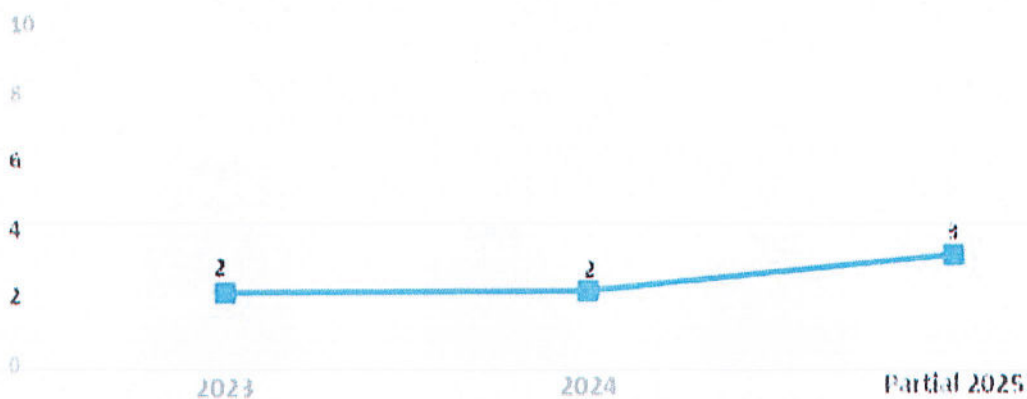
1/1/23 – 10/31/25

Type of Incident: 1/1/23 – 10/31/25



There were a total of 157 incidents (OD, At-Risk referrals, and Behavioral Health events) recorded by Fairhaven PD between 1/1/23 and 10/31/25: 7 (5%) were fatal ODs; 40 (26%) were non-fatal ODs; 43 (27%) were categorized as “at-risk” individuals, and 67 (43%) were identified as Behavioral Health events.

Fatal Incident Trend By Year



There were on average [2.3 fatal ODs per year](#) during this time period, or a total of 7 fatal overdoses. Of note, given the partial 2025 number of incidents has already exceeded the 2024 total, there will be an increase in fatal overdoses this year.

Kelley Research Associates: 11/7/25

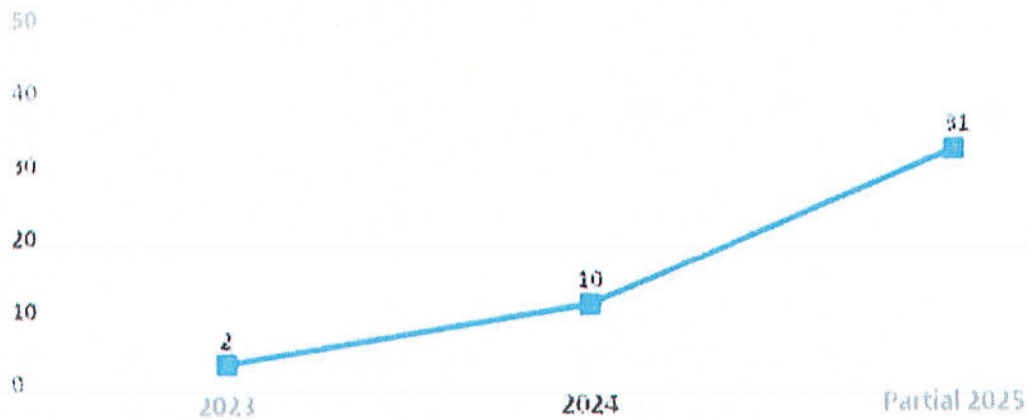
Non-Fatal Incident Trend By Year



There were on average 13.3 non-fatal OD incidents per year during this time period, or a total of 40. Of note, it appears there may be a slight decrease in non-fatal overdoses between 2024 and 2025 given the monthly average of 1 per month so far in 2025 compared to 1.25 per month in 2024.

Kelley Research Associates: 11/7/25

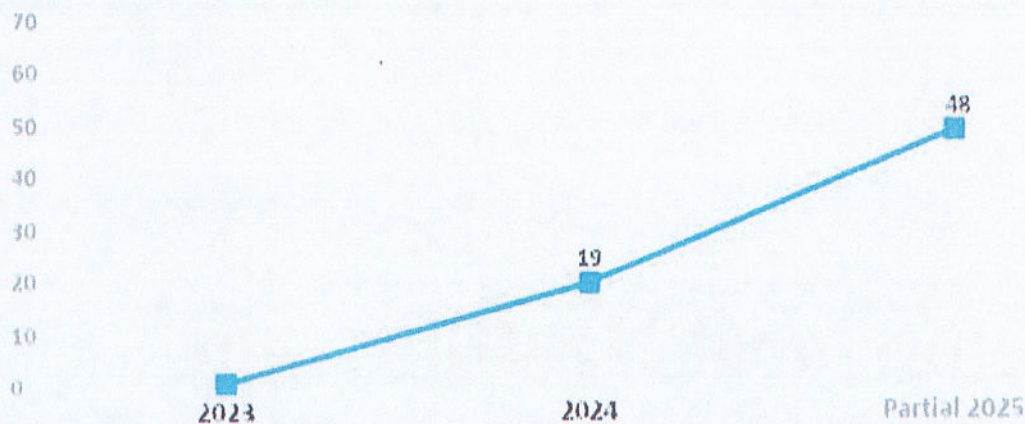
At-Risk Monthly Trend



The at-risk referral category saw a significant **400% increase** between 2023 and 2024 and the 2025 data (31) is already **210% higher** than the 2024 total of 10. An increase in the at-risk category is considered a positive, pro-active strategy for getting assistance to individuals before a crisis occurs.

Kelley Research Associates: 11/7/25

Behavioral Health Events



Utilization of the Behavioral Health module began in 2024. The Behavioral Health category appears to be trending towards a 200% increase between 2024 and 2025. During 2024, there were 1.6 events recorded per month, and so far in 2025 there are 4.8 events being recorded per month.

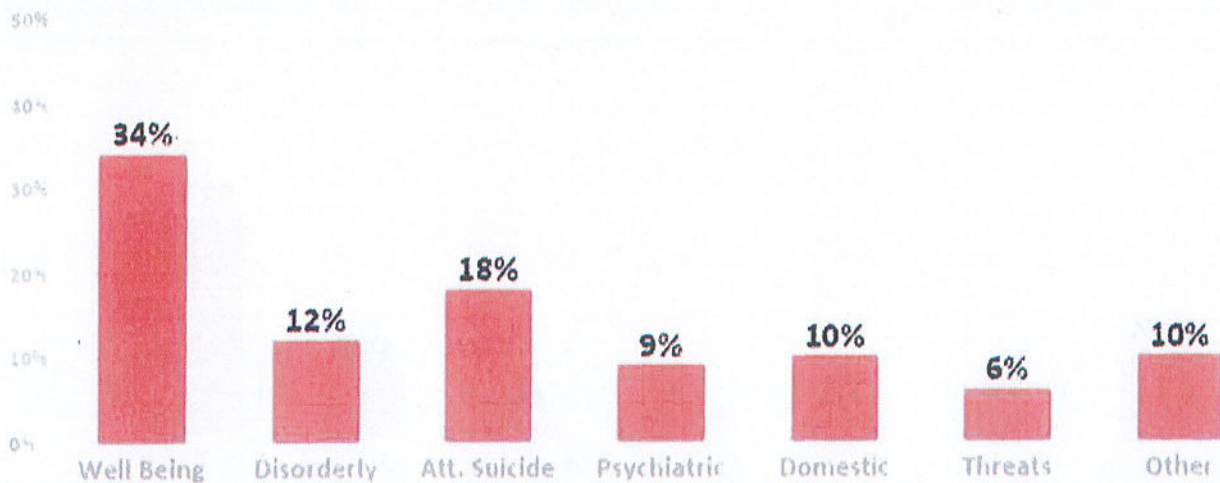
Kelley Research Associates: 11/7/25



Behavioral Health Event Information

The following analysis includes information on just the Behavioral Health events recorded between 1/1/24 and 10/31/25 (67).

Type of BH Incident: 1/1/24 – 10/31/25

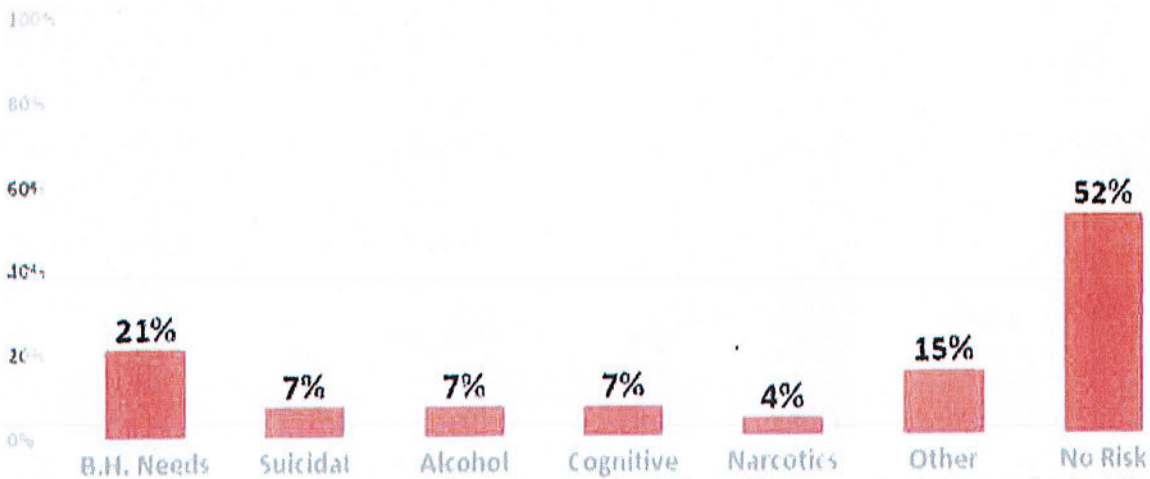


The majority of calls for service identified as Behavioral Health related, 34% (23), were recorded as Well-Being Checks, 18% (12) were Attempted Suicides/Suicidal Ideation, and 12% (8) were Disorderly Conduct incidents.

Kelley Research Associates: 11/7/25



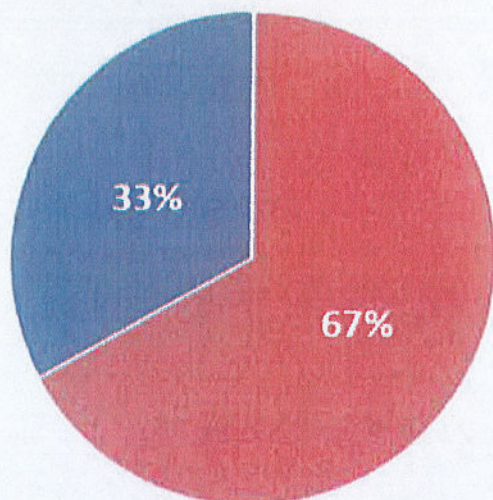
BH Risk Factors



This data can add to more than 100% due to multiple risk factors identified at each incident. The majority of incidents, 21% (14), noted Behavioral Health Needs as a risk factor, 7% (5) noted the individual was suicidal, 7% (5) noted the individual struggled with alcohol misuse, and 7% (5) noted the individual had cognitive impairment.

Kelley Research Associates: 11/7/25

Section 12 Data (Application for Temporary Involuntary Hospitalization)



Sixty-seven percent (45) of the Behavioral Health incidents resulted in filing a Section 12 for the individual involved.



Demographic Data

The following analysis includes information on individuals involved in all overdose incidents, at-risk referrals, and behavioral health events (157).



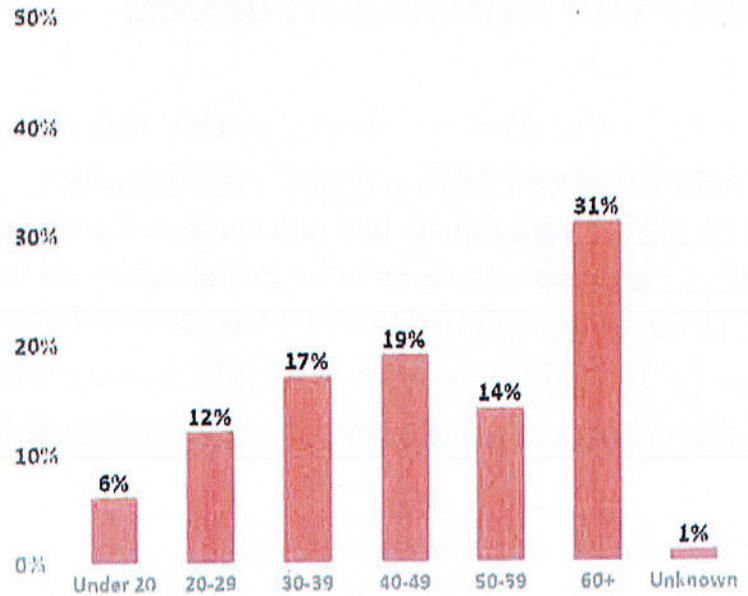
Total Individuals Involved

- ❑ The 157 overdose incidents, at-risk referrals, and behavioral health events involved **140 unique individuals**:
 - **124 (88%)** individuals had one event recorded between 1/1/23 and 10/31/25.
 - **15 (11%)** individuals had two events recorded between 1/1/23 and 10/31/25.
 - **1 (1%)** individual had three events recorded between 1/1/23 and 10/31/25.
- ❑ The **16 individuals** with multiple events were involved in **33 (21%)** of the recorded incidents/referrals during this time frame.



Unique Individual Demographics

- 59% (82) are male
- 92% (129) are categorized as White
- 6% (9) were listed as homeless.
- Almost half, 45% (63) of the individuals were 50 years old or older.
- The youngest individual was 11 years old (Behavioral Health event) and the oldest was 92 years old (Behavioral Health event).

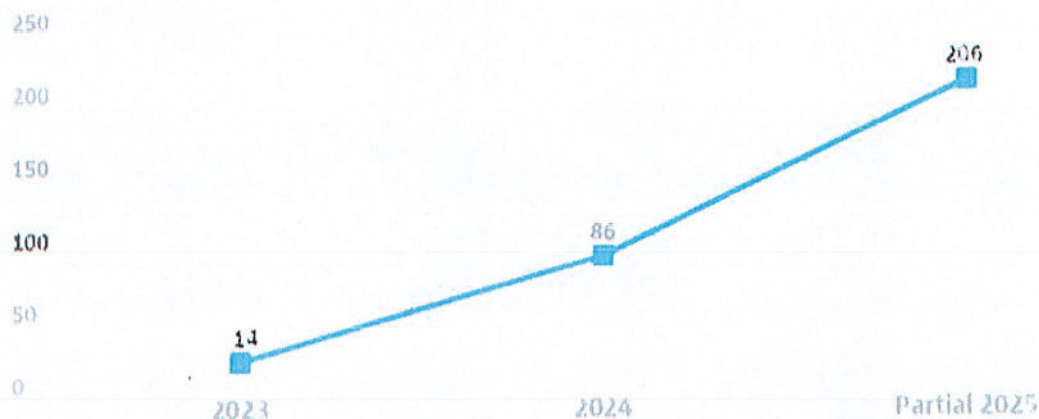




**Post Incident or At-Risk
Follow-Up Visit Outcomes**



Attempted Follow-Up Contact Trend



The number of attempted outreach contacts being recorded in CIMS saw a significant [514% increase](#) between 2023 and 2024 and the 2025 data (206) is on pace for at least a [150% increase](#) over the 2024 total of 86. As a reminder, Fairhaven PD began utilizing the BCO clinicians as outreach support in October 2024.

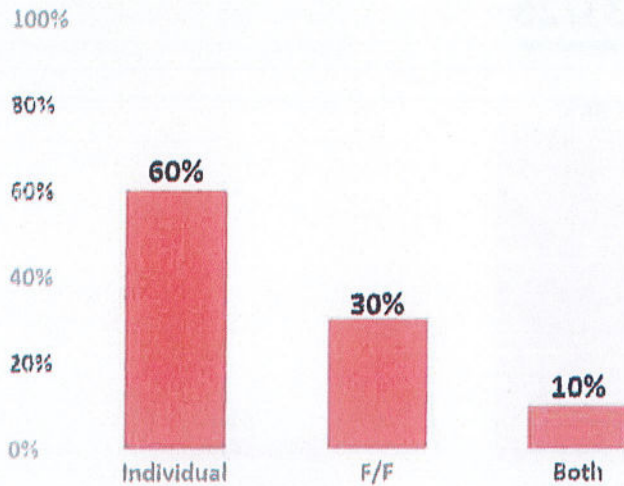
Kelley Research Associates: 11/7/25

Follow-Up Visit Contacts: 1/1/24 – 10/31/25



Kelley Research Associates

- This analysis considered just 2024 and 2025 to date attempted outreach contact data.
- 292 attempted Follow-up Contacts
- 72% (211) were successful in having contact with either the individual who was involved in the incident/referral, a family/friend, or both.



Sixty percent (126) of the successful follow-up visits (211) resulted in contact with the individual that was involved in the incident/referral, 30% (64) resulted in contact with Family/Friends, and 10% (21) resulted in contact with both the individual and family/friends.

Successful Client Contact Outcomes

1/1/24 – 10/31/25



Kelley Research Associates



Of the 147 successful contacts with the person that was involved in the incident/referral (Individual Only and Both): **88% (129)** resulted in the individual accepting resources from the outreach team; **6% (9)** of the individuals declined the offered resources, and **6% (9)** of the individuals were already seeking services by the time the team arrived.

Kelley Research Associates: 11/7/25



Additional Follow-Up Contact Outcomes

- Of the 85 successful follow-up contacts where a family/friend was contacted, 67% (57) resulted in the family/friend accepting support services from the Outreach Team.
- Records from 135 (64%) of the successful visits noted that a referral to local service providers or agencies was provided.



Summary

- An increase in both at-risk referrals and behavioral health calls demonstrates a need for additional clinical support.
- Clinicians are best positioned to determine if a Section 12 is appropriate and needed. Increasing clinical capacity ensures this tool is used in the right situations.
- The addition of the per diem BCO clinician to the Fairhaven PD outreach efforts in 2024 has clearly increased post-incident/referral outreach attempts significantly.
- The COSSUP grant which funds these clinician positions was just granted a no cost extension through 9/30/26. However, it is estimated funds will be depleted by March 2026, leaving a void in the outreach team.
- CIMS data clearly supports the need for, and success with, utilizing clinicians as part of the Fairhaven PD outreach activities.
- Hiring a clinician with the opioid settlement funds would be a great asset for Fairhaven PD and Fairhaven residents.



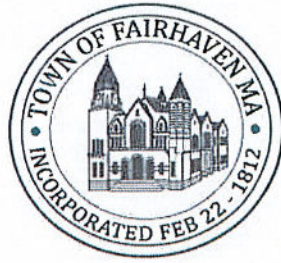
Monday, December 15, 2025

ACTION / DISCUSSION

4. License/Permit Renewals for 2026

a. Liquor Licenses

1. Gene's Famous Seafood, 146 Huttleston Avenue
2. The Bitter End Lounge, 407-409 Huttleston Avenue
3. Frontera Grill, 214 Huttleston Avenue
4. Sweet Ginger Asian Cuisine & Bar, 179-181 Huttleston Ave.
5. Mike's Restaurant, 390 Huttleston Ave.
6. Dorothy Cox's Candies, 21 Berdon Way
7. Wah May Restaurant, 51 Main Street
8. Olivia's Restaurant, 1 Middle Street
9. 99 Restaurant & Pub, 32 Sconticut Neck Road
10. Southcoast Wine & Spirits, 355 Huttleston Ave.
11. Paul's Sports Corner, 19 Howland Road
12. Connolly's Liquor Mart, 36 Howland Road
13. Old Oxford Pub, 346 Main Street
14. Fairhaven Wine & Spirits, 105 Sconticut Neck Rd.
15. Sivalai Thai Cuisine, 130 Sconticut Neck Rd.
16. M & J Fairhaven Inc., Riccardi's Restaurant, 38 Sconticut Neck Road
17. Bayside Lounge, 125 Sconticut Neck Rd.
18. Friendly Farm Convenience, 121 Sconticut Neck Road
19. Cardoza's Wine & Spirits, 6 Sconticut Neck Road
20. Douglas Wine & Spirits, 1 Peoples Way
21. The Pasta House Restaurant, Bocca, 100 Alden Road
22. Fort Phoenix Post 2892, Veterans of Foreign Wars of USA, 109 Middle Street
23. Acushnet River Safe Boating Club, 801 Middle Street



24. Off The Hook, 56 Goulart Memorial Drive
25. SoCo Tavern, LLC, dba SoCo 136 Huttleston Ave.
26. Fairhaven Seaport Hospitality Inc., Seaport Inn and Marina, 110 Middle Street
27. Vila Verde Restaurant, 362-364 Main Street
28. Rasputin's Tavern, 122 Main Street
29. Ocean State Job Lot, 11 Berdon Way
30. Moriarty Liquors, 101 Middle Street
31. Town Crier, 5 Maitland Street
32. Courtyard Restaurant, 270 Huttleston Avenue
33. The Bar on Middle, 47 Middle Street
34. Scuttlebutts Liquors, 407-409 Main Street
35. Huttleston License, LLC Stevie's A Package Store, 115 Huttleston Ave.
36. Traveler's Ale House, 111 Huttleston Ave.
37. Southcoast Pickleball LLC., 4 David Drown Blvd.
38. Gulf Resources Inc., 277 Bridge Street

b. Pouring License

1. Pouring License Fairhaven Meadows LLC/Nasketucket Bay Vineyard, 237 New Boston Rd

c. Car Dealer License

1. Fairhaven Gas, Inc. 134 Huttleston Avenue
2. Fairhaven Gas, Inc., Valero's, 130 Huttleston Avenue
3. Hive Motorcars, LLC, 10 Arsene Way
4. Guard Enterprises, 110 Alden Road
5. Dussault Auto Sales LLC, 99 Spring Street
6. Alden Buick GMC, 6 Whalers Way
7. Alden Mazda, 250 Bridge Street
8. Artistic Auto Body & Auto Sales, 98 Middle Street
9. Sarkis Enterprises, Inc. (A & A Auto), 196 Huttleston Ave.
10. Sarkis Enterprises, Inc., (A & A Auto), 200 Huttleston Ave.
11. RRR Auto Sales, 372 Huttleston Avenue



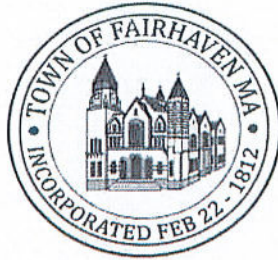
12. First Hot Line Auto Sales Inc., Fairhaven Getty Auto Sales, 371 Huttleston Ave.
13. TAG Fairhaven Holdings LLC dba TASCA Hyundai Fairhaven 37 Alden Rd

d. Car Repair License

1. Wall Enterprises Inc. dba Midas Fairhaven, 178 Huttleston Ave.
2. A-1 Crane Company, 86-88 Middle Street
3. Aaron's Auto Glass, 232 Huttleston Ave.
4. Jiffy Lube #1229, 31 Alden Road
5. Dattco Sales & Service, 72 Sycamore Street
6. Nice N' Clean Car Wash, 320 Huttleston Avenue
7. Rick's Services, 241 R. Huttleston Avenue
8. Manny's Service Station, 82 Bridge Street
9. Sullivan Tire Company, 9 Plaza Way
10. JR's Auto Shop, 276 Huttleston Avenue
11. Roland's Tire Service, 11 Howland Road
12. RRR Auto Sales, 372 Huttleston Avenue
13. Leban Fuel Inc., Fairhaven Getty, 371 Huttleston Avenue

e. Common Victualler License

1. Papa Gino's Pizza, 171 Huttleston Ave
2. Taco Bell, 33 Alden Road
3. Subway, 19 Plaza Way
4. Burger King, 180 Huttleston Ave.
5. McDonald's Restaurant, 14 Plaza Way
6. Wendy's Restaurant, 7 Fairhaven Commons Way
7. Mac's Soda Bar, 116 Sconticut Neck Road
8. Dunkin Donuts, 18 Plaza Way
9. Dunkin Donuts, 32 Howland Road
10. Little Village Café, 23 Center Street
11. Palace Pizza & More, 142 Huttleston Ave.
12. Galaxy Pizza, 142 Main Street
13. Scramblers Breakfast & Bagel, 2 Sconticut Neck Rd.



- 14.7-Eleven, 188 Huttleston Ave.
- 15.Ice Cream Cottage, 12 Ferry Street
- 16.Mey Breakfast, 16 Main Street
- 17.Jake's Dinner, 104 Alden Road
- 18.Mystic Café, 398 Main Street
- 19.Flour Girls Baking, 230 Huttleston Ave.
- 20.The Nook Café, 58 Washington Street
- 21.Festiva Buffet, 31 Berdon Way
- 22.Honey Dew Donuts, 87 Huttleston Ave
- 23.Phoenix Restaurant, 140 Huttleston Ave.
- 24.Yia Yia's Pizza Café, 381 Sconticut Neck Rd
- 25.Jersey Mike's Subs, 215 Huttleston Ave
- 26.168 Sushi Kitchen, 8-1 Sconticut Neck Rd
- 27.Main Street Scoops, 382 Main Street
- 28.Makatan Company Store, West Island Creamery, 39 Causeway Road
- 29.Chipotle Mexican Grill 12 Plaza way
- 30.Sweet Lizzie Treats dba Sweet Lizzie's Bake Shop 48 Main St
- 31.Tropical Smoothie Café 15 Sarah's Way
- 32.Marisol's 21 People's Way
- 33.Starbucks 27 Alden Rd
- 34.Hanami Café, 358 Main Street

f. Lodging House License

1. Kopper Kettle Guest House, 41 Huttleston Avenue
2. Delano Homestead Bed & Breakfast, 39 Walnut Street

g. Private Livery License

1. Elite Transportation, 1 Deerfield Lane



**Town of Fairhaven
Report of the Town Administrator
December 15, 2025**

Financial Updates

- The Massachusetts Department of Revenue has set Fairhaven's FY26 tax rate. The residential rate is \$9.19 and commercial rate is \$18.20 per thousand.
- The Public Works Department has received approval from MassDEP to extend the sewer improvement borrowing repayment schedule from 20 to 30 years. Additionally, the borrowing will be at 0% interest, resulting in an estimated \$20 million in interest savings. The state has also forgiven \$11,620,000 of the original \$70 million loan.

Project Updates

- Public Works will hold an information session on the ongoing water and sewer upgrades and how they relate to the "health, sustainability, and resilience of our coastal community." The session will take place on Monday, January 5, at 6:30 PM in the Library UU auditorium. Please contact the library to register to attend.

Personnel Update

- There are no personnel updates.

Miscellaneous Updates

- On Saturday, December 20th, the Rec Center is hosting its Shop & Drop Parents' Night Out from 4 to 9 PM. This program gives parents time to finish holiday shopping while children enjoy crafts, games, pizza, and a movie.
- During school vacation week, the Recreation Department will also offer the Kool Kids Christmas Program on December 26th, 29th, and 30th for students in grades K through 6. Each day will be filled with festive activities and supervised fun from 8 AM to 4 PM.
- The Rec Center is encouraging residents to consider giving the gift of an experience this holiday season. Gift cards are available and can be used toward a variety of youth and pre-K programs, including art, cooking, sports, and theatre.
- The Town was notified that the Rogers School has been officially listed in the National Register.
- On Saturday, December 13th, the Veterans Office and with approximately 25 volunteers placed wreaths in the town's four cemeteries. A special thank you to Kenny's Farm Stand for the donation of 40 wreaths, allowing the group to place wreaths along the front of Riverside Cemetery this year.





Monday, December 15, 2025

CORRESPONDENCE

1. Email: Michelle Costen emails dated November 27 and December 5, 2025

(no subject)

1 message

michelle costen <michcosten@gmail.com>

Thu, Nov 27, 2025 at 10:46 AM

To: Charlie Murphy <cmurphy@molifeinc.com>, ksilvia2@yahoo.com, selectboard@fairhaven-ma.gov, Keith Hickey <khickey@fairhaven-ma.gov>, stevebouley <stevebouley@comcast.net>

Dear Chairman of the Selectboard, Charlie Murphy,

We have many committees but I can't understand why we don't have an *Affordable Homes Committee*, focused entirely on how we can build and provide affordable homes, to fit the median income of our residents, who offer vital services to the community, seniors and first time homebuyers.

The need for affordable housing was recognized in our 2018, 2040 MPV, and it was supported by a 2022 polling that we had in Fairhaven, with the majority of Fairhaven residents declaring loud and clear that we need affordable homes where they can build equity of their own..

I can think of 5 areas where we could work with the State and Federal government to begin really incentivizing developers to build moderate affordable cottages, while including a re-situated visit to zoning laws that will protect median priced homes that actually match up with median incomes, like the way it used to be. Moderate home building that gives people a chance to grow equity over time. There is an Art to zoning, for low, moderate, and high income home purchasing.

We can talk to banks who would be willing to give a lower interest rate to first time homebuyers who offer vital services to the community. I know of one such bank who went 1 to 2% lower on the interest rate, to make it happen for first time homebuyers.

We have done a terrible injustice to the median income earner who offers vital services to the community. We all know this to be true, and we all have eyes and can see the facts before us. We hear the outcry of people who want to live the American dream and buy a home where they can grow their own equity, and not be subject to high rent the rest of their life, where they cannot even save for their first home. And the injustice that we are doing to our seniors who are trying to get out of the bigger home, but can't even find the smaller affordable home anymore, because the interest rates are too high, and the prices of the homes have become too great.

Are you aware that currently home prices are 47% higher than in 2020, and the median sale price is five times the median household. This should never have been allowed to happen, and we could've controlled it through zoning Appropriately, to ensure we could preserve enough housing stock for our communities.

I believe in good investments, don't get me wrong, but we need to be protected from predator investors who are buying up all our small homes and many of them paying cash. Think of this for a minute. Could you imagine an investor one day having a heart attack and he needs an ambulance and no ambulance can come for him because ambulance drivers no longer could afford to live in the area. This really happened in Cape Cod. They had an ambulance shortage because people could not afford to live in Cape Cod.

I'm giving this to you as an example to begin to value the vital services that hard working people give to a community, then to always be thinking just in terms of profit. Take a look at this, houses are the most expensive they've ever been, and yet our Fairhaven is in a financial crunch. Doesn't make sense does it?.. I believe being greedy has a way of backfiring as a law of life, and we actually can see it being demonstrated before our eyes.

We really need to have a good team of people, maybe one person from the planning board, maybe our building commissioner can oversee as well, and some residents who really care about the affordable home situation we have here in Fairhaven. Maybe even call on a developer who cares about people, to be part of an affordable home committee. Then we need to really start corresponding very intentionally with the state and the federal government. It has been acknowledged by both parties, especially just recently, the great need we have for affordable homes. And for affordability in general, I think more than ever we are ready to work together as a nation in bringing back affordability to the hard working people who keep this nation floating..

My father used to say it is better to have a healthy community cash flow than to be exceedingly rich. And the reason he would say that, is because everybody is included in a healthy cash flow, which is how our original zoning laws were set up here in Massachusetts. When we think in terms of just high profits, many people who are so important to the community

get kicked to the curb.. It's a sin, what we have done to the people here who offer vital services to the community, to our seniors and first time homebuyers.

We can fix the problem, but we haven't wanted to. And I think it's because we want to keep people in a slave-like need all the time, always subject to developers and investors who have lost the balanced profit principle, and have gotten too greedy.

Thank you for listening and please see the extreme need for an honest to goodness hard-working focused- Affordable Home Committee.

Thank you for listening,

Michelle Costen

Affordable Home Committee

1 message

michelle costen <michcosten@gmail.com>

Thu, Nov 27, 2025 at 10:49 AM

To: Charlie Murphy <cmurphy@molifeinc.com>, ksilvia2@yahoo.com, selectboard@fairhaven-ma.gov, stevebouley <stevebouley@comcast.net>

Dear Chairman of the Selectboard, Charlie Murphy,

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Thank you for listening and please see the extreme need for an honest to goodness hard-working focused- Affordable Home Committee.

Thank you for listening,

Michelle

Zoning Act- MGL Chapter 40A-public comment

1 message

Michelle Costen <michcosten@gmail.com>

Fri, Dec 5, 2025 at 11:55 AM

To: Charlie Murphy <cmurphy@molifeinc.com>, selectboard@fairhaven-ma.gov, buildingcommissioner@fairhaven-ma.gov

To the Chairman of the Select board, Charlie Murphy,

I thought it would be good to revisit the introduction of the Zoning Act. The document that I am sending gives Specific purposes as to why we have a Zoning Act & Laws.

I wanted to say as an advocate for affordable housing, that one of the very important purposes that you will find in this document, is the need to produce housing for all income levels.

Unfortunately, we have not been doing that. We have completely wiped out our median income levels for Home purchase affordability.

I just bring this to your attention because I think it's an important reminder for The Select and Planning boards, as we move forward, and as we make Housing Development decisions for Fairhaven.

Because the majority of our residents are in a median income range, we should be building a whole lot more of median income range homes. Smaller homes and cottages.

Perhaps for one large house that a developer builds \$750,000 and up, we should make two small Affordable homes Under \$450,000-Some kind of formula like that, so we can bring back the median priced Home to Fairhaven, so that it actually matches up with the median income earners of Fairhaven.

As it appears now, developers are getting incentives to build affordable housing, but in actuality, we all know housing is not at all affordable, not rentals nor home purchasing.

As it appears now, developers and investors are still or will be getting their incentives, but Fairhaven residents are not getting Affordable Housing.

...And I'm not even talking about low income housing. I'm talking about median price smaller homes that are under \$450,000 are not being built.

To continue building larger homes, expensive homes, that the median income of residents, Who offer vital services to the community in Fairhaven, cannot afford, is not Balanced with our Zoning Act laws & purposes. And of course this is in the exclusion of the 40 R, which is a whole different zoning purpose and plan)

FYI- The 5.16 billion Affordable Home Act that passed in August 2024, Was passed through legislation as a bond bill. Ultimately, the payback of these monies comes from general tax revenue. I would certainly say that people who work in Vital services for their community and who pay taxes, deserve to have affordable homes built for them. Agree?

Take a look at why the Zoning Act in Massachusetts was implemented.


It's a great guide when making housing development decisions. These basis laws and purposes, we all have to admit, have been over sighted In the last few years, especially.

Seems we've been making up our own rules and regulations, and it has caused us problems as Fairhaven residents have witnessed.

And it will continue to cause problems, unless we are adamant in going in the right direction and in following our zoning laws.

When you read this Zoning document, page 8 of our Massachusetts Zoning Act, you will see it is very Sound... If I could say it that way.

All the best, Michelle Costen-

 **zone.pdf**
69K

Introduction

"The Zoning Act" was enacted in 1975 to facilitate, encourage and foster the adoption and modernization of zoning ordinances and by-laws by municipal governments; and to establish standardized procedures for the administration and promulgation of municipal zoning laws.

Prior to the 1975 Act, cities and towns were authorized to adopt zoning ordinances and by-laws in accordance with the provisions of the old "Zoning Enabling Act", M.G.L., ch. 40A. The purposes for zoning, as provided in section 2 of this act, were to promote the health, safety, convenience, morals or welfare of the inhabitants of the city or town.

The 1975 Act, commonly referred to as chapter 808, has broadened the purposes for which a municipality might establish zoning regulations. Section 3 of chapter 808, amended M.G.L., ch. 40A, and established "The Zoning Act". Unlike the old zoning act the purposes for zoning are no longer contained within ch. 40A, and have not been incorporated into any general law. However, the purposes and objectives can be found in section 2A of chapter 808, and include, but are not limited to, the following:

- to lessen congestion in the streets;
- to conserve health;
- to secure safety from fire, flood, panic and other dangers;
- to provide adequate light and air;
- to prevent overcrowding of land;
- to avoid undue concentration of population;
- to encourage housing for persons of all income levels;
- to facilitate the adequate provision of transportation, water, water supply, drainage, sewerage, schools, parks, open space and other public requirements;
- to conserve the value of land and buildings, including the conservation of natural resources and the prevention of blight and pollution of the environment;
- to encourage the most appropriate use of land throughout the city or town, including consideration of the recommendations of the master plan, if any, adopted by the planning board and the comprehensive plan, if any, of the regional planning agency; and
- to preserve and increase amenities by the promulgation of regulations to fulfill said objectives.