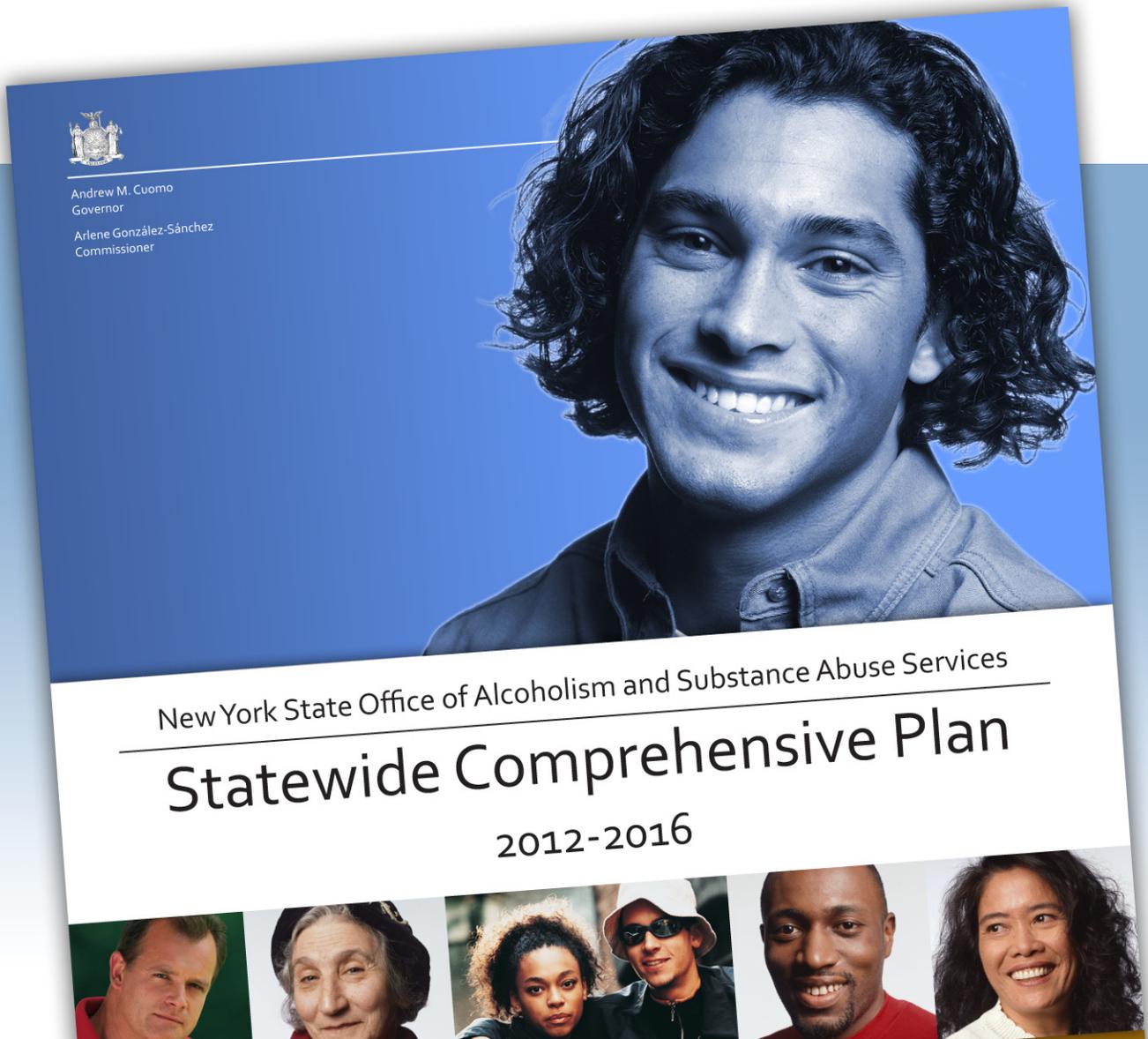




New York State Office of Alcoholism and Substance Abuse Services

2013 Interim Report



Chapter I: Background and Context

Planning Framework

OASAS developed this *2013 Interim Report* 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. To provide comments on the Interim Report, 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 oversees an addiction treatment service system that provides a full array of services to a large and culturally diverse population of approximately 254,000 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, problem gambling, and recovery services.

The evolution of behavioral and physical health services makes this an ambitious time of transition for OASAS and the addictions field. As the addictions system moves forward with implementing health care reform, OASAS is working to ensure that substance use disorder (SUD), mental health, and physical health care are all part of an integrated services continuum. The agency continues to work with its state and local partners to minimize silos among service systems as well as among behavioral health and SUD treatment providers. The agency is focusing on the integration of care to better serve the SUD population. To achieve this goal, OASAS will examine new models that provide increased emphasis on care management and cost containment to improve the quality of services.

OASAS continues to develop and strengthen policies that enhance the clinical quality and effectiveness of services within the addictions system and promote integration with the health system. To ensure improved services, OASAS will continue to apply the principles of outcomes management as it moves toward implementing pay for performance for funding treatment providers.

Redesigning the Medicaid Program

The Medicaid Redesign Team (MRT) was tasked with finding ways to reduce costs and increase quality and efficiency in New York State's Medicaid program. One of the reforms identified by

the MRT was to phase out uncoordinated fee-for-service behavioral health and replace it with a managed care system that will encourage appropriate utilization of services, improve care coordination, and reduce costs. OASAS and the Office of Mental Health (OMH) contracted with selected Behavioral Health Organizations (BHOs) charged with improving engagement in treatment following discharge from acute care settings (inpatient mental health, substance use disorder inpatient detoxification and chemical dependence inpatient rehabilitation) and reducing readmissions to such settings. OASAS worked with OMH to implement Phase I of the BHOs beginning in January 2012.

The two agencies focused on reviewing BHO operations, quarterly reporting, and monitoring of provider relations. To track the implementation of this first phase, performance metrics for BHOs were created to emphasize improving rates of timely follow-up treatment after discharge, timely filling of appropriate medication prescriptions post-discharge, and reducing rates of readmission. This set of reports contains 35 measures of performance across these domains so that the state can monitor changes in performance on these metrics over time. The BHO Performance Metrics Portal includes reports that track performance measures derived from aggregated Medicaid claims data pertaining to the provision of mental health and substance use disorder services.

During 2013, OASAS and OMH will continue to monitor the data from the BHOs. The second BHO phase will involve the enrollment of all Medicaid recipients in a Managed Care program for their behavioral health needs. OASAS and OMH along with the Department of Health (DOH), Office of Children and Family Services (OCFS), and New York City Department of Health and Mental Hygiene (NYCDOHMH) are designing the various aspects of the system for implementation in 2014.

Chapter II: Progress Report

OASAS 2012 Outcomes Dashboard

In 2012, OASAS issued for the fifth year its system-wide *Outcomes Dashboard* - a tool 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/2012dashboard.pdf>.

This document specified five core “destinations” and how progress is measured through 12 key metrics. This Chapter summarizes accomplishments on the priorities in the *OASAS 2012 Outcomes Dashboard*.

Destination 1- Mission Outcomes

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

Opioid Overdose Reversals

Prescription medication misuse continues to be a serious problem across the nation. A significant portion of the misuse is related to opioid medications. Unintentional opioid poisoning deaths are so significant that a person overdoses every 19 minutes. Approximately one-half of prescription painkiller deaths involved at least one other drug, including benzodiazepines, cocaine, and heroin. As part of the strategy to combat this problem, DOH started the Narcan Opioid Overdose Prevention Initiative in 2006. This initiative allows a trained lay person to reverse an opioid overdose utilizing narcan. OASAS continues to work with its partners, including DOH, AIDS Institute, NYCDOHMH, and the Harm Reduction Coalition to increase the number of individuals trained (public, healthcare professionals, substance use disorder professionals, etc.) to administer this lifesaving practice. One area of focus is training treatment provider staff in overdose prevention and having providers train patients. During 2012, staff was trained at 35 provider sites. Work continues on getting provider staff trained at additional sites and having them sign up as future trainers.

Veterans and Military Service

Some members of the military who have served experienced long and multiple deployments, intense 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 a significant issue for this population.

OASAS is addressing this issue 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 to assist them in better understanding and serving the complex needs of these populations.

During 2012, OASAS conducted four Learning Thursday webcasts on veterans and military services issues. These included:

- Work Readiness and Employment Retention for Recovering Veterans in Treatment;
- Seeking Safety: Treating Trauma and Substance Abuse in Veterans;
- From Frontline to Home: An Overview of the Queens Veterans Treatment Court;
- Treating the Woman Veteran (a reprise of the popular 2011 webcast).

These presentations reached approximately 4,000 individuals, a majority of whom were certified treatment provider staff.

OASAS partnered with the New York State Chapter of the National Association of Social Workers (NASW/NYS) as part of that organization's "Veterans Mental Health Training Initiative (VMHTI)." The VMHTI consisted of four one-day sessions held across the state to educate mental health and addictions professionals on the myriad of issues confronting returning military personnel and their families. The sessions also included information on a number of successful evidence-based practices and other promising approaches utilized by providers who serve this population.

OASAS assisted in the development and delivery of a workshop on “Substance Abuse among Veterans” at three of the four statewide sessions (Poughkeepsie, Rochester, and Lake Placid). In addition, OASAS delivered a second workshop at the same three locations on the agency’s Screening, Brief Intervention and Referral to Treatment (SBIRT) initiative and its applicability to veteran and active military populations.

Adolescents

OASAS, through the Research Foundation for Mental Hygiene, Inc. (RFMH), was awarded a three-year Cooperative Agreement for Adolescent Treatment and Enhancement and Dissemination from the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Treatment (CSAT). The project is called “New York Serving Adolescents in Need of Treatment” (*NY-SAINT*).

The goals of *NY-SAINT* are:

- Increase the access to accessible and effective outpatient services for adolescents (12-18 years of age) with substance use disorders and/or a co-occurring disorder and their families;
- Promote the use of evidence-based screening and assessment, and treatment practices;
- Assist in the development of recovery supports for adolescents, through the use of technology, peer supports, and pro-social activities;
- Improve access to services for vulnerable youth with health disparities and increase family and youth involvement in all levels of service delivery and at state and local policy levels.

As part of this three-year project, OASAS will work with other agencies serving youth to identify gaps in services, map resources to determine how and where New York State spends money on substance abuse services for adolescents, and identify ways of allocating resources for improved outcomes for youth and their families.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

The SBIRT project supported by an \$8.3 million federal grant began delivering services on February 1, 2012. 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. During 2012, SBIRT was implemented in six STD clinics in New York City and two hospital emergency rooms in Watertown. The project provided brief intervention to 3,466 patients, referred 353 patients to extended brief intervention/substance abuse treatment, and followed up with 85 patients six months after they had received services.

Metric 2: Working in collaboration with NYS DMV, OASAS will increase utilization of evidence-based practices by Impaired Driver Services programs through implementation

of a new online reporting/enrollment data systems. This will enable the reporting of recidivism; allow for improved enforcement of clinical screening/assessment standards and improve monitoring of the new evidence-based training curricula.

Evidence-Based Practices

OASAS increased utilization of evidence-based practices by approved providers of clinical services to impaired driving offenders through the continued enforcement of online reporting to the Impaired Driver System (IDS) and compliance with agency clinical screening and assessment standards. IDS data supports outcome measures connecting recidivism with prior referrals or completions of assessment or treatment, improved enforcement of clinical screening/assessment standards, and improved monitoring of approved provider activity. OASAS is establishing a baseline by continued implementation of the Information Technology (IT) systems created to collect data. An addendum to the program review instrument gathers information about implementation of the new guidelines and use of the reporting systems. OASAS distributed 25 self-assessment survey instruments to approximately 1,000 screening/assessment providers and established a new impaired driving services complaint process and database. The agency created a database to track and report information on training, application, status, and complaints for all providers of screening/assessment services to impaired drivers.

Metric 3: Reduce rates of past 30-day substance use and reduce levels of substance abuse risk factors including: perception of risk, perception of parental disapproval, and 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 2012, 100 percent of counties increased their utilization of evidence-based prevention practices to 40 percent. Thirty-one counties were above 60 percent. In addition, the update of the Prevention Guidelines in 2012 increased accountability by adding eight new performance standards that require providers to focus on success indicators, which increase the likelihood of positive outcomes.

Prevention Priorities

OASAS conducted a survey in early 2012 to explore the capacity of the prevention workforce to address state prevention priorities. Two hundred forty-three prevention practitioners responded to the survey. The results are being used to identify and prioritize training, technical assistance, and cultural competence needs for the prevention workforce to ensure that New York's prevention professionals are well equipped to assist in reducing substance related problems throughout the state. Providers in New York City, Western New York, and Mid-Hudson ranked cultural competence as a priority in their regions.

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. Based on their local data all 11 community coalitions submitted logic models and strategic plans during 2012 to the evidence-based panel and have been approved. The coalitions are implementing the approved environmental strategies.

Prevention Guidelines

In 2012, OASAS updated the Prevention Guidelines, which define and describe acceptable levels of prevention services, strategies, and activities necessary to reduce underage drinking, alcohol misuse and abuse, illegal drug abuse, medication misuse, and problem gambling. The 2012 Prevention Guidelines included minimum program performance standards in the areas of service availability and delivery, personnel and fiscal practices, recordkeeping, and data reporting. The Guidelines provide a structure for OASAS, Local Governmental Units (LGUs), and prevention providers to enhance consistent prevention service delivery and oversight.

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

Access to Recovery (ATR)

The four-year \$13 million federally funded *Access to Recovery grant* achieved its enrollment target of 2,995 for its second year of implementation and is on track to achieve its Year 3 enrollment target of 3,561. Since its inception, OASAS has engaged over 4,287 Access to Recovery participants and provided recovery support services, including recovery care management.

Recovery Coach Training

More than 632 individuals have completed the Recovery Coach training that OASAS offers free of charge. This intensive five-day training is provided over two consecutive weeks and covers the Connecticut Center for Addiction Recovery (CCAR) model for peer specialist roles and responsibilities. It promotes understanding of recovery from addiction and develops supports in partnership with people in recovery. Graduates receive a Recovery Coach certificate and a standardized OASAS certificate of completion that may be used to meet credentialing requirements for the Credentialed Alcohol and Substance Abuse Counselor (CASAC), Credentialed Prevention Professional (CPP), and Credentialed Prevention Specialist (CPS).

These newly-trained individuals help to initiate and sustain an individual/family in their recovery from substance abuse or addiction; promote recovery by removing barriers and obstacles to recovery; and serve as a personal guide and mentor for people seeking, or already in, recovery. Recovery Coaching is a peer-based service that is non-clinical and designed to engage individuals beyond recovery initiation through stabilization and into recovery maintenance. Similar peer interventions in clinical settings have improved engagement and retention of people seeking services. Long-term treatment outcomes are improved by assertive linkages to community-based recovery supports such as Recovery Coaching.

Recovery Coach Certified Trainers/New York Certification Board

OASAS recognizes that New York State's Medicaid Redesign Initiative and healthcare reform will create new workforce demands, including the need for more recovery coaches. Through 2012, over 90 Peer Recovery Coaches were certified to provide Peer Recovery Coach training. A New York Certification Board is needed to oversee the continued growth of recovery coaches and trainers and to set standards for certification. OASAS is collaborating with Alcoholism and Substance Abuse Providers of New York State (ASAP) to create a New York Certification Board (NYCB) and launch a Certified Addiction Recovery Coach credential. The NYCB mission, to strengthen health and human services outcomes by enhancing the recovery-oriented skills and capacity of the workforce, will be achieved through the provision of high-quality credentialing, testing, technical assistance, and training/education services.

Perception of Care Survey System

OASAS developed a web-based substance abuse perception of care system in 2012 for utilization by all treatment and recovery organizations. The system provides the infrastructure for both treatment and recovery program participants to be heard and demonstrates that program administrators listen and act upon their participants' feedback. Each organization may survey their participants quarterly to obtain direct feedback on services in the following domains: access and quality; social connectedness; perceived outcomes; commitment to change; and program recommendation. In addition, the survey provides space for participants to respond to three qualitative questions to help identify what the program is doing well, where improvements could be made, and any other observations they would like to share.

The system provides immediate graphical indicator reports to providers that include client demographics, length of stay, presenting problem, and criminal justice involvement. The goal is to assist all treatment and recovery organizations to understand their customers and to act upon their participant data in a planned, structured method as part of their quality improvement and program evaluation processes. The system provides guidance in the conduct of plan-do-study-act cycles and technical assistance is available to programs upon request. Programs are encouraged to provide feedback reports to their participants to foster continuous quality improvement. The system gives programs the capacity to compare their participant data from one quarter or year with another quarter or year. The programs can easily identify if they are moving or trending in the right direction after they have implemented programmatic modifications in direct response to their participants' feedback. OASAS will have the capacity

to monitor utilization of the system by all treatment and recovery organizations, by service type, as well as have access to program data.

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 populations 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 (375 units now operating for single adults and 135 for families); (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 12 apartments open in New York City).

During 2012, OASAS increased the addiction system’s housing portfolio for people in recovery from 1,460 to 1,562 apartments units in New York City and 24 other counties. There are 945 units in NYC, 132 units in five Metropolitan New York counties, and 485 units in 16 upstate communities.

Permanent Supportive Housing RFP

In December 2012, OASAS issued a Request for Proposals for the MRT Permanent Supportive Housing Initiative. Proposals were solicited to provide housing for single adults with addiction problems who are high frequency, high cost Medicaid services consumers. Many of these individuals are homeless, have histories of episodic homelessness, or are at high risk of becoming homeless. OASAS expects that proposals will be awarded to operate at least 280 PSH units.

The services package includes rental subsidies up to HUD Fair Market Rental rates in all jurisdictions of New York State. Services include housing counseling, employment counseling, and clinical supervision for the direct care staff. This initiative is intended to increase the total number of OASAS permanent supportive housing units. The program scale of the OASAS MRT PSH Initiative is 25 units in large urban centers (counties with a city population of 50,000 or more). The program scale is ten units in all other jurisdictions.

Destination 2 - Provider Engagement

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

Enhanced Oversight and Monitoring

An OASAS priority is improving its 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 proactively identifies and addresses deficiencies at the provider, service type, and system level; thereby mitigating the need for more reactionary and punitive responses. It has strengthened OASAS monitoring systems, and will continue to identify common concerns and solutions to enable providers to be better equipped to properly address the challenges associated with multiple needs of the patient population. OASAS conducted over 60 focused interim and targeted reviews during 2011 and 28 such reviews in 2012.

Compliance Baseline for Outpatient Programs

In 2011, OASAS adopted revised regulations that began the integration of outpatient clinic and opioid treatment services. This set the groundwork for implementation of a seamless, integrated system of outpatient care, and served as a major step in OASAS’ preparation for state and national health care reforms. To assess the provider field’s progress in adapting to this single outpatient regulatory structure, OASAS established a compliance baseline for programs under the new Part 822 regulations (822-4 outpatient and 822-5 opioid treatment programs) beginning with recertification reviews conducted in January 2012. Those reviews yielded a 2012 baseline compliance rate of 88 percent for outpatient and 83 percent for opioid treatment programs.

Technical Assistance

As a result of OASAS’ unannounced recertification reviews, certified programs receive a compliance rating. Those rated either minimal or noncompliant receive *Conditional Operating*

Certificate renewal, and face penalties and/or revocation if improvements are not made. Because certified providers play a significant role in the lives of the individuals, families and communities that they serve, such providers are generally qualified to receive technical assistance from OASAS. Fifty-eight programs have both received technical assistance and, undergone a subsequent recertification review. Of the 58 programs that received technical assistance, 52 programs (90%) improved their certification status.

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

Gold Standard

OASAS introduced the Gold Standard Initiative in 2010 as a way to acknowledge programs that demonstrate high performance, positive outcomes, and excellent program management practices. The agency consulted with the Gold Standard Outcomes Management Advisory Council (GSOMAC) in developing the concept of high performance and the practices it would expect for programs to achieve this standard. OASAS also held regional forums throughout the state to collect feedback from providers regarding the Gold Standard Initiative, as well as address questions of data quality. Eight sessions with over 270 participants were held in May and June 2012. Locations included: New York City (2 sessions), Batavia, Syracuse, Hudson Valley, Albany, Long Island, and the North Country.

The questions posed to participants addressed the overall approach to designating high performers (whether evidence of practices for all Gold Standard elements should be required for the designation or if a “merit badge” approach whereby programs can apply for the designation based on a practice derived from a single Gold Standard element is more agreeable); what recognition strategies would be meaningful to providers; and how to ensure the accuracy of the data used to identify potentially high performing programs.

The forums identified a number of themes:

- The Gold Standard Initiative is a good idea for supporting the field;
- The approach used to designate programs must be credible; the “merit badge” approach was likely to get a higher participation rate than an “all or nothing” approach to the Gold Standard;
- A less complex application process and more reliance on the information programs currently provide to OASAS is preferred.

As a result of the information gathered during the regional forums and based on internal discussions, OASAS redesigned the Gold Standard Initiative. As a first step, OASAS is conducting data verification exercises with a small number of programs to test the accuracy of the data collected through the Client Data System when compared to program records. The accuracy of the information retained in the Client Data System is important because it serves as the data source for the Treatment Program Scorecards, which are the basis for identifying programs as potential high performers. The second step is to establish Gold Standard Communities of Practice throughout the state. The communities of practice would tap into the

large number of volunteers who expressed interest in assisting the agency to develop the Gold Standard and would provide an environment for peer-to-peer information sharing and learning based on the Gold Standard elements and use of data to achieve high performance. OASAS began the data accuracy exercise at the end of 2012 and will continue that effort and the establishment of Gold Standard Communities of Practice during 2013.

Prevention Scorecard

The prevention scorecard will help OASAS and prevention providers communicate their successes and use data to improve the quality of services at the program, county, and system levels. A workgroup comprising providers, LGUs, and OASAS staff collaborated on the development of the draft prevention scorecard. OASAS presented the draft prevention scorecard to the GSOMAC on October 25, 2012 and received feedback from its members. The target date for implementation of the prevention scorecard is December 31, 2013.

Electronic Health Records

Health care reform is creating major changes in the way health care will be delivered in the future. One of these changes is the increasing adoption of Electronic Health Records (EHRs), which will improve the quality, efficiency, and care coordination of the nation's health care system.

As part of the local services planning process, OASAS conducted a survey of all certified and funded treatment providers to assess their status in the adoption of an EHR system, including whether existing systems incorporated the core federal requirements. The survey also asked providers about the barriers that may have hindered their ability to adopt an EHR system and what their understanding was of the potential federal funding opportunity for EHR adoption. The information obtained through this survey will help OASAS to identify how best to assist providers in achieving their participation with this health reform initiative.

The survey showed that 142 providers – representing 34.5 percent of treatment providers - have some form of electronic health care system. Of these providers, 37 are exchanging patient data electronically with other health providers – a key component of health care reform.

Destination 3 – Leadership

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

Outcomes Management

OASAS continues to promote the use of outcomes management practices both within the agency and throughout the provider community. The annual issuance of the OASAS Dashboard demonstrates the agency's commitment to using outcomes management practices internally.

Training for managers in the use of performance outcomes in Employee Development Plans was conducted as part of the Supervisory Learning series in 2012.

In terms of efforts with the field, OASAS publicly issued treatment program scorecards for the second year, which include program performance measures based on information programs report through the Client Data System. OASAS staff also conducted Learning Thursday sessions on “The Use of Lean and Six Sigma in Government and Program Settings” with Bill Burgin of Alcohol and Drug Dependency Services (ADDS) and “Outcomes Management: How to Use Data: An Example from the Field” to encourage the use of outcomes management techniques and to emphasize the importance of data in informing program operations.

OASAS also developed and presented a third Learning Thursday session “OASAS Data Drill Down: Eight Steps to Improving Scorecard Performance.” This presentation was also delivered to OASAS Field Office staff, at the Onondaga County provider meeting, and during all eight Gold Standard Outcomes Management Regional Forums held across the state.

The success of these efforts is shown in the results of the annual Outcomes Management Survey conducted as part of the annual local services planning process. The same or similar questions are asked each year to track changes in LGU and provider use of outcomes management over time. During 2012, LGUs and providers were asked about how often they review and act on outcome focused data in managing programs. OASAS far exceeded the goal of 75 percent of program respondents reporting they review data on at least a quarterly basis with an actual response rate of 85 percent reporting they review data with this frequency. LGUs also far exceeded expectations by surpassing the target of 50 percent of respondents reviewing data at least quarterly to 72 percent.

A second activity aimed at increasing the use of outcomes management across the system was the establishment of two additional outcomes management communities of practice. While OASAS maintained the four outcomes management-focused communities of practice already established, as a result of the Gold Standard Redesign the agency shifted the focus for the new communities of practice to the Gold Standard Initiative more broadly rather than on a single element like outcomes management. The data is used in many of the Gold Standard practices and can be used as a tool to improve all types of program outcomes, not just performance and client outcomes. Data is equally important in measuring success in Talent Management, Evidence-Based Practices, Quality Improvement, and Recovery.

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, and obtain recovery resources. These recovery stories are important because they 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 fifth year, spreads the message about the chronic nature of the disease of addiction; combats the stigma associated with substance use disorders and problem gambling addiction; and promotes the message that prevention is proven, treatment works, and recovery is real. To date, there are 411 recovery stories.

Recovery Month

OASAS Promotes Recovery Month at the New York Stock Exchange

September 2012 marked the 23rd anniversary of National Alcohol and Drug Addiction Recovery Month. Recovery Month is a time to raise awareness of the chronic disease of addiction. It is an opportunity for people to share their stories of recovery, recognize individuals' renewed participation in community life, and the positive effects they can produce by contributing to society.

A proclamation was issued in 2012 designating September as Recovery Month in the Empire State. The theme for 2012 Recovery Month was *“Join the Voices for Recovery, It’s Worth It.”* OASAS partnered with national, state, and local organizations to raise awareness of the chronic disease of addiction and inform the public about the many pathways to recovery through statewide activities in the month of September.

On Wednesday, September 5, 2012, Commissioner González-Sánchez was joined by people in recovery and representatives from the substance use disorder field to visit the New York Stock Exchange and to ring the Closing Bell to launch National Alcohol and Drug Addiction Recovery Month. The Senior Vice President of Communications, Richard Adamonis, presented the Commissioner with a medallion and she presented him with the Recovery Month Proclamation. The ringing of the Closing Bell reached tens of millions viewers through over 46 media outlets worldwide.

Social Media

In 2012, OASAS posted more messages on social media outlets to ensure that New Yorker’s are aware of any policy changes and available services. The OASAS Facebook page increased to 1,110 fans; Twitter followers are 792. The agency had 13,312 views of posted videos and 5,262 views of Flickr photos.

There are more than 2,000 subscribers to the OASAS monthly newsletter “The Communicator.” Subscribers include consumers, professionals, providers, members of the legislature, local and county governments, hospitals, law enforcement, non-for profit groups, and many other statewide partners.

Governmental Relations

In August 2012, Commissioner González-Sánchez was selected to serve a second term on the Board of Directors of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). The Commissioner will continue to serve as the Region II Representative that includes New York, New Jersey, Puerto Rico, and the Virgin Islands. Her membership on the Board of Directors has given OASAS the opportunity to be at the forefront of new national initiatives and to advocate for the development of policies affecting prevention, treatment, and recovery services.

As a result of the Commissioner's membership on the NASADAD Board, OASAS was invited to participate on various committees and special policy initiative teams related to: the Affordable Care Act; Coalition for Whole Health's efforts regarding Essential Health Benefit (EHB) SUD services; Substance Abuse Prevention and Treatment (SAPT) Block Grant Redesign, and data collection initiatives. Through her membership on the Board, the Commissioner has developed strong working relationships with the leadership at SAMHSA, Office of National Drug Control Policy (ONDCP), and Substance Abuse Directors from other states and the territories.

During August 2012, Commissioner González-Sánchez and General Counsel Robert Kent participated in a call with David Mineta - Deputy Director of Demand Reduction from ONDCP - on New York State's plan for substance use disorder services as part of the Essential Health Benefit. The purpose of the call was to discuss the state's plan for SUD services as ONDCP determines the direction the White House should take with SUD and the Essential Health Care Benefit package. ONDCP contacted seven states (New York, New Jersey, California, Virginia, Maryland, Rhode Island, and Vermont) to gather information on SUD services as part of the Essential Health Benefit. New York State was selected to be part of this effort because of its leadership in making sure that the SUD benefit is robust and provides a continuum of behavioral health services.

OASAS staff participates in the National Treatment Network (NTN), which is a component of NASADAD. Participating in the NTN helps OASAS identify, promote, and expand effective, socially responsive programs, and evidence- and research-based best practices. Within the NTN, OASAS also participates in the Women's Service Network (WSN), the Opioid Treatment Network (OTN), and the HIV Coordinators. Recently under NTN/WSN auspices, the Youth Coordinators have been meeting and OASAS staff is an integral part of work being done towards developing practice standards for adolescent services. The New York State Opioid Treatment Authority (SOTA) is included along with all other SOTAs as part of the OTN, which works towards the promotion and oversight of opioid treatment services and medication assisted treatment interventions. OASAS' participation on the OTN assists in coordinating care with other states as well as federal partners, including CSAT and the Drug Enforcement Administration (DEA). OASAS also participates in the National Prevention Network (NPN), providing a national advocacy and communication system for prevention services. These memberships strengthen OASAS' knowledge, grasp and influence regarding quality treatment, prevention, and recovery care.

Destination 4 – Talent Management

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 are a collaborative training effort between The Center for Practice Innovations at Columbia Psychiatry, OMH, and OASAS. It is funded by a RFMH grant and OASAS and OMH. These free, concise online 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. In 2012, 408 OASAS providers registered their staff for the modules and 8,772 modules were completed. Additionally, the Integrated Mental Health and Addiction Treatment Training (IMHATT) certificate was added to recognize individuals who completed all of the recommended modules.

Dual Diagnosis Capability in Addiction Treatment

The Center for Excellence in Integrated Care (CEIC) provides onsite assistance to OASAS certified and OMH licensed programs to increase co-occurring disorders treatment capability in both systems. This includes 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. OASAS programs participated in a project, which assessed their capability to treat individuals with co-occurring substance use and mental health disorders. They completed a baseline DDCAT assessment, received targeted technical assistance, and completed a subsequent DDCAT assessment. The results indicated that the DDCAT scores increased from 29 percent of programs achieving a score deeming them co-occurring capable at baseline to 51 percent of programs receiving a co-occurring capable score after receiving technical assistance. This indicates that the process of programs engaging in a DDCAT assessment and targeted technical assistance results in an increase of the program's ability to treat individuals with a co-occurring SUD and Mental Health Diagnosis thus achieving a higher level of integrated treatment.

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

Training

During 2012, OASAS provided Wellness Self-Management Plus training to over 800 individuals through a Learning Thursday presentation. Wellness Self Management Plus is a curriculum-based practice to provide adults with substance use and mental health concerns the knowledge

and life strategies that support recovery. The curriculum includes 57 lessons each structured and designed to impart useful information to assist participants with their recovery. Each lesson includes important information about the topic, a personalized worksheet, and an action step to allow participants to personalize the information. Examples of the topics include: “Understanding What Helps and What Hinders Recovery,” “Understanding How Having Goals Helps Recovery,” “Understanding the Connection Between Mental Health and Substance Use,” and “The Role of a Healthy Lifestyle in Supporting Recovery.”

Addictions Professionals

September 20, 2012 was proclaimed 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 who provide services including chemical dependence treatment, prevention, and recovery, as well as problem gambling services for persons and communities in need.

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

- CASACs – 7,017;
- CASAC Trainees - 5,845;
- Certified Addictions Registered Nurses (CARNs) - 90;
- American Board of Addiction Medicine (ABAM) Certified Physicians - 206;
- CPPs - 277.

Metric 11: Improve OASAS leadership capabilities and employee engagement in a culturally competent environment.

Training

In 2012, OASAS held nine monthly statewide supervisory learning sessions for approximately 200 agency supervisors to enhance their skills in the areas of performance, time management, labor relations, employee assistance services, and personnel management. These sessions will enable supervisors to better interact, engage, and motivate their staff and provide guidance in achieving agency outcomes. Even with significant competing priorities, OASAS achieved a 45 percent participation rate with average usefulness of 70 percent.

OASAS provided three-day cultural competency training at five Addiction Treatment Centers (ATCs), which included agency and provider staff. The purpose of the training was to improve New York State’s response to equitable health care for our 1.2 million consumer base. Twenty percent of OASAS staff participated in the training, which had an approval rating of 85 percent.

Destination 5 – Financial Support

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

Minority and Women-owned Businesses

The agency utilization goal for procurement with Minority/Women-owned Businesses has a set baseline of 20 percent. For Fiscal Year (FY) 2011-2012, OASAS achieved a 33 percent procurement rate, which far exceeded the 20 percent minimum goal. Through the first three quarters of FY 2012-2013, OASAS' procurement exceeded 42 percent.

Block Grant

OASAS submitted the 2013 SAPT Block Grant application, containing a broad outline on the goals for federal fiscal year 2013-2014. New York is applying for \$114.6 million (subjected to enacted federal budget). The 2012 Block Grant Report was submitted on December 1, 2012, reporting on expenditures from 2010-2011, as well as outlining how OASAS met federal requirements pertaining to services for HIV, pregnant and parenting women, and prevention.

OASAS also provided assistance to agencies seeking federal funding by preparing 44 letters of support for grant applications related to addiction prevention, treatment, or recovery services.

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. Approximately 40 percent of SAPT Block Grant funding for New York State is directly tied to compliance with Synar requirements. The 2012 Synar survey of tobacco sales to underage youth showed a weighted retailer violation rate of 4.8 percent and was the best for New York State since the inception of Synar in 1996. This rate, which decreased from last year's 5.8 percent, reflects the number of tobacco sales to underage youth. New York's rate was significantly less than the weighted national average of 8.5 percent and the federal minimum threshold requirement of 20 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 *OASAS 2013 Outcomes Dashboard* will guide these efforts.

As OASAS collaborates with federal, state, and local partners in implementing health care reform and other initiatives, the following principles will underlie all agency activities:

- 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.