

Substance Use Prevention, Treatment and Recovery Support Block Grant  
FY2024-2024 Goals

No.	Goal	Objective	Baseline	Year 1 - FY2024	Year 2 - FY2025
<b>SAMHSA Priority Area 1: Prevention of fatal and non-fatal opioid overdoses</b>					
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.
<b>SAMHSA Priority Area 2: Identification of high-risk populations using data from multiple sources</b>					
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
<b>SAMHSA Priority Area 3: Improved and enhanced substance abuse primary prevention in Massachusetts</b>					
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.
<b>SAMHSA Priority Area 4: Substance abuse screening, intervention and treatment integration with health care</b>					
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
<b>SAMHSA Priority Area 5: Substance abuse prevention, intervention, treatment, and recovery support for justice-involved individuals</b>					
5	Reduce relapse and overdose rates among Black & Latino men reentering the	Increase number of individuals served in culturally specific re-entry programs for Black and Latino men re-entering the	333 served annually in FY23	Increase number of people served by 50%	Increase number of people served by 50%

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	community from incarceration.	community from incarceration.			
<b>SAMHSA Priority Area 6: Reduced disparities in access to substance abuse prevention, intervention, treatment and recovery support for at-risk populations</b>					
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 and 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
<b>SAMHSA Priority Area 7: Substance abuse prevention, intervention, treatment, and recovery support of pregnant women and women with dependent children</b>					
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%
<b>SAMHSA Priority Area 8: Substance abuse prevention, intervention, treatment, and recovery support workforce development</b>					
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
<b>SAMHSA Priority Area 9: Substance abuse prevention, intervention, treatment, and recovery support of youth and young adults</b>					
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
<b>SAMHSA Priority Area 10: Infectious disease prevention and treatment needs of clients in substance abuse treatment</b>					
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