



OASAS 2013 Outcomes Dashboard

The 2013 Outcomes Dashboard identifies the agency's five core destinations and the key metrics used to measure progress by OASAS staff and the field toward reaching those destinations. As part of an ongoing effort to integrate outcomes management into the operations of the agency and the field, the system-wide outcomes dashboard serves as a roadmap to guide efforts and achieve the agency's mission of addressing the prevention, treatment and recovery needs of New Yorkers.

The five core agency destinations include:

Mission Outcomes – To establish an effective science-based system which integrates prevention, treatment and recovery

Provider Engagement – To develop a “Gold Standard” system of service provision

Leadership – To be the state resource on addiction and lead the nation in the field of chemical dependence and problem gambling prevention, treatment and recovery

Talent Management – To become a “Profession of Choice” for attracting, selecting and developing system-wide talent

Financial Support – To ensure a system with strong return on taxpayer investment and stewardship of resources

For additional information on the OASAS Outcomes Dashboard, visit: www.oasas.ny.gov.

OASAS 2013 Outcomes Dashboard

Mission Outcomes

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

1.1: Improve 90 day retention rates by 3% over a 36 month period for these two statewide service modalities: Intensive Residential (*baseline 76%; target 79%*) and Outpatient programs (*baseline 72%; target 75%*) The percent of adverse discharges among all discharges from outpatient programs with at least 90 days length of stay will decrease from 41.6% to 40%.

1.2: The 12 OASAS run Addiction Treatment Centers will increase one-week retention rates from 86% to 88% and maintain the overall occupancy rate at 91%.

1.3: Improve services to individuals in treatment by:

- Increasing the number of opiate overdose reversals accomplished since 2006 statewide by 20% via the Opiate Overdose Prevention Initiative (from 550 to 660) by increasing the number of programs/individuals trained.
- Increasing the annual admissions of veterans to OASAS certified programs by 2% (10,500 to 10,710) while maintaining a 45% completion rate.
- OASAS led work group under the I-STOP legislation will recommend requirements for prescriber opioid education to Dept. of Health and implement a public awareness campaign on prescription drug misuse.

1.4: As part of the Medicaid Redesign Team recommendations to improve substance abuse and behavioral health program performance, OASAS will better integrate services to people with addiction disorders with other health and mental health service and housing programs through the continued development of the Phase II - Behavioral Health Organizations initiative in collaboration with OMH.

1.5: Improve patient outcomes of adolescent service programs by:

- Increasing the number of adolescent only outpatient providers delivering evidence-based practices in 50% of their services (from 4 to 6 programs)
- Increasing the number of clinics and hospitals offering services from 12 to 14.

1.6: Help establish the use of a proven evidence-based practice – Screening Brief Intervention & Referral to Treatment (SBIRT) as a key program area by:

- Meeting the second year targets of a five year federally funded grant by conducting 10,549 brief interventions; making 1,041 referrals to treatment and conducting 338 follow-up assessments.
- Increasing the number of addiction professionals trained/certified to provide these services statewide by 35% (1,400-1,900) and increase the number of clinics and hospitals offering services (12 to 14)

1.7: Problem Gambling treatment providers across the state will increase the number of admissions by 10% from 423 to 475.

1.8: Achieve the following treatment outcomes:

- Enhance successful outpatient treatment completion by increasing from 33% to 35% patient discharges achieving half or more of treatment goals at discharge.
- Maintain the 7% relapse rate from outpatient programs and increase the percentage of detoxification (crisis) program patients admitted to the next level of care from 40% to 45%.

Metric 2: Working in collaboration with the Department of Motor Vehicles, OASAS will increase utilization of evidence-based practices by Impaired Driver Services programs through implementation of a new online reporting and enrollment data system.

2.1: Establish baseline rates for delivery, referral and completion of clinical services to impaired driving offenders in NYS.

2.2: Fully implement an Impaired Driver Quality Assurance System by conducting (25) Impaired Driver Screening/Assessment addendum reviews of certified providers.

Metric 3: Reduce the risk factors and increase the protective factors to decrease youth substance abuse in New York State"

3.1: All 62 counties will devote 45% of their prevention resources to providing evidence-based prevention programming (2012 baseline was 40%).

3.2: The (11) funded Strategic Prevention Framework State Incentive Grant Communities will each implement a minimum of two evidence-based environmental strategies.

3.3: Eighty-five percent of prevention providers (185) will meet the 80% standard in providing evidence-based education programming.

3.4: Increase the projected number of statewide admissions for Teen Intervene by 5% from 1,943 to 2,040.

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

4.1: The four year \$13 million federally funded *Access to Recovery grant* will achieve its enrollment target of 3,561 by the end of the 2013 grant year.

4.2: The percent of non-crisis patients completing treatment who are engaged in post-treatment sustained recovery at discharge will increase from 61% to 65%.

4.3: The Permanent Supported Housing Initiative established under the Governor's Medicaid Redesign Program will add 280 housing units statewide.

4.4: The number of Recovery Coaches trained in the Connecticut Community for Addiction Recovery (CCAR) model will increase by 10% (632 to 695) and the number of Recovery Coaches trained to disseminate the curriculum in their communities will increase by 10% (90 to 99).

4.5: Twenty percent of the OASAS treatment and recovery service delivery system (950) will enroll and utilize the web-based perception of care system at least once during 2013 and demonstrate at least one plan-do-study-act project based upon client/participant feedback.

Provider Engagement

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

5.1: Conduct (25) focused reviews of at-risk treatment programs under the enhanced oversight project with 100% of identified deficiencies rectified by the end of the year.

5.2: Increase compliance rating for treatment programs reviewed in the following program areas: Outpatient (88% to 93% of 148 reviewed) and Opioid Treatment Programs from (83% to 88% of 58 reviewed).

5.3: Eighty percent of treatment programs (40) with below acceptable compliance ratings will demonstrate improvement through the OASAS technical assistance program.

Metric 6: Increase Provider engagement and performance through the Gold Standard Initiative.

6.1: By 2014, increase the 2012 baseline levels in implementation of evidence based treatment practices in (677) programs as follows:

- Screening for Co-occurring Disorders (Baseline 81%, Target 85%).
- Motivational Interviewing (Baseline 81%, Target 85%).
- Cognitive Behavioral Therapy (Baseline 74%, Target 77.7%).
- Medication Supported Recovery/Buprenorphine (Baseline 46%, Target 48.3%).
- Process Improvement. (Baseline 59%, Target 62%).
- Brief Intervention (Baseline 43%, Target 46%)

6.2: Prevention scorecards for all prevention providers (185) will be posted on the OASAS website.

6.3: Reduce the number of treatment programs with repeat deficiencies identified through program review from 50 (2012/13) to 40 (2013/14) (5% of 1000 programs reviewed).

6.4: In preparation for National Health Care Reform, increase the number of providers who have electronic health records that can electronically transmit client data to OASAS by 25% (37 to 46) out of a total of 677.

Financial Support

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

12.1: Coordinate the development of sustainability plans for two of the five current grant portfolios.

12.2: Attain federal approval of the revised SAPT Block Grant application process based on timely submission and adherence to all new funding requirements.

12.3: The annual NYS Retailer Violation rate for underage tobacco sales, which is required by the Federal Synar Amendment for states to receive Federal Block Grant funds, will continue to be less than the weighted national average of 9.3% and at or near the 2012 NYS average of 4.8%.

12.4: Develop a new reimbursement system for state funding of treatment programs that is based on client progress outcomes for implementation in the 2014 fiscal year.

Leadership

Metric 7: Increase the use of outcome management practices by providers and county governments as a way to improve program performance and to hold both OASAS and its providers accountable.

7.1: Increase the review and use of outcome data to improve performance as follows:

- Increase the percentage of treatment providers from 29% to 33% that review/use outcome data on a monthly basis (2012 baseline- 209)
- Increase the percentage of local government units from 18% to 25% that review/use outcome data on a monthly basis (2012 baseline- 14)

7.2: The criteria and process for rating treatment programs as meeting the Gold Standard based on scorecard performance and other factors will be completed and approved by the Advisory Committee and OASAS leadership with implementation to begin in early 2014.

7.3: Establish a revised, updated and tested Comprehensive Emergency Management Plan for the Addiction System applicable for all OASAS facilities and its network of not-for-profit providers. Key milestones include:

- New agreements with other state agencies.
- Development of protocols with local governmental units.
- Coordination with the State Office of Emergency Management.
- Conduct statewide localized tests.

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.

8.1: Increase the utilization of social media as part of a proactive communication strategy and support the statewide Recovery consumer movement by increasing the total number of stories in the "Your Story Matters" campaign at www.iamrecovery.com by 12% (411 to 460).

8.2: Effectively articulate agency policy initiatives for the state legislative agenda and one federal policy issue.

Talent Management

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

9.1: Increase the number of staff who obtain the Integrated Mental Health and Addiction Treatment Training certificate (consisting of completion of 31 modules) from 100 to 280 with an 80% pass rate of a total of 2,223 eligible staff.

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

10.1: Improve treatment provider staff skills by increasing the number of clinical supervisors who have received (30) hour clinical supervision training (from 215 to 355 of an estimated 1000 system-wide) with an 89% usefulness rating.

10.2: Increase the percentage of individuals who are Credentialed Alcoholism and Substance Abuse Counselors (CASACs) as follows:

- Offset the recent losses in the number of Credentialed Alcoholism and Substance Abuse Counselors by increasing the number of CASAC Trainees by 5% (5786 to 6056).
- Increase the percentage of individuals who are Credentialed Alcoholism and Substance Abuse Counselors that possess a college degree from 78.5% to 80%. (5,511 to 5,596)

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

11.1: Fifty-five percent (2012 baseline-33%) of staff will report that their supervisors conduct supervisory meetings with them to discuss assignments, priorities, professional development and other work-related activities on a monthly basis, with an average usefulness rating of at least 70% (2012 baseline-60%).

11.2: Managers and supervisors will ensure 100% (2011 baseline 73%) of performance programs for OASAS supervisory staff as applicable include a standard that rates quality assessments and timely submission of staff performance evaluations.

11.3: Supervisory skills will be enhanced through group learning sessions with an average participation rate of 55% (2012 baseline 45%) and an average participant usefulness rating of 72% (2010 baseline 70%) as measured by surveying training participants.

11.4: At least 15% of OASAS staff will participate in cultural competency training and indicate their satisfaction at the 80% level as measured by a post training evaluation.

