

For additional information on OASAS Strategic Mapping, contact Commissioner Karen M. Carpenter-Palumbo at [KarenCarpenterPalumbo@OASAS.state.ny.us](mailto:KarenCarpenterPalumbo@OASAS.state.ny.us) or Associate Commissioner William J. Phillips at [BillPhillips@OASAS.state.ny.us](mailto:BillPhillips@OASAS.state.ny.us) or 518.485.2322.

# OASAS Strategic Mapping



## *An Agency Roadmap to Outcome-Based Management*

Addressing the prevention, treatment and recovery needs of the 2.5 million New Yorkers dealing with drug, alcohol or gambling addictions requires a clear roadmap to guide action and maintain mission focus. As one of the largest addiction services systems in the nation, OASAS is a leader in applying the concepts of performance-based management to its statewide network of 1,500 programs which treat more than 110,000 New Yorkers a day. Concurrently, the outcome-based management strategy is being implemented throughout the agency.

## *A Strategic Map for Agency Direction*

Like any roadmap, Strategic Mapping begins with a consideration of Destinations—where we want to be at the end of our journey. It is the mission of OASAS to improve the lives of all New Yorkers by leading a premier system of addiction services for prevention, treatment and recovery. With that overarching theme, OASAS leadership and the provider community took part in months of discussions and planning, utilizing best-practice research on government performance management, and developed five agency Destinations:

- **Mission Outcomes**  
Establish an effective, science-based system which integrates prevention, treatment and recovery.
- **Provider Engagement and Performance**  
Developing a “Gold Standard” system of service provision.
- **Leadership and External Impact**  
Be the state resource on addiction and lead the nation in the field of chemical dependence.
- **Profession of Choice**  
Become a “Profession of Choice” for attracting, selecting and developing talent.
- **Financial Support**  
Create a system with strong return on taxpayer investment and stewardship of resources.

## *Tracking Progress on the OASAS Dashboard*

For each Destination, OASAS leaders, staff and program representatives identified 15 key Metrics to operationalize, track and verify progress toward each Destination.

Outlined on the following OASAS Dashboard, each Metric is guided by a team of agency staff and field representatives. Quarterly status presentations are made to the OASAS Executive Team. Annual reports will be made to the agency and field and integrated into the statutorily required statewide plan.

## *The Line of Sight: The Journey for Addiction Services Professionals*

The 1,100 OASAS employees are the prime resource for agency progress toward the Destinations. It is therefore critical for each individual to understand how their efforts contribute, either directly or indirectly, to reaching these goals. Over the next several months, OASAS divisional leaders will ensure that each staff member makes this Line of Sight connection to the five Destinations.

# NYS OASAS Strategic Map

 <h2>Mission Outcomes</h2>	 <h2>Provider Engagement</h2>	 <h2>Leadership</h2>	 <h2>Talent Management</h2>	 <h2>Financial Support</h2>
<p><b>Establish an effective, science-based program system which integrates prevention, treatment and recovery.</b></p> <p><i>What can OASAS track that will tell us those we serve have benefitted from our work?</i></p> <p><b>METRIC 1:</b> Improve levels of the substance abuse risk factors and protective factors in NYS communities in order to reduce the prevalence of substance abuse and problem gambling.</p> <p><b>Team Leaders: Barry Donovan</b></p> <ol style="list-style-type: none"> <li>1) An updated Statewide Epidemiological Profile of Substance Abuse Risk and Protective Factors and Problem Gambling for tracking improvements will be developed and approved by the statewide committee and OASAS Executive Team (ET).</li> <li>2) A Comprehensive Prevention Services Plan will be developed and approved by a provider committee and the ET to prioritize risk-and-protective factor targets and identify the services and resources needed to improve targets for the next two years.</li> <li>3) Data from the statewide Youth Development Survey, which assesses the status of community risk and protective factors, will be collected and analyzed by early 2009.</li> </ol> <p><b>METRIC 2:</b> Increase the number of persons served who remain abstinent and successfully manage their addictions throughout recovery.</p> <p><b>Team Leader: Steve Hanson</b></p> <ol style="list-style-type: none"> <li>1) A definition of "Successful Recovery," along with attendant measures, will be developed and approved by a representative treatment/recovery provider group and the ET.</li> <li>2) Baseline measures for assessing improvements in community support for recovery will be developed in conjunction with the Division of Recovery's Recovery Management Support Group using a wide range of data sources, including the Client Data System, Household Survey Data, Treatment Episode Data, and National Outcome Measures.</li> </ol> <p><b>METRIC 3:</b> Increase the number of persons served who improve their overall health including engaging in healthy lifestyles.</p> <p><b>Team Leader: Peggy Bonneau</b></p> <ol style="list-style-type: none"> <li>1) A baseline survey of OASAS programs will be conducted to determine organizational priorities and existing wellness programming to shape future wellness initiatives and metrics.</li> <li>2) Tobacco Free Regulation becomes effective 7/24/08.</li> <li>3) Staff participation levels: 15% of OASAS staff will participate in three newly formed initiatives (Weight Management, Walking Program, and Health Fair); and 15% of employees will participate in other on-site wellness activities.</li> </ol>	<p><b>"Develop a Gold Standard" system of service provision.</b></p> <p><i>How will we know that our providers are complying with regulatory and quality care standards and that premier addiction services are being delivered?</i></p> <p><b>METRIC 4:</b> Increase the number of prevention and treatment providers and communities actively implementing evidence-based practices and achieving consumer level outcomes.</p> <p><b>Team Leader: Susan Brandau</b></p> <ol style="list-style-type: none"> <li>1) Increase of 5% over baseline for Prevention programs conducting Evidence-Based Practices (EBP) and programs.</li> <li>2) Increase of 5% over baseline for Treatment providers implementing EBPs.</li> <li>3) Target 5 EBPs for adoption: Motivational Interviewing (MI); Screening for Co-occurring Disorders; Cognitive Behavioral Therapy; NIATx Process Improvements and Medication Assisted Treatment and develop practice guidelines and practical measures of fidelity for each EBP.</li> <li>4) Conduct a TTT on MI November, 2008 that includes application and implementation guidelines.</li> <li>5) Convene two forums with providers that have fully implemented one of the targeted EBPs to identify facilitators and barriers to adoption.</li> <li>6) Develop three regional learning collaboratives.</li> </ol> <p><b>METRIC 5:</b> Increase service providers' achievement of the OASAS gold standard performance approach, which includes consumer outcomes, performance improvement techniques, regulatory compliance and use of evidence-based practices.</p> <p><b>Team Leader: Janet Paloski</b></p> <ol style="list-style-type: none"> <li>1) Build an Integrated Quality System (IQS) for determining the length of the Operating Certificate in a Certification renewal fully vetted by the Metric 5 team with buy-in from the field.</li> <li>2) Increase by 10% the number of providers meeting at least one of the IPMES Gold Standard measures.</li> <li>3) Engage 800 providers in Quality Improvement forums with follow-up on implementation in 2009.</li> <li>4) Increase the percentage of programs achieving Substantial Compliance from 70% (baseline) to 75%.</li> <li>5) Increase of 5% over baseline for Treatment providers implementing EBPs. (As reflected in Metric #4. Baseline Survey data through planning due in June '08.)</li> <li>6) 25 Administrative Relief projects will be completed by 12/1/08.</li> </ol>	<p><b>Be the state resource on addiction and lead the nation in the field of chemical dependence and problem gambling.</b></p> <p><i>How will we know those outside our system, including the general public, understand our efforts?</i></p> <p><b>METRIC 6:</b> Increase recognition of OASAS as a leader and expert, increasing visibility and recognition statewide and nationally.</p> <p><b>Team Leader: Dianne Henk</b></p> <ol style="list-style-type: none"> <li>1) Rebrand agency with new logo, tag and descriptive lines.</li> <li>2) Roll out the first phase of the ongoing Stories Campaign including: develop a system to collect 100 recovery stories in a stories bank; highlight 12 stories to be launched at the 2008 Recovery Conference with media coverage in at least 10 newspapers, magazines and electronic media.</li> <li>3) Conduct scheduled media campaigns resulting in 50 positive stories for the year.</li> <li>4) Develop baseline data on target audience and metrics for assessing impact.</li> <li>5) Redesign the Web site and develop new analytics for tracking Web traffic.</li> <li>6) Consolidate the 800 numbers for the gambling and chemical dependence helplines and enhance our tracking ability.</li> </ol> <p><b>METRIC 7:</b> Increase understanding and awareness of addictive illness as a chronic, preventable and treatable disease.</p> <p><b>Team Leader: Steve Kipnis</b></p> <ol style="list-style-type: none"> <li>1) Baseline survey completed of Field's understanding of addiction as a chronic disease.</li> <li>2) Advocates' group will approve final policy statements, educational materials and continuing care regulations.</li> <li>3) 100 CASACs and program staff will participate in training with 75 indicating an improved understanding of the Chronic Disease Model with 25 having follow-up conversations with coworkers about their learning.</li> </ol> <p><b>METRIC 8:</b> Increase influence on state and national policy and practice.</p> <p><b>Team Leader: Patricia Zuber-Wilson</b></p> <ol style="list-style-type: none"> <li>1) Increase appointments to four positions on substance abuse disorder and problem gambling allied organizations/groups.</li> <li>2) Increase by four the participation by OASAS in membership on boards, committees and panels of stakeholder organizations.</li> <li>3) Increase reliance on OASAS by federal, state and local stakeholders by increasing to 25 the number of substantive contacts, meetings and briefings by senior OASAS leaders.</li> </ol> <p><b>METRIC 9:</b> Decrease the number of alcohol, substance abuse and gambling related consequences in the Public Health, Public Safety, Public Welfare and Public Education systems.</p> <p><b>Team Leader: Bill Barnette</b></p> <ol style="list-style-type: none"> <li>1) All 17 public agencies participating in the ACTION Council will identify their priority AOD consequences.</li> <li>2) All 17 public agencies participating will have baseline data for appropriate measurement of change in these consequences.</li> <li>3) 12 of 17 public agencies participating will launch specific initiatives to improve early identification of people with AOD-related problems in their respective systems.</li> </ol>	<p><b>Become a "Profession of Choice" for attracting, selecting and developing talent.</b></p> <p><i>What can we track that will tell us we are managing our internal talent pool effectively?</i></p> <p><b>METRIC 10:</b> Increase the number of staff at all levels in the field to represent the diversity of the populations we serve.</p> <p><b>Team Leaders: Loretta Poole</b></p> <ol style="list-style-type: none"> <li>1) Increase the number of underrepresented staff engaged in leadership development opportunities.</li> <li>2) Collaborate with Metric Team #11 to enhance recruitment of diverse candidates in CASAC initiatives.</li> <li>3) Expand Addictions course offerings and enrollment in 2 schools in the state by summer of '09 generating credit for five minority students beyond current initiatives.</li> <li>4) Complete cultural sensitivity training for 20% of OASAS staff and 20% of providers.</li> </ol> <p><b>METRIC 11:</b> Increase the number of credentialed staff and other Qualified Health Professionals working in the field.</p> <p><b>Team Leader: Doug Rosenberry</b></p> <ol style="list-style-type: none"> <li>1) Expand credentialing course offerings (10,780 in 2007) and student enrollment in Addiction Medicine series (9,300 in 2007) by 10% in 2008.</li> <li>2) Issue 1,000 new CASAC certificates by 12/31/08. (The 2007 baseline was 350.)</li> <li>3) Increase by 20% the number (5 in 2007) of education and training providers that offer certificate programs for the CPP/CPS credential.</li> <li>4) Issue 50 new Gambling "Stand Alone" and specialty designations by 12/31/08.</li> <li>5) Establish four CARN Chapters in New York State to promote CARN certification. (Currently none)</li> </ol> <p><b>METRIC 12:</b> Increase full knowledge, expertise and retention of high-performing staff throughout the field.</p> <p><b>Team Leader: Kathleen Caggiano-Siino</b></p> <ol style="list-style-type: none"> <li>1) Employee Engagement data gathered using the Best Places to Work assess2/11/2009ment will be used to identify a set of specific actions, selected by 100 OASAS leaders, which will be employed to improve OASAS BPTW score from 63% overall.</li> <li>2) 90% of the 120 OASAS Management/Confidential staff along with at least 75% of all other OASAS staff represented by other bargaining units will commit to written professional development plans.</li> <li>3) Through the 26-week Learning Thursday initiative, 22 courses will be offered serving at least 4,400 staff with at least 80% rating the sessions as good or excellent.</li> <li>4) 25 staff at OASAS will be ready for increased responsibility and the "pipeline" for administrative and leadership positions through the Talent Pool strategy.</li> </ol> <p><b>METRIC 13:</b> Increase the number and percentage of OASAS and field staff (including both providers and LGU) that bring forth innovative ideas and agree to test them through rapid cycle improvement.</p> <p><b>Team Leader: Bill Phillips</b></p> <ol style="list-style-type: none"> <li>1) Launch at least 45 projects by 40 different staff in three different divisions/units or among providers, with a 75% (34) completion rate and 50% (23) success rate (defined as substantially achieving the desired project result).</li> </ol>	<p><b>A system with strong return on taxpayer investment and stewardship of resources.</b></p> <p><i>What can we track that will tell us our financial and program priorities are sufficiently supported?</i></p> <p><b>METRIC 14:</b> Secure and maintain adequate funding resources from federal and state government and private foundations.</p> <p><b>Team Leader: Reba Architzel</b></p> <ol style="list-style-type: none"> <li>1) Funding for "base" services will be maintained at 2007 levels, as adjusted for increased costs to deliver services. (Baseline: \$563 million in OASAS State Operations and Aid to Localities funding.)</li> <li>2) Nine of 10 OASAS reform and reinvestment initiatives are included in OASAS' 2008-09 enacted budget.</li> <li>3) Payments for approved local services, based on appropriation restructuring, will be processed on time to be tracked based on agency interest payments.</li> <li>4) Consensus on the following will be achieved for screening, brief intervention, referral and treatment services (SBIRT): Need for screening and brief intervention services; Program model(s) to be used in delivering services; Payment mechanisms; State/local budget implications.</li> <li>5) All Federal discretionary and foundation grant funding for prevention, treatment and recovery-related services awarded to State Agencies and others will be identified by grant purpose, amount of funding and award recipients. (Baseline: 2007 awards from Federal and State sources.)</li> </ol> <p><b>METRIC 15:</b> Implement a system that insures a strong return on taxpayer investment.</p> <p><b>Team Leader: Mike Lawler</b></p> <ol style="list-style-type: none"> <li>1) New York will secure SAMHSA approval of two remaining National Outcome Measures (NOMs) which will complete the State's approval.</li> <li>2) New York's 2009 SAPT Block Grant application will include all NOMs, with full approval by SAMHSA and award of all funds.</li> <li>3) Performance based contracting options for the field will be identified and approved by ET.</li> <li>4) Ambulatory Patient Groups (APGs) for outpatient services will be approved by the Executive Team.</li> <li>5) A fully integrated electronic/web-based State Aid Budgeting and Reporting System (SABRS) will be used by Field Office.</li> </ol>