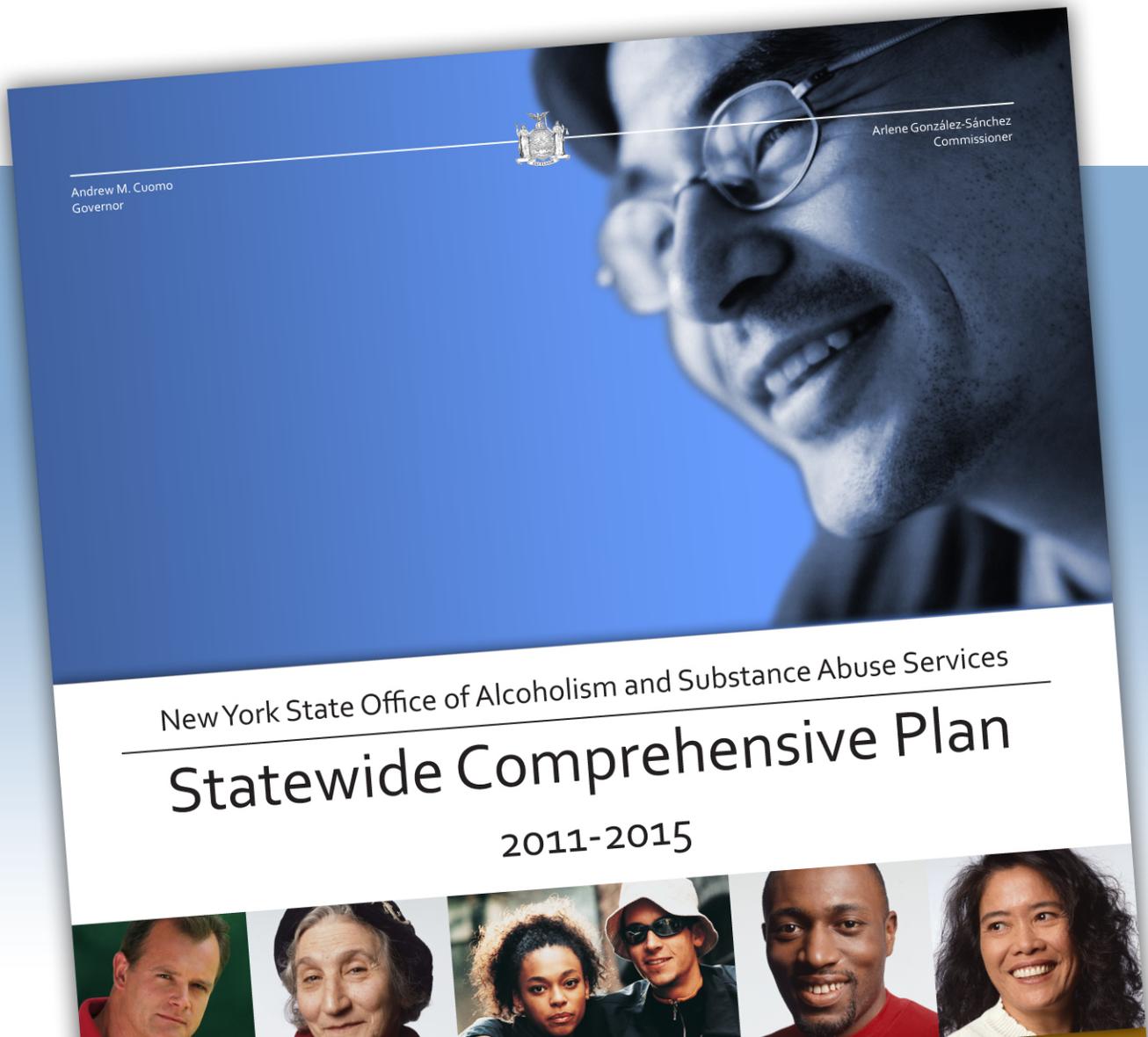




New York State Office of Alcoholism and Substance Abuse Services

2012 Interim Report



February 15, 2012

Chapter I: Background and Context

Planning Framework

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is required by Mental Hygiene Law to produce a *Statewide Comprehensive Plan* every October 1 and an *Interim Report on the Plan* on February 15. In October 2011, OASAS issued the *Statewide Comprehensive Plan 2011-2015*. The *2012 Interim Report* was developed in accordance with Section 5.07 of Mental Hygiene Law. Although planning documents are produced and released on regular cycles, as set by Mental Hygiene Law, OASAS views planning as a year-round process that informs policy development, budgeting, and the development and delivery of services at the state, local, and provider levels. OASAS values your feedback and invites you to complete the online evaluation survey <https://www.surveymonkey.com/s/9WXMVH2> on the use and usefulness of the *2012 Interim Report*. To provide additional comments, please e-mail 5YearPlan@oasas.ny.gov.

OASAS Mission

To improve the lives of all New Yorkers by leading a premier system of addiction services through prevention, treatment, and recovery.

Background

OASAS estimates that 11 percent, or 1.8 million, state residents age 12 and older (including 160,000 adolescents ages 12-17) experience a substance use disorder (substance dependence or abuse) annually. These figures do not fully depict the widespread impact of addiction in New York. There are the millions of other individuals whose lives are also affected: children, spouses, and extended families. The cost to society is compounded by the consequences of addiction, which impact public safety, health, welfare, and education throughout the state.

OASAS oversees an addiction treatment service system that provides a full array of services to a large and culturally diverse population of approximately 250,000 unique individuals each year. In addition, over 480,000 youth receive recurring prevention services annually. Treatment services are provided in inpatient, outpatient, and residential settings. New York State's service continuum also includes school- and community-based prevention services as well as intervention, support, crisis, and recovery services.

OASAS is a strong and vocal advocate on issues confronting the addiction field such as health care reform; misuse of prescription drugs; services to culturally diverse populations and adolescents; providing early intervention, screening, and treatment for substance use disorders (SUDs) and problem gambling; and ensuring the public health and safety of all New Yorkers.

As the addiction system moves forward with implementing health care reform, OASAS is working to ensure that SUD, mental health, and physical health care are all part of an integrated services continuum. In order to achieve this goal, OASAS will examine new models that provide

increased emphasis on care management and cost containment to better define the quality of our services. The system's future is about contracting services aligned to performance outcomes.

Prescription drug misuse is a growing problem, not only in New York State, but across the nation. This emerging epidemic has already taken a significant toll on New Yorkers. Individuals taking over 50 mg per day of opioids are at a higher risk for overdose, this represents over 400,000 people in New York State. Not to be lost in this epidemic is the shift from prescription opioid misuse to heroin use with a subsequent rise in OASAS treatment admissions (crisis and non-crisis admissions) across the state.

As prescription drugs and other opiates are also impacting adolescents, OASAS is working with youth and families, the provider community, and child serving agencies to develop services for youth that are culturally competent, centered on the needs of the youth and their families in the community. In order to accomplish this goal in an environment of health care reform, we will work across agencies and systems to develop integrated services for youth with behavioral health care needs that involves a continuum of services and helps maintain their recovery.

Another important issue facing the addiction field is that approximately 20 percent of patients presenting in emergency departments and primary care settings are at moderate to high risk of a SUD. Establishing Screening, Brief Intervention and Referral to Treatment (SBIRT) as a standard of primary care offers an opportunity to engage health care professionals to successfully intervene in the progression of SUDs.

Several key principles underlie all OASAS initiatives:

- Addiction is a chronic, yet treatable illness that requires lifelong attention for sustained recovery, similar to diabetes or heart disease. Successful treatment approaches are modeled on person-centered care and include new addiction medications, which combined with behavioral approaches, are significantly improving outcomes;
- Prevention and treatment programs are being directed to use evidence-based strategies, which yield measurable results and successful outcomes;
- Recovery is not just abstinence from an addictive behavior, but is a lifelong process that includes healthy lifestyle choices, housing, employment, and support from a Recovery Movement that must be cultivated in the state and nation.

OASAS, counties, and providers collect and analyze significant amounts of information, which informs all aspects of service delivery. These data support policy development, planning, funding decisions, and performance monitoring. As OASAS enhances the use of outcomes management and encourages providers to adopt evidence-based programs and practices to achieve the best possible results, the use of data becomes even more critical to providing quality services.

Treatment Program Scorecards

In November 2011, OASAS released performance scorecards for over 900 substance use disorder treatment programs. The scorecards are posted on the OASAS website and accessible to the public. They present provider information across five domains: service access, program quality, patient outcomes, cost efficiency, and regulatory compliance for the particular program and comparison data for similar programs across the state. These elements reflect the most widely accepted components of high quality treatment. This production of widely accepted performance information represents a centerpiece of OASAS outcomes management efforts, which are a key part of OASAS' Gold Standard Initiative designed to encourage and support exemplary performance by service providers and high-quality outcomes for patients and participants.

Chapter II: Progress Report

OASAS 2011 Outcomes Dashboard

OASAS fully embraces Governor Cuomo's vision of making government work better, smarter, and operate more efficiently. 2011 was the fourth year OASAS issued a system-wide *Outcomes Dashboard* - a tool designed to focus staff across the agency and the prevention, treatment, and recovery system on the most important success indicators associated with mission achievement.

The Dashboard is available at:

http://www.oasas.ny.gov/pio/oasas/documents/Metrics_2011_081111.pdf. This document specified five core "destinations" and how progress would be measured through 12 key metrics. In 2011, there were five *Commissioner's Priorities* - new areas of focus Commissioner Arlene González-Sánchez identified. The Dashboard also included system-wide initiatives for improving key client level performance measures. This Chapter summarizes accomplishments on the priorities in the *OASAS 2011 Outcomes Dashboard*.

Destination 1- Mission Outcomes

Commissioner's Priority Metric 1: Strengthen addiction services through a comprehensive, integrated, culturally competent system that focuses on individual needs and accessibility.

Opioid Overdose Reversals

The rate of opioid analgesic emergency department visits in New York State doubled between 2004 and 2010 rising from 55 to 110 visits per 100,000. Unintentional opioid poisoning deaths increased 20 percent between 2005 and 2009. OASAS, State Department of Health (DOH), New York City Department of Health and Mental Hygiene (DOHMH), and the Harm Reduction Coalition are working to increase the number of overdose interventions and reversals by teaching the use of naran to reverse opioid overdoses and rescue maneuvers. The number of documented opioid overdose reversals in New York State increased from 320 during 2010 to 420 in 2011. OASAS continues to work with its partners to increase the number of individuals trained (public, healthcare professionals, substance use disorder professionals, etc.) to administer this lifesaving

practice and to promote public awareness through various media. Another aspect of this effort is educating the public that calling 911 can save a life.

Veterans and Military Service

The impact of the wars in Iraq and Afghanistan continues to strain military personnel, returning veterans, and their families. Some have experienced long and multiple deployments, combat exposure, and physical injuries, as well as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). The abuse of alcohol and prescription medications is also a key issue for this population, particularly among National Guard and Reserve troops, who are more likely to experience multiple redeployments than their active duty counterparts. New York State faces an unprecedented challenge to meet the needs of those who have served and those who continue to serve.

OASAS has sought to meet this challenge by improving the capability and competency of its provider workforce in serving the needs of veterans, returning service members, and their families through the delivery of specialized training designed to assist providers in better understanding and serving the complex needs of this population.

During 2011, OASAS conducted four Learning Thursday webcasts on veteran and military services issues. These included:

- Treating the Woman Veteran;
- Suicide Prevention among Veterans: A Credentialed Alcoholism and Substance Abuse Counselor (CASAC) Primer;
- Substance Use Disorder Services in the Veterans Affairs (VA) Healthcare System;
- TBI among Veterans.

These presentations reached approximately 3,000 individuals, most of them treatment provider staff. In addition, two “face-to-face” deliveries of the “Military Culture and Veterans Affairs” one-day training program were held in New York City and Buffalo, serving a total of 120 treatment provider staff. OASAS developed this one-day training in collaboration with the United States Department of Veterans Affairs (VA), Veterans Integrated Services Network (VISN), and the State Division of Veterans’ Affairs (DVA). The training familiarized addiction treatment provider clinical and administrative staff with the many issues exhibited by veterans, particularly those recently returned from overseas deployment. It also provides information on services available through the VA system.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

In August 2011, the federal Center for Substance Abuse Treatment (CSAT) awarded OASAS a five-year \$8.3 million grant to provide screening, brief intervention and referral to treatment (SBIRT) for substance use disorders. The initiative targets military service members, veterans, and their families in the Watertown area where Fort Drum is located and patients in sexually transmitted disease (STD) clinics in New York City community health centers. Over the five-year grant period, OASAS projects that 280,000 individuals will be screened for substance use

disorders, 27,000 at risk individuals will receive a brief intervention, and 3,000 individuals will be appropriate for referral to substance abuse treatment.

Commissioner's Priority Metric 2: Successfully implement a new evidence-based Drinking Driver Program (DDP) and enhanced DWI screening and assessment, which will reduce DWI recidivists based on the total number of drivers with a DWI conviction.

Prime For Life Curriculum

Prime For Life is an evidence-based curriculum recognized by the National Registry of Evidence-based Programs and Practices (NREPP) that provides prevention and early intervention to DWI offenders. In 2010, the State Department of Motor Vehicles (DMV) and OASAS endorsed *Prime For Life* as the official curriculum of New York's DDP programs and began the substantial task of transitioning the DDP system from the pre-existing, outdated curriculum to the new, standardized, evidence-based *Prime For Life* curriculum. This effort was undertaken to increase the consistency and the quality of the educational/intervention services of DWI offenders in New York State. Given the emphasis on addressing the high-risk behavior of impaired drivers as opposed to driver safety, *Prime For Life* is a more effective strategy to reduce impaired driver behavior and increase safety on New York's roadways. Research on this curriculum demonstrates that participants in the *Prime For Life* curriculum are less likely to re-offend and are more likely to engage in treatment services if indicated. In addition, the participant evaluations have been overwhelmingly positive. OASAS delivered training on the *Prime for Life* curriculum to 465 DDP providers. One hundred percent of the providers that received this training are implementing the curriculum. The agency also provided regional training to 1,548 clinical screeners and assessors.

Metric 3: Reduce rates of past 30-day substance use and improve levels of substance abuse risk factors including: perception of risk, perception of parental disapproval, and increase the percent of youth exposed to prevention messages in New York State.

Evidence-Based Prevention

As part of OASAS' ongoing effort to increase accountability, beginning in 2011, prevention providers were required to dedicate at least 35 percent of their professional workforce toward the implementation of evidence-based prevention practices. During 2011, OASAS increased from 53 to 62, the counties that are implementing evidence-based prevention practices with 35 percent or more of their county-wide prevention effort. In meeting this goal, evidence-based practices were provided to approximately 50 percent of participants in prevention services throughout New York State. In addition, the biennial review and update of the Prevention Guidelines will produce increased accountability due to the addition of performance standards that will require providers to focus on success indicators that are aligned with the OASAS Outcomes Dashboard.

Strategic Prevention Framework State Incentive Grant (SPF SIG)

After an RFP process, OASAS selected 11 community coalitions to receive federal funding to address underage drinking, with awards totaling \$8.2 million. The Strategic Prevention

Framework State Incentive Grant (SPF SIG) funding began on March 1, 2011 and continues until June 30, 2014. The objective is to create a sustainable prevention infrastructure to assist communities in implementing the federal Strategic Prevention Framework (SPF). In October 2011, coalitions administered the Youth Development Survey (YDS) to collect baseline data on underage drinking prevalence rates in their communities. The coalitions that received funding serve the following communities:

- Cattaraugus County
- Wyoming County
- Seneca County
- St. Lawrence County
- Fulton County
- Shenendehowa School District (Saratoga County)
- Sullivan County
- Westchester County
- Inwood (Manhattan)
- Throgs Neck (Bronx)
- Long Beach (Long Island)

Metric 4: Recovery: Increase the number of persons successfully managing their addiction within a culturally competent, recovery-oriented system of care.

Recovery is a process of change in which an individual, family member, or family moves from impairment to an enduring and holistic focus on self awareness, understanding of others, and an improved quality of life. Persons in Recovery in New York State have identified primary issues to be addressed during recovery to include family/parenting issues, health, education, employment, and housing.

OASAS' major strategies for supporting recovery from addiction include development of Recovery Community Centers (RCCs) where people can participate in supportive services that include emotional support, informational support, instrumental support, and social support activities. Individuals and families have the opportunity to receive services, and also to volunteer and give services that they have knowledge and experience to address. OASAS funds RCCs in Rochester, Delaware and Otsego counties, and Brooklyn.

Access to Recovery (ATR)

In fall 2010, OASAS was awarded a four-year, \$13.1 million Access to Recovery (ATR) grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This grant does not simply expand the capacity of existing addiction prevention or treatment programs, but rather significantly expands other pathways to long-term recovery. The successful grant program is called *New York Service Opportunities for Accessing Recovery Successfully (NY SOARS)*. The three OASAS-funded Recovery Community Centers (RCCs) serve as the network hub of the ATR program services. These ATR program sites exceeded their first-year goal of 1,500, enrolling 1,736 participants as of December 31, 2011.

Housing

OASAS believes that safe, affordable housing and employment, in combination with a personal recovery plan, are essential for successful long-term recovery. Individuals and families who are homeless, or at high risk of becoming homeless, are the priority target population for Permanent Supportive Housing (PSH) services. These services include rental subsidies up to United States Department of Housing and Urban Development (HUD) Fair Market Rental (FMR) rates, case management services, job development/employment support services, and clinical supervision.

OASAS has Permanent Supportive Housing (PSH) “brands” in collaboration with: (1) HUD through the Shelter Plus Care Program (approximately 900 apartments statewide, with 450 units in New York City); (2) New York City through the New York/New York III Homeless Agreement (325 units now operating for single adults with 50 more units to open before the end of State Fiscal Year 2011-12); (3) seven county governments through the OASAS Upstate PSH Program (over 60 units now open); and (4) Department of Corrections and Community Services (DOCCS) through the OASAS Re-Entry PSH Program for Parolees (one program with twelve apartments now open in New York City).

During 2011, OASAS increased the addiction system’s housing portfolio for people in recovery from 1,365 to 1,460 apartments units. These increases expanded the number of communities with available housing for this population from 23 to 24. In addition, OASAS used the ATR grant to establish a \$1 million fund of 100 percent federal funds for a Homelessness Prevention Program, targeted for Brooklyn, Rochester, and Delaware and Otsego counties. This initiative covers up to two months of rental arrears or the month’s security deposit and first month rental up to HUD FMR rates to avoid the eviction of over 200 households in Brooklyn, 200 in Rochester, and 50 in Delaware and Otsego counties.

Commissioner’s Priority Metric 5: Implement increased program oversight and strengthen provider accountability to ensure culturally competent, quality services.

Enhanced Oversight and Monitoring

A priority of Commissioner González-Sánchez is improving OASAS monitoring systems, as well as proactively identifying and addressing patient care issues. The *Enhanced Oversight and Monitoring Initiative* was formalized in April 2011, with the goal of improving provider accountability and the overall value and impact of OASAS services. An Enhanced Oversight Team (EOT) reviews targeted list referrals, orders unannounced site visits, assigns follow-up measures, determines sanctions for noncompliance, and tracks progress.

Utilizing a risk assessment process, OASAS tracks a variety of factors (e.g., patient complaints, patient death reports, incident reports, client- and program-level data, chronic compliance concerns) to determine “early warning” signs for programs and/or program categories that may require more focused follow-up. Interdisciplinary *Focused Review Teams* mobilize quickly and conduct unannounced visits to ensure that providers are operating in a manner that is safe and suitable for patients and adhere to key policy, procedure, and personnel requirements. Based on the nature of the findings, EOT is able to recommend a variety of remedial actions in consultation with the Commissioner. Results have included: ceased admissions; operating

certificate revocation; issuance of conditional operating certificates; directed immediate corrective action with intensive reporting and confirmation follow-up; fines for significant regulatory violations; and referral/coordination with other control agencies. Additionally, there are a growing number of success stories where the provider heeded OASAS' message and took swift and decisive action to address violations and improve the quality of patient care.

The Initiative's "early warning" risk assessment process is designed to proactively identify and address deficiencies at the provider, service type, and system level; thereby mitigating the need for more reactionary and punitive responses. It has already resulted in a strengthening of OASAS' monitoring systems, and will continue to identify common concerns and solutions that will allow the provider field to be better equipped to properly address the challenges associated with multiple needs of the patient population. Over 60 focused interim and targeted reviews were conducted in 2011.

OASAS is conducting fiscal reviews against the recently published *Administrative and Fiscal Guidelines* for OASAS-funded providers. Providers are selected for review through a risk assessment process, and the availability of the guidelines has greatly increased clarity of the standards. OASAS also made a self-assessment questionnaire available as an important resource for providers wanting to determine their own level of compliance with the guidelines. The agency has shifted a large measure of focus toward conducting in-depth fiscal audits. Additionally, OASAS has elevated the importance of provider fiscal viability by integrating this measure into the determination of operating certificate renewal terms, as well as establishing it as a key criterion for all programs and awards.

As a result of OASAS' unannounced recertification reviews, certified programs receive a compliance rating. Those that are rated as either minimal or non-compliant receive *Conditional Operating Certificate renewal*, and are generally qualified to receive consultation assistance from OASAS' Technical Assistance Unit. Of the 24 programs that received technical assistance and a subsequent certification review in 2011, all improved certification status: 7 improved to partial compliance; and 17 improved to substantial compliance. Twenty-six such programs have not received their "after Technical Assistance" recertification review and therefore outcomes will not be reflected in their 2012 metric.

Addiction Services Certification Initiative (ASCI)

Over the last several years, OASAS and DOCCS established a process to begin the Addiction Services Certification Initiative (ASCI). OASAS and DOCCS staff reviewed procedure manuals, visited facilities, and interviewed staff, offenders, and parolees. The two agencies collaborated on developing the *Part 1045 Operating Guidelines for Chemical Dependence Services Operated by the New York State Department of Corrections and Community Supervision*. These guidelines were based on OASAS operating regulations for both outpatient and residential treatment programs, and tailored to meet the operating realities of the DOCCS programs. For example, OASAS residential regulations stipulate various physical plant requirements. Since OASAS requirements did not match the American Corrections Association (ACA) requirements, OASAS decided to "deem" the ACA standards as acceptable for these purposes. Both agencies approved the guidelines and established an application process for certification of DOCCS facilities. The

two agencies also developed a Memorandum of Understanding, which established their roles and responsibilities in the certification process.

On November 19, 2010 OASAS presented Operating Certificates for five Correctional Facilities: Arthur Kill, Hale Creek, Taconic, Albion, and Gowanda. Arthur Kill recently closed and surrendered its operating certificate. DOCCS has also submitted certification applications for additional facilities (Beacon, Southport, Watertown, and Butler) with plans to submit for two more facilities (Franklin and Cayuga).

Metric 6: Increase Provider engagement in the Gold Standard Initiative.

Gold Standard

To support the priority of increased accountability and improved outcomes, OASAS is working with the provider and recovery communities to assure that New Yorkers are offered the Gold Standard of Care. OASAS adopted a new paradigm in its interaction with the field, which promotes a strong balance between its regulatory and developmental roles. The agency is organizing a comprehensive set of resources and enhancing its performance measurement system to assure improved access, quality, outcomes, efficiency, and compliance. The ultimate measure of this effort will be the increased number of providers achieving the Gold Standard of Care. A combination of the program scorecard, a new/expanded Integrated Quality System (IQS) operating certificate renewal methodology, Gold Standard Initiative website, and expanded use of evidence-based programs and practices will assist programs in implementing changes to improve performance, ultimately resulting in better outcomes for patients.

A primary component of the Gold Standard Initiative (GSI) is the development of program scorecards. The scorecards help OASAS and providers to identify weaknesses, communicate successes, and use data to improve services. The scorecards measure access, quality, outcomes, efficiency, and compliance. Ultimately, OASAS will implement program scorecards for all prevention, treatment, and recovery service types. In 2010, OASAS released program scorecards for chemical dependence treatment programs. In November 2011, OASAS released updated program scorecards for over 900 substance use disorder treatment programs. The scorecards are posted on the OASAS website and accessible via the Provider Directory search function. They are available to provider agencies, Local Governmental Units (LGUs), referring agencies, consumers, family members, and the general public. Each scorecard presents information across five domains: service access, program quality, patient outcomes, cost efficiency, and regulatory compliance for the particular program and comparison data for similar programs across the state. These elements reflect the most widely accepted components of high quality treatment through research, state and federal law, and regulation. OASAS expects that the production of this performance information will be a catalyst for continuous system improvement, which is the hallmark of a high performing system.

In 2011, the number of providers implementing at least one Gold Standard element increased from 35 percent to 55 percent. OASAS conducted 26 presentations on the Gold Standard Initiative during the year.

Integrated Quality System (IQS)

The Integrated Quality System (IQS) is a new methodology developed jointly with providers and OASAS staff. This process will enhance the recertification process by incorporating a wider range of performance measurements used to determine the length of an operating certificate. In addition to the recertification review score, which was previously used to determine the renewal term of an operating certificate, this new methodology includes a fiscal viability rating and a revised facility inspection score for determination of a renewal term. It is anticipated that additional performance measures such as scorecard and client data reporting will be incorporated into the methodology by the end of 2012.

Consistent with the GSI, OASAS is moving forward with the IQS operating certificate renewal methodology. The IQS methodology will further the GSI goals of measuring provider infrastructure and performance in a comprehensive fashion, as well as defining and recognizing excellence in our system. The renewal process has already added physical plant and fiscal viability standards to the traditional regulatory compliance measures; and this year, scorecard performance measures and demonstrated mastery of gold standard elements are being considered for inclusion in determining operating certificate terms.

Commissioner's Priority Metric 7: Utilize outcome management concepts that focus on performance measures and hold both OASAS and its providers accountable.

Outcomes Management

OASAS strives to increase the meaningful use of data to inform program decision making and management both within the state agency as well as throughout the field. The public release of the OASAS treatment scorecards in November 2011 is a significant step taken by the agency to support greater use of data throughout the field. Outcomes management was also featured as a topic for a Learning Thursday session in 2011. The session highlighted the scorecard as a data source for providers and how one treatment program uses data to inform program changes.

OASAS also encourages the use of outcomes management by counties and providers through regional Communities of Practice. These groups enable OASAS and the field to share best practices regarding performance improvement initiatives, especially the use of data to support these efforts. The success of this effort led OASAS to establish a Community of Practice at the state agency level, which includes representatives from 15 agencies. The state agency Community of Practice now serves as a resource for the performance measurement initiative undertaken by Governor Cuomo's Spending and Government Efficiency (SAGE) Commission. The SAGE Commission recognizes the Community of Practice as an informal advisory group that includes representatives from a number of state agencies who are focused on improving performance management within their agency. SAGE has the benefit of their expertise in deploying performance management approaches in a number of agencies.

To assess progress in increasing the number of programs that use performance data to improve results, OASAS administers the Outcomes Management Survey annually in the Local Services Plan Guidelines. The survey has evolved since its inception in 2008 with some question modifications made to capture the impact of additional OASAS efforts, including the treatment

program scorecard. In the 2011 survey, 68 percent of providers reported periodic review of data to track and improve outcomes, with periodic review defined as reviewing outcomes at least quarterly. This year's result shows a decrease from the 2010 survey results where 75 percent of providers reported reviewing data at least quarterly. This decrease may be explained by an increased reliance on the program scorecard which is an annual report versus the Integrated Program Monitoring and Evaluation System (IMPES) measures, which providers can review on a more regular basis.

OASAS will continue to emphasize to providers the basic tenant of outcomes management, which includes the meaningful use of data that is reviewed on a regular basis as part of a continuing process improvement effort. The agency will take additional steps in 2012 to increase the reliability of program data and to identify programs that use data as a regular mechanism to inform their operations. OASAS will conduct a number of regional forums featuring providers who use data well and can serve as peer mentors to others within the field on outcomes management. OASAS will also provide "how to" sessions on the program scorecard and data use to increase the providers' use of the scorecard as a meaningful data source to inform program operations.

In 2011, OASAS issued an agency-wide dashboard for the fourth consecutive year. The *OASAS 2011 Outcomes Dashboard* highlighted the Commissioner's 2011 priorities and other important agency initiatives. The dashboard is one of the mechanisms used to increase the use of outcomes management by OASAS staff.

OASAS managers are also encouraged to apply outcomes management to ongoing projects and day-to-day management functions. As part of the Planning for Performance Supervisory Learning sessions, OASAS conducted the workshop "How to use Outcomes Management to Improve Individual Performance." More than 30 OASAS managers participated in this training. Of those who completed a survey regarding the learning session, more than half agreed that it was informative and the subject matter useful to them.

To assess the impact of the learning sessions on outcomes management and to measure its use over time, OASAS conducted a survey in 2008 on staff use of outcomes management. This provided a baseline on the use of outcomes management by agency staff. In 2008, 38 percent of management level respondents indicated that the principles of the outcomes management approach were helpful in conducting day-to-day business. This assumes the degree of usefulness was determined as a result of using the outcomes management approach, the heart of which is the meaningful use of performance data to improve results. OASAS will conduct the Outcomes Management Usage Survey in 2012.

Lean Government

To increase efficiency, OASAS continues to apply a "Lean Government" strategy. Lean is a collection of principles and methods that focus on the identification and elimination of non-value added activity involved in producing a product or delivering a service to customers. Where outcomes management encourages the use of data to monitor and improve outcomes, Lean offers

a way of thinking that allows for change and adaptation to increase efficiency, better use resources, and continuously improve processes.

The guidebook *Procurement Guidelines for Completing the Procurement of a New Initiative* was developed as a result of the Lean procurement project. Staff piloted the use of the guidebook and realized a 58 percent savings in process time and a 53 percent savings in cycle time when compared to the current procurement process (pre-Lean). The Procurement Guidelines will be made available to OASAS staff in early 2012 with a reference to the Guidelines in the revised Administrative Manual Item No. 11100 *Administering a Request for Proposal (RFP) Process*. New York State is considering contract management grants reform that would standardize much of the procurement process. This reform will allow for the use of the newly developed guidelines because much of the savings generated as a result of the Lean exercise focused on the front end of the procurement process.

The Human Resources Lean project was aimed at improving the vacancy control process in the OASAS Central Office. Staff developed a map of the current process and identified improvements in a future map. The revised process will be vetted with the OASAS Management Team. Following administrative approval, the revised process will be tested for increases in process and cycle time as compared to the current state map. OASAS expects to conduct two additional Lean projects in 2012.

The SAGE Commission recognized OASAS' effort to use Lean to increase efficiency and is interested in disseminating this practice among state agencies. Three other state agencies – the Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), and Department of Environmental Conservation (DEC) - are now using Lean to increase the efficiency of their operations.

Metric 8: Educate and partner with the community, government agencies and elected officials to advance the agency mission by increasing public awareness through positive media coverage and proactive communication strategies.

Your Story Matters Campaign

The *Your Story Matters* Campaign showcases the successes and triumphs of individuals who live their lives every day in recovery and represents the faces and voices of the unified, customer-driven Recovery Movement in New York State. From the *Your Story Matters* campaign website at www.iamrecovery.com individuals can read hundreds of inspirational stories of recovery, submit their own recovery story, or obtain recovery resources. These recovery stories are important to offer hope so that others who are still struggling may be motivated as they begin their own journey of recovery. The campaign, now in its fourth year, was launched to spread the message of the chronic disease of addiction; combat the stigma wrongly associated with substance use disorders and problem gambling addiction; and promote the message that prevention is proven, treatment works, and recovery is real. New Yorkers need to know there is hope and help for breaking the cycle of addiction. To date, there are more than 380 stories.

Recovery Month

Governor Cuomo proclaimed September 2011 as “Recovery Month” in New York State. Recovery Month activities included the Eighth Annual Recovery Fine Arts Festival, Addictions Professionals Day, and the Fourth Annual Recovery Rally at Albany’s Riverfront Park, which attracted more than 500 people from across the state. Numerous local events were held across the state including faith- and community-based events such as rallies, marches, and services. SAMHSA and the OASAS-supported Recovery Coalition supported a large special event, held at the New York City Sheraton, titled the *SAMHSA Women, Children, and Family (WCF) Grantee Kickoff Recovery Event*. This event featured the Odyssey House Art project; WCF Grantees from across the nation, and several talented groups of youth from New York City who performed pieces related to recovery. These included the Children’s Aid Society, Single Parent’s Resource Center, Moving Mountains, and several ATR providers. Additionally, the OASAS Alumni Project held its first Annual Alumni Recovery Dance, which was open to all, no matter their recovery pathway.

Commissioner’s Priority Metric 9: Increase cross-systems training to support integrated, culturally competent behavioral health services.

Focus on Integrated Treatment

The Focus on Integrated Treatment (FIT) training modules is a collaborative training effort between The Center for Practice Innovations at Columbia Psychiatry, OMH, and OASAS. It is funded by OASAS and OMH. These free, concise on-line modules are 30 minutes long and allow practitioners, supervisors, and clinical leadership to accumulate training hours (CASAC and other) when they participate in this initiative. FIT’s modules are designed to help programs (primarily outpatient) implement evidence-based integrated treatment for persons with co-occurring disorders. As the most accessible and affordable integrated treatment educational program available to the OASAS service delivery system, FIT is a key resource and critical measure for assuring competency in integrated behavioral health services.

One hundred Seventy-three programs enrolled 1,615 staff to allow them access to the online FIT modules. Staff completed 1,715 FIT modules.

Dual Diagnosis Capability in Addiction Treatment

The Center for Excellence in Integrated Care (CEIC) provides on-site assistance to OMH licensed and OASAS certified programs to increase co-occurring disorders treatment capability in both systems, including implementation of recommended screening, assessment, and evidence-based practices. The Dual Diagnosis Capability in Addiction Treatment (DDCAT) is a rating scale used to measure provider capability to provide treatment for co-occurring disorders. A score of 3.0 indicates that a program is dual diagnosis capable; a score of 5.0 indicates that the program is dual diagnosis enhanced. During 2011, the average DDCAT rating of all OASAS programs that underwent a follow-up evaluation increased by 15 percent (i.e., from 2.69 to 3.09). These programs have now achieved a “dual diagnosis capable” rating (i.e., greater than 3.0) and

can assure patients, third party payers, and others that they can effectively provide integrated services to persons with co-occurring disorders.

Metric 10: Increase full knowledge, expertise and retention of a high-performing, diverse staff throughout the field.

Training

OASAS provided Wellness Self-Management Plus training at the Co-Occurring Conference with 60 participants, overdose prevention training to 27 providers, and SBIRT training to 422 individuals.

Best Companies to Work for in New York

Four OASAS providers were named as one of 50 employers to achieve “Best Companies to Work for in New York” status for 2011. This fourth annual statewide survey and awards program identifies and recognizes the best places of employment in New York State. The following OASAS-certified programs received this prestigious award: Horizon Health Services of Buffalo; Outreach of Richmond Hill; St. Joseph’s Addiction Treatment and Recovery Centers, of Saranac Lake; and Credo Community Center for the Treatment of Addictions, of Watertown.

Addictions Professionals

Governor Cuomo proclaimed September 20, 2011, as Addictions Professionals Day in New York State. This observance is an integral part of celebrating September as National Alcohol and Drug Addiction Recovery Month and offers an opportunity to recognize those skilled individuals across New York State who provide services ranging from chemical dependence treatment, prevention, and recovery to problem gambling services for persons and communities in need.

OASAS efforts resulted in the following increases in the number of addiction professionals in New York State:

- CASAC Trainees from 4,681 to 5,277;
- Certified Addictions Registered Nurses (CARNs) from 54 to 87;
- Increased the pass rate for the CASAC credentialing exam from 57.3% to 63%.

Metric 11: Improve OASAS leadership capabilities as follows:

Training

OASAS held monthly supervisory learning webinars to enhance supervisors’ skills in the areas of employee communication, planning, performance, and outcomes. These sessions will enable supervisors to better engage and motivate staff and provide guidance in achieving agency outcomes. During 2011, OASAS leaders received cultural competency training bringing the participation rate to 85 percent of managers since 2010 with an approval rating of 86 percent.

Metric 12: Increase or stabilize funding resources while ensuring strong return on taxpayer investment.

Statewide Financial System

In early 2011, OASAS was selected to participate in the new Statewide Financial System (SFS). The SFS is a New York State government initiative to replace its over 25-year-old Central Accounting System and several agency financial management systems with one integrated, statewide system. The new system will perform the state's primary fiscal and business management tasks more proficiently. The SFS will provide efficiency, effectiveness, and streamline business processes, including purchasing and travel expense payments.

The benefits of the new system include:

- User-friendly interface;
- Self-service functionality to improve the travel approval and reimbursement processes;
- Timely, dependable, and transparent financial information;
- Improvement in the way New York State acquires goods and services;
- Ability to track purchasing and travel requests beyond the main office, to other locations and users in the field;
- Financial information exchange with vendors and not-for-profit providers.

OASAS will be using less paper for purchasing and travel. Travel calculations will be made by the system, and vendors and travelers will be paid more quickly. The “go-live” date for the SFS is April 1, 2012. OASAS is ready to “go-live.”

Substance Abuse Prevention and Treatment (SAPT) Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant provides approximately \$115 million annually to prevention, treatment, and recovery services in New York State. Over the past year, SAMHSA has focused its efforts on planning for health care reform implementation, mapping out strategic initiatives to move the field forward, and revising the Block Grant application to assist in meeting upcoming demands facing the field.

OASAS staff submitted written comments on the revised Block Grant application and participated in six meetings and one conference call with federal representatives regarding the changes. The agency submitted the Block Grant application and report by the due date, including all required and optional sections of the application.

Ambulatory Patient Groups

OASAS implemented Ambulatory Patient Groups (APGs) in July 2011. The APG methodology supports integrated substance use, mental health, and physical health services through a common ambulatory Medicaid payment structure. APG payments will reimburse providers based on the intensity of services provided through nationally recognized billing service coding constructs. The APG exercise was budget neutral. This methodology will distribute payment to outpatient providers in a way that supports providing the right service, as it is based on the actual

cost/resource to deliver. Providers will be able to deliver more than one medically necessary, reimbursable service per day to support patients with multiple diagnoses or problems in functioning that requires more service intensity.

Two of the new services for OASAS are medication management and complex care coordination. These services will allow programs to provide medication-supported recovery and better coordinate care between disabilities. Programs will be able to choose the right service for the patient and be reimbursed based on the intensity of the resource to deliver that service. OASAS, OMH, and Office for People with Developmental Disabilities (OPWDD), along with DOH, worked closely to ensure the maximum amount of consistency between settings while allowing for enough flexibility in the categories and codes to preserve what is unique to each.

Behavioral Health Organizations (BHOs)

An important Medicaid Redesign provision for the addictions system is the requirement to transition Medicaid services from a carved-out fee for service system to one that will be fully managed. OASAS and OMH are implementing this transition by contracting with five regional Behavioral Health Organizations (BHOs). The BHOs will monitor the utilization of inpatient mental health, detoxification, and substance abuse rehabilitation services that are currently carved out of mandatory Medicaid managed care. Implementation of the BHOs is occurring in two phases, with the initial phase focused on coordinating behavioral health services and reducing system fragmentation. The BHOs will play an important role in transitioning from the existing unmanaged fee for service system to a managed behavioral health services environment.

In June 2011, OASAS and OMH jointly released a request for proposals seeking applications for the provision of Medicaid fee for service administrative and management services in five regions of the state for the purposes of a concurrent review of inpatient behavioral health services and coordination of behavioral health services. In September 2011, the two agencies announced conditional awards for the BHOs:

- New York City Region – OptumHealth
- Hudson River Region – Community Care Behavioral Health
- Central Region – Magellan Behavioral Health
- Western Region – New York Care Coordination Program
- Long Island – Long Island Behavioral Health Management LLC.

The five regional BHOs will collaborate with OASAS, OMH, LGUs, providers, and consumers to ensure that individuals receive the care and support that they need. The BHOs will work with Health Homes as they are implemented to help individuals suffering from multiple disabilities including substance abuse, mental health issues and physical disabilities.

Synar

Under the direction of SAMHSA, New York State participates in the federal Synar Project to prevent smoking by youth. This entails collaboration between OASAS and DOH to monitor annual levels of tobacco sales to youth under 18. The FFY 2012 Synar survey of tobacco sales

to underage youth is complete, with a final weighted retailer violation rate of 5.6 percent, which is the second best rate in the 16 year history of the project. New York's rate is significantly less than the weighted national average of 9.3 percent.

Moving Forward

OASAS will continue to apply the principles of outcomes management in developing strategic directions, priorities, and metrics as well as in measuring results. The agency will collaborate with LGUs, providers, state agency partners, and the federal government in its planning and outcomes management efforts. To develop the *2012 Outcomes Dashboard*, OASAS is using the input gathered through the local services planning process and the three public hearings held by Commissioner González-Sánchez during 2011 on the Statewide Comprehensive Plan 2011-2015.

The following principles guide OASAS planning efforts:

- Planning is an ongoing process that informs policy development, budgeting, and the delivery of services;
- Planning produces documents and reports that are useful and used by stakeholders and customers;
- Planning focuses on desired system and individual outcomes;
- Planning has “buy in” from all key customers including OASAS leaders and staff, other state agencies, counties, providers, patients/participants, individuals in recovery, and other stakeholders;
- Planning engages stakeholders in meaningful ways at all levels: federal, state, county, and community.