| **No.** | **Goal** | **Objective** | **Baseline** | **Year 1 - FY2022** | **Year 2 - FY2023** |
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| **SAMHSA Priority Area 1: Prevention of fatal and non-fatal opioid overdoses** | | | | | |
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| 1 | Expand overdose prevention education and naloxone distribution. | Launch a stream-lined and centralized approach to naloxone access and distribution. | Some community-based agencies are currently not able to purchase bulk naloxone at the public interest rate and distribute naloxone to the high-risk populations they serve. | Implement application system to which all community-based agencies in MA can apply and identify priority applicants to award full subsidies for naloxone costs. | Begin to collect information from applicants such as overdose response training elements, number of doses purchased, number of doses distributed, and number of individuals served. |
| **SAMHSA Priority Area 2: Identification of high-risk populations using data from multiple sources** | | | | | |
| 2 | Improve ability to identify high risk populations and communities impacted by substance use disorders (SUDs) using data from multiple sources. | Develop a system for conducting ongoing needs assessment to support identification of high-risk populations and communities impacted by SUDs. | BSAS’ current system for ongoing needs assessment needs updating/improving. | Develop new system/framework for ongoing needs assessment. | Implement system/ framework developed in Year 1. |
| **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 municipal coalition facilitates at least one 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 Strategic Prevention Framework. |
| **SAMHSA Priority Area 4: Substance abuse screening, intervention and treatment integration with health care** | | | | | |
| 4 | Improve access to medication for opioid use disorder (MOUD) statewide. | Work with providers to eliminate barriers to increase number of individuals in both inpatient and outpatient levels of care who are enrolled in MOUD. | In FY 2021, providers either maintained or inducted 50% of clients with OUD onto MOUD. | Increase the percentage of OUD enrollments who are either maintained or inducted onto MOUD by 2.5% annually from 50% in FY21 to 52.5% in FY22. | Increase the percentage of OUD enrollments who are either maintained or inducted onto MOUD by 2.5% annually from 52.5% in FY22 to 55% in FY23. |
| **SAMHSA Priority Area 5: Substance abuse prevention, intervention, treatment, and recovery support for justice-involved individuals** | | | | | |
| 5 | Reduce recidivism/relapse rate and overdose rates among Black & Latino men reentering the community from incarceration. | Fund community-based programs to offer culturally specific re-entry services to Black and Latino men re-entering the community from incarceration. | BSAS just began funding 5 programs to provide culturally specific re-entry services to Black and Latino men 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: Reduced disparities in access to substance abuse prevention, intervention, treatment and recovery support for at-risk populations** | | | | | |
| 6 | Enhance capacity of residential treatment programs to serve individuals with complex co-occurring medical and behavioral needs through implementation of medication observation program. | Implement new specifications including update staffing and clinical requirements/ expectations. | Existing programs have limited capacity to serve individuals with complex co-occurring needs. | New specs developed and implementation begins. | New specs in place and adhered to as reflected in patient census and profile. |
| **SAMHSA Priority Area 7: Substance abuse prevention, intervention, treatment, and recovery support of pregnant women and women with dependent children** | | | | | |
| 7 | Improve services for pregnant and post-partum women in family residential and pregnancy and enhanced programs | Increase opportunities for family residential and pregnancy enhanced programs to share evidenced-based and promising practices related to addressing structural racism. | These opportunities do not currently exist. | Identify and implement one opportunity in FY22. | Identify and implement at least one additional opportunity in FY22. |
| **SAMHSA Priority Area 8:Substance abuse prevention, intervention, treatment, and recovery support workforce development** | | | | | |
| 8 | Increase capacity of providers to address racial equity. | Develop and implement workforce initiatives focused on racial equity. | Currently fund BACE and LACE initiatives focused on racial equity. | Fund at least one new workforce initiative focused on racial equity. | Fund at least one new workforce initiative focused on racial equity. |
| **SAMHSA Priority Area 9: Substance abuse prevention, intervention, treatment, and recovery support of youth and young adults** | | | | | |
| 9 | Expand service of BIPOC youth and other underserved and/or marginalized communities. | Increase the capacity of the existing system of care to effectively meet the unique needs of BIPOC and LGBTQ+ youth and their families impacted by substance misuse and substance use. | Currently 26% of youth served identify as BIPOC, 8% identify as LGBTQ+, and less than 1% identify as transgender. | Identify and contract with vendor to complete needs assessment specific to youth and young adults requiring SUD treatment, and recovery support applying a racial justice lens and applying social determinants of health. | 10% increase in the number of BIPOC and LGBTQ+ youth and young adults served in SUD treatment, and recovery support. |
| **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 capacity of funded programs to screen for infectious disease and ensure linkages to appropriate care. | Released a survey last Spring to assess knowledge gaps and training needs related infectious disease prevention and treatment. | Analyze and develop plan based on survey findings. | Implement plan based on survey findings. |