



**Eliot Spitzer**  
Governor

**NEW YORK STATE**  
**OFFICE OF ALCOHOLISM**  
**AND**  
**SUBSTANCE ABUSE SERVICES**  
1450 Western Avenue  
Albany, New York 12203-3526

**Karen M. Carpenter-Palumbo**  
Commissioner

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

April 23, 2007

Ms. Judith Ekman  
Executive Director  
The Alcohol and Substance Abuse Prevention  
Council of Saratoga County  
36 Phila Street  
Saratoga Springs, New York 12866

Re: Operating Certificate #10050695

Dear Ms. Ekman:

Enclosed is the above-referenced Certificate of Approval which renews the authorization of The Alcohol and Substance Abuse Prevention Council of Saratoga County to operate Section 1030.3 drug-free prevention services for three years.

This renewed Certificate of Approval is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) based on recertification protocols established in accordance with OASAS regulations. The renewal process includes an on-site regulatory compliance review of case records, service management, and facility requirements and general safety; as well as a provider fiscal viability review, if applicable. The resulting compliance ratings serve as the bases for the Certificate of Approval renewal term, up to a maximum of three years, as indicated on the enclosed Compliance Summary Sheet. In addition, The Alcohol and Substance Abuse Prevention Council of Saratoga County is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

Each provider operating an OASAS-certified site must display a current Certificate of Approval on-site in a location visible to the public. *Please examine the Certificate of Approval carefully and contact the Bureau of Certification by May 3, 2007, if the Certificate of Approval does not accurately reflect your services and/or locations.*

Sincerely,

Virginia Martin  
Director, Bureau of Certification

Enclosures  
cc w/encs.:

Richard Hogle  
Kathy Murphy  
Fred Meservey  
Arlene Davison  
Dale R. Angstadt (Saratoga  
County)

James Lee (Board President, The Alcohol and Substance Abuse  
Prevention Council of Saratoga County)  
Patty Kilgore (Clinical Coordinator, The Alcohol and Substance  
Abuse Prevention Council of Saratoga County)

<http://www.oasas.state.ny.us>  
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**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
DIVISION OF LEGAL AFFAIRS -- BUREAU OF CERTIFICATION**

**OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET**

Provider Legal Name: The Alcohol and Substance Abuse Prevention Council of Saratoga County  
 Certified Program/Service Reviewed: Drug-Free Prevention Services (14 NYCRR 1030.3)

Building: \_\_\_\_\_  
 Room/ Floor: \_\_\_\_\_  
 Street Address: 36 Phila Street  
 City and Zip Code: Saratoga Springs, 12866

Provider Number: 35250 PRU Number 5278  
 Operating Certificate Number: 1005 0695 Capacity: \_\_\_\_\_  
 Recertification Review Number: AL06140  
 Recertification Review Conducted: 3/13/2007 to: 3/14/2007

**RECERTIFICATION REVIEW COMPLIANCE RATING TABLE**

<u>Compliance Scores</u>	<u>Compliance Ratings</u>	<u>Term of Renewed Operating Certificate</u>
---	Red Flag Deficiency(ies)	6 months
0 - 1.75	Noncompliance	6 months
1.76 - 2.50	Minimal Compliance	1 year
2.51 - 3.25	Partial Compliance	2 years
3.26 - 4.00	Substantial Compliance	3 years

**RECERTIFICATION REVIEW RESULTS**

<u>Standard Review Area</u>	<u>COMPLIANCE STATUS</u>			<u>Renewal Term</u>
	<u>Quality Indicator</u>	<u>Overall</u>	<u>Yes/No</u>	
▶ Case Records	_____	<u>3.79</u>		<u>3 years</u>
▶ Service Management	_____	<u>4.00</u>		<u>3 years</u>
▶ Facility Requirements and General Safety	_____	_____		
▶ Red Flag Deficiency(ies)			<u>No</u>	<u>N/A</u>

(For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review)

**FISCAL VIABILITY REVIEWS**

- |                                     |   |                                     |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/>            | 1. Fiscal viability package not submitted.  | 3 months                            |
| <input type="checkbox"/>            | 2. Data received insufficient to determine fiscal viability.  | 3 months                            |
| <input type="checkbox"/>            | 3. Current financial position NOT viable, no acceptable financial recovery plan; and OASAS not considering financial recovery funding.  | 3 months                            |
| <input type="checkbox"/>            | 4. Current financial position NOT viable; however, an acceptable financial recovery plan submitted.   | 1 year                              |
| <input type="checkbox"/>            | 5. Current financial position NOT viable, no acceptable financial recovery plan; however, OASAS considering financial recovery funding.                                       | 1 year                              |
| <input type="checkbox"/>            | 6. Current financial position viable; however, overall financial position NOT viable.   | 1 year                              |
| <input checked="" type="checkbox"/> | 7. Current and overall financial positions viable.  | Per Recertification Review Results. |
| <input type="checkbox"/>            | 8. Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28). | Per Recertification Review Results. |

**CERTIFICATE TERM**

The term for the enclosed Operating Certificate is three years.  
 The renewal term is determined as follows: If the lowest recertification review score achieved is a 2.51 or higher (Partial or Substantial), the RECERTIFICATION REVIEW RESULTS dictate the renewal term.

State of New York

# Office of Alcoholism and Substance Abuse Services

Albany, New York

## CERTIFICATE OF APPROVAL

### The Alcohol and Substance Abuse Prevention

### Council of Saratoga County

pursuant to the provision of the Mental Hygiene Law is hereby granted this Certificate of Approval in conformity with its application and the requirements of the laws and regulations of the State of New York

Site

36 Phila Street  
Saratoga Springs, New York  
12866

Program Name(s)      Service(s)

- Drug-Free Prevention Services (14 NYCRR 1030.3)

Addendum Attached



*Richard R. Hogle*  
RICHARD R. HOGLE  
ACTING GENERAL COUNSEL

100500695

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: June 01, 2007

EXPIRATION DATE: May 31, 2010

State of New York

Office of Alcoholism and Substance Abuse Services

ADDENDUM TO CERTIFICATE OF APPROVAL NUMBER 10050695

# The Alcohol and Substance Abuse Prevention Council of Saratoga County

OTHER CERTIFIED SITES/SERVICE(S)

As of June 01, 2007

<u>Site</u>	<u>Service(s)</u>	<u>Site</u>	<u>Service(s)</u>
Ballston Spa High School 1st Floor Guidance Office 220 Ballston Avenue Ballston Spa, New York 12020	• Drug-Free Prevention Services (14 NYCRR 1030.3)	Corinth Middle-High School 1st Floor Nurse and Guidance Suites 105 Oak Street Corinth, New York 12822	• Drug-Free Prevention Services (14 NYCRR 1030.3)
Oliver W. Winch Middle School 1st Floor Guidance Office 99 Hudson Street South Glens Falls, New York 12803	• Drug-Free Prevention Services (14 NYCRR 1030.3)	South Glens Falls High School 2nd Floor Room 2-2 42 Merritt Road South Glens Falls, New York 12803	• Drug-Free Prevention Services (14 NYCRR 1030.3)
Waterford-Halfmoon Union Free School District 1st Floor Guidance Suites 125 Middletown Road Waterford, New York 12188	• Drug-Free Prevention Services (14 NYCRR 1030.3)		