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](http://www.oasas.ny.gov).
1.1: Improve 90 day retention rates by 3% over a 36-month period for these two statewide service modalities. Intensive Residential (baseline 79%, target 79%) and Outpatient programs (baseline 29%, target 79%)

The percentage of adverse discharges among all discharges from outpatient programs with at least 90 days of stay will decrease from 41% to 40%.

1.2: The 12 OASAS-run Addiction Treatment Centers will increase one-week retention rates from 86% to 89% and maintain the overall occupancy rate at 91%.

1.3: Improve services to individuals in treatment by: Increasing the number of opioid overdose reversals accomplished since 2006 statewide by 20% via the Opiate Overdose Prevention Initiative (from 550 to 660) by increasing the number of programs trained; Increasing the annual admissions of veterans to OASAS certified programs by 2% (10,930 to 10,710) while maintaining a 45% completion rate.

1.4: As part of the Medicaid Redesign Team recommendation 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 services and housing programs through the continued development of the Phase II - Behavioral Health Organizations in collaboration with OMH.

1.5: Increase the projected number of statewide admissions for Teen Intervene by 5% from 1,483 to 1,560.

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

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% percent of patients discharged 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%.

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 audit reviews of certified providers.

3.1: Achieve 46% of their prevention resources to providing evidence-based prevention programming (2012 baseline was 48%).

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

3.3: Eighty-five percent of prevention providers (85%) will meet the 80% standard in providing evidence-based education programming.

3.4: 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 1,061 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 69%.

4.3: The Permanent Supported Housing Initiative established under the Governor’s Medicaid Redesign Program will add 288 housing units statewide.

4.4: The number of Recovery Coaches trained in the Connecticut Community for Addiction Recovery (CCAR) model will increase by 10% (332 to 369) and the number of Recovery Coaches trained to disseminate the curriculum in their communities will increase by 10% (30 to 33).

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-of-action project based upon client-participant feedback.

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

5.2: Conduct 231 focused reviews of all treatment programs under the enhanced oversight project with 100% of identified deficiencies rectified by the end of the year.

5.3: Increase compliance rating for treatment programs reviewed in the following program areas: Outpatient (86% to 95% of 148 reviewed) and Opioid Treatment Programs from (65% to 85% of 58 reviewed).

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

6.1: By 2014 the 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 48.5%)
- Process Improvement (Baseline 59%, Target 62%)
- Brief Intervention (Baseline 43%, Target 46%) (2012 baseline was 6.6%)

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

6.3: Reduce the number of treatment programs with repeat deficiencies identified through program review from 91 (2012) to 40 (2013) (5% of 1003 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.

7.1: Establish a revised, updated and tested Comprehensive Emergency Management Plan for the Addiction System applicable for all facilities and its network of non-profit providers. Key milestones include:

- New agreements with other state agencies.
- Development of protocols with local governmental units.
- Completion of the Standard in Emergency Management.
- Conduct statewide local tests.

8.1: Increase the use of the medication inventory audit as demonstrated by the following:

- Increase the percentage of local government units from 18% to 25% that meet the 80% standard.
- Increase compliance rating for treatment programs reviewed in the following program areas: Opioid Treatment Programs from (65% to 85% of 58 reviewed).

8.2: Increase the number of OASAS staff providing Substance Abuse Counselors by increasing the number of CASACs from 1,483 (2012 baseline) to 1,560 (2013). (Baseline 74%, Target 75%)

8.3: Increase the number of CASACs as follows:

- Alcoholism and Substance Abuse Counselors (CASACs) as follows:

  - 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.

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

9.1: Increase the number of staff who attain the Integrated Mental Health and Addiction Treatment Certification (consisting of completion of 31 modules) from 100 to 200 with an 85% pass rate of a total of 2,233 eligible staff.

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 585) 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:

- Increase the percentage of individuals who are Credentialed Alcoholism and Substance Abuse Counselors by increasing the number of CASACs from 1,483 (2012 baseline) to 1,560 (2013). (Baseline 74%, Target 75%)

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-66%).

11.2: Managers and supervisors will ensure 100% (2011 baseline 73%) of performance programs for OASAS supervisor staff as applicable include a standard that rates quality assessments and timeliness 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-49%) and an average participant usefulness rating of 72% (2010 baseline 70%) as measured by surveys surveying participating.

11.4: At least 15% of OASAS staff will participate in cultural competency training and indicate their satisfaction at the 85% level as measured by a post-training evaluation.

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**Mission Outcomes**

**Provider Engagement**

**Leadership**

**Talent Management**

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**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 Radiation Violation rate for underdose 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 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.