| **No.** | **Goal** | **Objective** | **Baseline** | **Year 1 - FY2024** | **Year 2 - FY2025** |
| --- | --- | --- | --- | --- | --- |
| **SAMHSA Priority Area 1: Prevention of fatal and non-fatal opioid overdoses** | | | | | |
| 1 | Expand access to overdose prevention education and naloxone distribution. | Develop and implement residential mailer naloxone program. | BSAS does not currently have a residential mailer naloxone program | Develop and begin implementation of residential mailer naloxone program | Begin collecting and reporting program data including number of kits mailed, reported overdoses and recues etc. |
| **SAMHSA Priority Area 2: Identification of high-risk populations using data from multiple sources** | | | | | |
| 2 | Improve ability to identify high risk communities impacted by substance use disorders (SUDs) using data from multiple sources. | Implement community profiles as part of new BSAS dashboard to better understand gaps and needs on a more local level. | BSAS developed a new data dashboard that incorporates data from multiple sources and is in the process of developing community profiles to better understand gaps and needs on a more local level. | Establish and disseminate community profiles on new BSAS dashboard | Maintain and consider adding population-based demographic data to community profiles where possible |
| **SAMHSA Priority Area 3: Improved and enhanced substance abuse primary prevention in Massachusetts** | | | | | |
| 3 | Decrease substance use among young people in funded and partner communities. | Facilitate and support local community substance use prevention policy or practice changes. | Each funded municipal coalition proposes a new evidence-based and/or evidence informed policy/practice change from previous FY based on findings from Strategic Prevention Framework, | Each funded municipal coalition implements a comprehensive approach to prevention (including at least one evidence-based or evidence-informed policy/practice) based on ongoing findings from the Strategic Prevention Framework, adjusting, as needed, based on updated findings | Each funded municipal coalition implements a comprehensive approach to prevention (including at least one evidence-based or evidence-informed policy/practice) based on ongoing findings from the Strategic Prevention Framework, adjusting, as needed, based on updated findings. |
| **SAMHSA Priority Area 4: Substance abuse screening, intervention and treatment integration with health care** | | | | | |
| 4 | Improve access to treatment for alcohol use disorder within healthcare settings | Increase access to training for healthcare providers on the treatment for alcohol use disorder | BSAS currently offers 1 AUD training a month, 30-minute session on 4 specific topics | Increase number of trainings offered on this topic to 2 30-minute trainings per month, 1 2-hour training per quarter | Increase number of trainings offered on this topic to 4 30-minute trainings per month, 1 2-hour training per quarter |
| **SAMHSA Priority Area 5: Substance abuse prevention, intervention, treatment, and recovery support for justice-involved individuals** | | | | | |
| 5 | Reduce relapse and overdose rates among Black & Latino men reentering the community from incarceration. | Increase number of individuals served in culturally specific re-entry programs for Black and Latino men re-entering the community from incarceration. | 333 served annually in FY23 | Increase number of people served by 50% | Increase number of people served by 50% |
| **SAMHSA Priority Area 6: Reduced disparities in access to substance abuse prevention, intervention, treatment and recovery support for at-risk populations** | | | | | |
| 6 | Engage community members who have faced disparate access to services to help identify gaps and inform future programming | Develop community advisory boards made up of community members who have faced disparate access to services to identify gaps inform future programming | BSAS currently has one population/topic specific community advisory board but plans to add additional population specific ones in the coming years | Add two community advisory boards in FY24 | Add additional community advisory boards in FY24 |
| **SAMHSA Priority Area 7: Substance abuse prevention, intervention, treatment, and recovery support of pregnant women and women with dependent children** | | | | | |
| 7 | Increase early engagement in care for pregnant people with substance use disorder | Enhance and expand existing referral center to better support plan of safe care implementation and increase connections to harm reduction and recovery support services as appropriate | Existing referral center is focused primarily on referrals to residential programs | Increase referrals to non-residential services by X% | Increase referrals to non-residential services by X% |
| **SAMHSA Priority Area 8: Substance abuse prevention, intervention, treatment, and recovery support workforce development** | | | | | |
| 8 | Ensure and improve quality of funded trainings | Develop a process for ongoing evaluation of funded trainings | BSAS does not have a formal process for evaluating its funded trainings | Develop and begin to implement a framework for evaluation of funded trainings | Continue to implement and incorporate findings into ongoing trainings |
| **SAMHSA Priority Area 9: Substance abuse prevention, intervention, treatment, and recovery support of youth and young adults** | | | | | |
| 9 | Expand services in underserved and/or high need communities. | Increase number of community-based providers in these communities. | BSAS currently funds X community-based providers in high need communities | Increase number of community-based providers in high need communities by 25% in FY24 | Increase number of community-based providers in high need communities by 25% in FY25 |
| **SAMHSA Priority Area 10: Infectious disease prevention and treatment needs of clients in substance abuse treatment** | | | | | |
| 10 | Increase access to infectious disease prevention and treatment for clients in substance use treatment. | Increase program staff participation in required infectious disease trainings by developing e-learning modules related to infectious disease screening, testing and referral to treatment | E-learning modules do not currently exist and/or are not available to SUD treatment staff | Develop and launch e-learning modules related to infectious disease screening, testing and referral to treatment | Monitor program’s transition to more integrated screening and linkages to care services via self-assessment module |