

No.	Goal	Objective	Baseline	Year 1	Year 2
SAMHSA Priority Area 1: Prevention of fatal and non-fatal opioid overdoses					
Staff/Unit Lead: Brittni/Harm Reduction					
FY26-27 PROPOSED					
1	Expand overdose prevention education via eLearning using TRAIN system.	Launch this new overdose prevention and response eLearning module in TRAIN system.	The eLearning module TRAIN launched in 2025 so the baseline is zero.	Launch this new module to licensed and contracted SUD treatment and recovery programs. Track number of completions in the training by standard workforce development and training data collection measures.	After Year 1, review the training program feedback and review trainee feedback about what they liked and identify opportunities for improvements. Update the module based on the received feedback if needed. Continuously promote the overdose prevention and response e-learning module across the state.
SAMHSA Priority Area 2: Identification of high-risk populations using data from multiple sources					
Staff/Unit Lead: Hermik/OSE					
FY26-27 PROPOSED					

	Improve ability to identify high risk populations and communities impacted by substance use disorders (SUDs) using data from multiple sources.	Continue to develop a system for conducting ongoing needs assessment to support identification of high-risk populations and communities impacted by SUDs.	BSAS has developed a new dashboard incorporating data from multiple sources	Continue to identify and incorporate additional data sources to support the identification of high-need populations and geographic areas. Promote transparency and empower communities/partners to conduct needs assessment/identify high need populations by increasing access to timely data.	Continue to identify and incorporate additional data sources to support the identification of high-need populations and geographic areas. Promote transparency and empower communities/partners to conduct needs assessment/identify high need populations by increasing access to timely data.
SAMHSA Priority Area 3: Improved and enhanced substance abuse primary prevention in Massachusetts					
Staff/Unit Lead: Jose/Prevention					
FY26-27 PROPOSED					
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 municipal coalition facilitates at least one new evidence-based and/or evidence-informed policy/practice change from previous FY based on findings from	Each municipal coalition facilitates at least one new evidence-based and/or evidence-informed policy/practice change from previous FY based on findings

				Strategic Prevention Framework.	from Strategic Prevention Framework.
SAMHSA Priority Area 4: Substance abuse screening, intervention and treatment integration with health care					
Staff/Unit Lead: Therese/Jen/G&I					
FY26-27 PROPOSED					
4	Improve access to medications for alcohol use disorder (MAUD) in healthcare settings statewide.	Increase number of trainings for healthcare providers on medications for alcohol use disorder	Currently there are limited trainings offered for MAUD; evaluate needed modules to put into production based on provider demand	Produce needed training modules and launch training series. Update series based on demand from providers.	Increase number of healthcare providers trained in utilization of medications for alcohol use and disorder
SAMHSA Priority Area 5: Substance abuse prevention, intervention, treatment, and recovery support for justice-involved individuals					
Staff/Unit Lead: Carrie/Legal Involved Services					
FY26-27 PROPOSED					
5	Reduce recidivism/relapse rate and overdose rates among individuals reentering the community from incarceration.	Fund community-based programs to offer re-entry services to individuals re-entering the community from incarceration.	BSAS just began funding 5 programs to provide re-entry services for individuals re-entering the community from incarceration.	All funded sites up and running by end of year 1 and evaluation begins.	Continue to implement and evaluate funded programs.

SAMHSA Priority Area 6: Increase access to substance abuse prevention, intervention, treatment and recovery support for high need populations

Staff/Unit Lead: Andi/Dan/OCHE

FY26-27 PROPOSED

6	Utilizing available data, increase capacity of community leaders and non-clinical service providers, in geographic settings and populations identified as high-need, to identify, navigate, and refer to available prevention, treatment, and recovery support services to reduce disparate access.	Redirect focus of existing SBIRT technical assistance model for adapted and informal use in community settings.	Individuals and community-based organizations representing at-risk populations report little understanding of available services and how to access them, as well as perceptions that services are not intended to serve their needs.	Ten community leaders and/or service providers in community-based settings trained in adapted SBIRT model and implement in community settings, reporting increased understanding of service system and confidence identifying appropriate referral resources.	Sustained framework in place to integrate new CBO relationships into adapted SBIRT training model with 15 individuals and/or organizations trained annually.
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SAMHSA Priority Area 7: Substance abuse prevention, intervention, treatment, and recovery support of pregnant women and women with dependent children

Staff/Unit Lead: Desiree/Women and Families

FY26-27 PROPOSED

7	Improve Family Care Planning (Plans of Safe Care) Practices to further support families who have infants with	Provide family care plan training and technical assistance for service providers statewide.	Not currently providing this training.	Conduct focus groups and utilize family care plan multidisciplinary workgroup to support	Implement FCP trainings regionally and provide technical assistance (open to providers in all levels of care) in FY 27.
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	prenatal substance exposure.			the development of the training in FY 26.	
SAMHSA Priority Area 8: Substance abuse prevention, intervention, treatment, and recovery support workforce development					
Staff/Unit Lead: Jen Parks/Workforce Development					
FY26-27 PROPOSED					
8	Improve workforce recruitment and retention	Work with schools of social work to support students to graduate with LADC	Currently no schools currently offering this as an option	Partner with at least one school to do this Y1	Partner with at least one additional school to do this in Y2
SAMHSA Priority Area 9: Substance abuse prevention, intervention, treatment, and recovery support of youth and young adults					
Staff/Unit Lead: Stacey Lynch					
FY26-27 PROPOSED					
9	Improve access to developmentally appropriate substance use intervention and treatment for youth and young adults with co-occurring mental health and other needs which are tailored to the population served.	Increase workforce capacity, across youth serving agencies, to assess for and treat co-occurring substance use risk or treatment needs in existing youth and young adult programs.	Standalone youth substance use stabilization and withdrawal management and residential programs have closed due to underutilization, amplifying the need for a more integrated care system for youth and their families.	Through a youth and young adult training and technical assistance vendor, create a toolkit and corresponding training modules for providers working with youth and young adults impacted by substance use.	Demonstrate capacity to manage integrated youth stabilization and withdrawal management in at least 2 youth serving programs.

SAMHSA Priority Area 10: Infectious disease prevention and treatment needs of clients in substance abuse treatment**Staff/Unit Lead:** Brittnei/Harm Reduction**FY26-27 PROPOSED**

10	Increase access to trainings on infectious disease and prevention for clients in substance use treatment by supporting and expanding on available eLearning modules	To improve education of providers in substance use treatment facilities on infectious disease treatment and prevention	Review available pilot eLearning modules available on infectious disease for substance use providers, evaluate next needed modules to put into production	Produce needed eLearning modules and review existing modules to ensure needed subjects are covered according to provider feedback and demand	Produce needed eLearning modules and review existing modules to ensure needed subjects are covered according to provider feedback and demand
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