## Substance Abuse Block Grant

## Proposed Goals, Objectives and Measures for FY20-21

| **No.** | **Goal** | | **Objective** | | **Baseline** | **Year 1 - FY2020** | **Year 2 - FY2021** | **Rationale** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SAMHSA Priority Area 1: Prevention of fatal and non-fatal opioid overdoses** | | | | | | | | |
|  | Increase access to naloxone to individuals who are high-risk and likely to experience or witness an opioid overdose. | | Create pathway for community-based providers to purchase and deliver naloxone. | | Community –based providers are not currently able to purchase and deliver naloxone. | Develop application system for interested entities to apply for a MCSR under the authority of MDPH. This application will include questions related to overdose response training plans, safe storage plans, and protocols for delivering naloxone to people in positions to respond to overdoses. | Implement application system and collect process measures for documenting characteristics of purchasing entities, overdose response training elements, and numbers of doses purchased and delivered to overdose responders. | Many community-based organizations, such as non-profits and advocacy groups, have funds and interest in purchasing their own naloxone. Currently, there is not a simple pathway for these entities to do so. In line with the state’s priority to foster a culture of harm reduction, we have begun working to address this gap by replicating a similar model implemented in New York. |
| **SAMHSA Priority Area 2: Identification of high-risk populations using data from multiple sources** | | | | | | | | |
|  | Improve ability to identify high risk populations using data from multiple sources. | | Develop a new system for identification of high risk populations incorporating updated and emerging data sources. | | BSAS’s current system for needs assessment does not include hospital based surveillance data. An expansion of the state’s syndromic surveillance system presents an opportunity to incorporate more real time data in our process. | Compile SUD ICD 10 codes for all substances and begin working with BIDLS on plan to utilize syndromic surveillance data. | Begin implementation of new system for identifying high risk populations using updated ICD codes and syndromic surveillance data. | Part of on-going collaboration with OPH and BIDLS to improve our ability to identify high risk populations including individuals who use stimulants. |
| **SAMHSA Priority Area 3: Improved and enhanced substance abuse primary prevention in Massachusetts** | | | | | | | | |
|  | Decrease substance use among young people in funded and partner communities. | | Facilitate local community substance use prevention policy or practice changes. | | Each funded community proposes a new evidence-based policy/practice change from previous FY based on findings from Strategic Prevention Framework. | Each community facilitates at least one new evidence-based policy/practice change from previous FY based on findings from Strategic Prevention Framework. | Each community facilitates at least one new evidence-based policy/practice change from previous FY based on findings from Strategic Prevention Framework. | This reflects block grant requirement to set aside 20% for primary prevention and is one of the only places primary prevention is funded.  Contracts are up for re-procurement this year and will include more accountability for reporting and focus on targeting high risk populations. |
| **SAMHSA Priority Area 4: Substance abuse screening, intervention and treatment integration with health care** | | | | | | | | |
|  | Incorporate SBIRT concepts and skills into routine health care practice as part of care integration. | | Increase number of new, unduplicated individuals trained in SBIRT. | | 2,898 new, unduplicated individuals were trained in FY19. | 3,042 new, unduplicated individuals to be trained in FY20 representing a 5% increase from FY19. | 3,195 new, unduplicated individuals to be trained in FY21 representing a 5% increase from FY20. | Consistent with the state’s on-going behavioral health reform initiative plan to utilize SBIRT as standardized screening tool for SUD. |
|  | Improve access to medication for opioid use disorder (MOUD) statewide. | | Increase number of individuals in CSS level of care who are enrolled in MOUD. | | In the 2nd half of FY 2019, CSS providers either maintained or inducted 44.6% of clients with OUD onto MOUD. | Increase the percentage of OUD enrollments who are either maintained or inducted onto MOUD by 10% from FY19 for a total of 270 new enrollments in FY20. | Increase the percentage of OUD enrollments who are either maintained or inducted onto MOUD by 10% from FY20 for a total of 294 new enrollments in FY21. | Expands existing effort to increase number of individuals receiving MOUD in this level of care. |
|  | Improve access to training and technical assistance for opioid use disorder statewide | | Increase the number of providers completing DATA waiver training. | | In FY19, 705 new providers became waivered providers of MOUD. | 741 new providers to become waivered in FY20; representing a 5% increase from FY19. | 779 new providers to become waivered in FY21; representing a 5% increase from FY20. | This supports behavioral health reform efforts by increasing the number of data waivered physicians able to prescribe to this population. |
| **SAMHSA Priority Area 5: Substance abuse prevention, intervention, treatment, and recovery support for justice-involved individuals** | | | | | | | | |
|  | Increase access to all 3 FDA approved forms of MOUD in correctional settings. | | Support implementation of access to all 3 FDA approved forms of MOUD in 7 pilot correctional settings. | | Pilot HOCs do not currently offer access to all 3 FDA approved forms of MOUD for individuals housed within their facility. | Support implementation of pilot to offer 3 FDA approved forms of MOUD to individuals housed in 7 pilot HOCs. | Continue to support and evaluate implementation in 7 pilot sites. | Reflects state priority to increase access to MOUD in correctional settings through CARE Act implementation. |
| **SAMHSA Priority Area 6: Reduced disparities in access to substance abuse prevention, intervention, treatment and recovery support for at-risk population**s | | | | | | | | |
|  | Improve access to state-funded residential treatment for priority populations and ensure provision of interim services for individuals on waitlist. | | Enhance waitlist management system to include provider dashboards and mechanism for reporting compliance with requirement to offer interim services to priority populations on waitlist. | | The current Residential Recovery Services waitlist management tool does not have provider dashboards or allow providers to report compliance with requirement to offer interim services to individuals on waitlist. | Develop and implement enhancements. | Monitor and track compliance. | Reflects block grant requirement to maintain a waitlist management system and offer interim services to priority populations as determined by block grant. |
|  | Improve availability of co-occurring enhanced substance use and mental health disorder treatment residential services for priority populations including PPW and youth/young adults. | | Oversee implementation of new co-occurring enhanced residential treatment services. | | In FY19; BSAS released a procurement for residential programs to begin offering co-occurring enhanced treatment services. | 18 new co-occurring enhanced programs to come online in FY20 | 4 additional programs to be added in FY20; bringing total number of programs offering co-occurring enhanced services to 22 | Consistent with state’s behavioral health reform initiative, this increases our capacity to serve individuals with co-occurring mental health and substance use disorder in residential settings. |
| **SAMHSA Priority Area 7: Substance abuse prevention, intervention, treatment, and recovery support of pregnant women and women with dependent children** | | | | | | | | |
|  | Increase awareness of and access to pregnancy enhanced residential treatment programs for pregnant and postpartum women. | | Develop and implement plan for increased awareness of pregnancy enhanced programs/pregnancy and parenting access line. | | The BSAS pregnant and parenting women’s access helpline received calls from 263 new, unduplicated Pregnant or Postpartum callers in FY19. | Increase number of calls to pregnancy access line from new Pregnant and Postpartum callers by 10% for a total of 290 new Pregnant or Postpartum callers in FY20. | Increase number of calls to pregnancy access line from new Pregnant and Postpartum callers by 10% for a total of 319 new Pregnant or Postpartum callers in FY21. | Based on finding that pregnancy -enhanced beds are being underutilized due to lack of knowledge and awareness regarding their availability. |
|  | Improve services for women and children in pregnancy enhanced residential treatment programs. | | Increase number of trainings delivered to pregnancy enhanced residential treatment programs including training for MOUD. | | In FY19, the assigned T/TA delivered 40 trainings to pregnancy enhanced residential treatment programs. | Increase # of trainings delivered in pregnancy enhanced residential treatment programs by 10% to 44 trainings in FY20. | Increase # of trainings delivered in pregnancy enhanced residential treatment programs by 10% to 48 trainings in FY21. | Addresses identified need for more targeted training for providers serving pregnant women in residential settings particularly related to MOUD. |
| **SAMHSA Priority Area 8:Substance abuse prevention, intervention, treatment, and recovery support workforce development** | | | | | | | | |
|  | Increase the capacity of BSAS-funded treatment programs to provide high quality, evidence-based services. | | Re-design training and technical assistance system to more efficiently and effectively meet the training needs of providers. | | BSAS currently contracts with a number of vendors to provide capacity building and training/TA to our providers. These contracts are up for re-procurement in FY21. | Conduct needs assessment and survey of providers to better understand on-going and emerging training needs as well as looking at other innovative models for providing effective and efficient training and TA. | Release new procurement reflecting findings from needs assessment and survey. | BSAS’ capacity building contracts are up for pre-procurement this year creating an opportunity to re-design this system to ensure it aligns with current best practices and unmet needs. |
|  | Promote recovery by increasing access to high quality peer support services. | | Increase number of recovery coaches completing the certification process. | | 139 recovery coaches are currently certified as of FY19. | 40 new recovery coaches to be certified in FY20 bringing total number of certified recovery coaches to 179. | 40 new recovery coaches to be certified in FY21 bringing total number of certified recovery coaches to 219. | Consistent with the Recovery Coach Commission, supports recommendation to increase number of certified recovery coaches in MA. |
|  | Increase capacity of BSAS-funded treatment providers to offer culturally and linguistically responsive services. | | Expand number of Black Addiction Counselor Education (BACE) and Latino Education Counselor (LACE) programs. | | BSAS currently provides support for programs designed to increase the number of licensed Black and Latino addiction counselors across the state in 3 locations. | Add 1 additional location in an area of high need. | Add 1 additional location in an area of high need. | Addresses both federal and state priority to increase access to services for communities of color. |
| **SAMHSA Priority Area 9: Substance abuse prevention, intervention, treatment, and recovery support of youth and young adults** | | | | | | | | |
|  | Increase access to medication for opioid use disorder (MOUD) for 16 and 17 year olds. | | Disseminate and provide training to existing MOUD providers on the provision of developmentally appropriate MOUD services to 16 and 17 year olds. | | MDPH BSAS Office of Youth and Young Adult Services has developed a toolkit outlining best practices and guidance on offering developmentally appropriate MOUD services to young adults. | At least 75 providers trained using newly developed toolkit. | At least 125 providers trained using newly developed toolkit. | Builds off existing effort increase access to MOUD for this population based on identified need. |
|  | Increase capacity of youth/young adult substance use workforce. | | Develop and implement a statewide internship program for students interested in field of youth/young adult substance use. | | Statewide internship program is in development but does not currently exist. | 4 interns placed in FY20 | 1. interns placed in FY21 | Builds off existing effort to address identified need to increase youth/young adult substance use work force. |
| **SAMHSA Priority Area 10: Infectious disease prevention and treatment needs of clients in substance abuse treatment** | | | | | | | | |
|  | | Increase access to infectious disease prevention and treatment for clients identified through substance use treatment in correctional settings. | | Increase reporting by correctional substance use treatment providers on TB, HIV and other infectious disease screening, testing and referral to treatment. | 14 programs offering SUD treatment in correctional settings currently report on infectious disease testing and referrals to treatment. | In FY20, 7 additional programs offering SUD treatment in correctional settings will begin reporting on infectious disease testing and referrals to treatment. | In FY21, 2 additional programs offering SUD treatment in correctional settings will begin reporting on infectious disease testing and referrals to treatment. | Addresses identified need to better assess the number of incarcerated individuals being screened, tested and linked to care for TB, HIV and other infectious diseases. |