

OASAS 2010 Outcome Dashboard Results Report

Mission Outcomes

Provider Engagement

Leadership

Talent Management

Financial Support

Results of Our Work

Addressing the prevention, treatment and recovery needs of the 2.5 million New Yorkers suffering from drug, alcohol or gambling addictions requires a clear roadmap to guide action and maintain mission focus. The ten metrics (and 51 sub-metrics) outlined on this dashboard describe OASAS priorities for 2010. The color-coded text indicate the level of achievement for each. For those in green (47%), the metric was either met or exceeded by the end of the year. Those noted in orange (39%) were partially accomplished

Metric 1: Prevention: Reduce levels of gambling and substance abuse risk factors and increase levels of protective factors in New York State communities.

1: Increase from 31 to 40 the number of counties with 25% or more Evidence-Based Program (EBP) activities.

2: The three new Regional Prevention Resource Centers (Mid Hudson, NYC and Finger Lakes) will meet initial start up targets by July 1, 2010, including all staff hired, programs underway and clear outcome targets established.

3: Implement approved recommendations and priorities of the OASAS Prevention Strategic Plan.

4: Complete the Strategic Prevention Framework State Incentive Grant (SPF SIG) targets to include the development and subsequent approval by CSAP of the SPF Strategic Plan.

5: Implement 10 sub-recipient grants for capacity building and implementation activities under the Strategic Prevention Framework State Incentive Grant (SPF SIG) grant through a competitive selection process in target communities.

Metric 2: Treatment: Increase the number of treatment programs comprehensively addressing patient needs, including the appropriate use of addiction medications and assistance in implementing individualized recovery goals.

1: Successfully pilot in three sites the use of medication-assisted treatment (MAT) alongside other treatment therapies.

2: Case management service contracts serving up to 1200 criminal justice diversion cases will be in place by June 2010.

3: Contracts for outpatient and assessment services for up to 1200 criminal justice diversion cases will be in place by June 2010.

4: OASAS and the Department of Corrections (DOCS) will jointly develop operating guidelines for all addiction service programs operated by DOCS.

5: 175 of OASAS criminal justice partners will be trained on evidence-based treatment for individuals with substance use disorders. A minimum satisfaction rate of 80% will be achieved.

6: The twelve OASAS-run Addiction Treatment Centers (ATCs) will increase patient perception of care at admission and intake by 5% above 2009 baselines.

7: The ATCs will increase one week retention rates by 5% and occupancy rates by 3% above 2009 baselines.

8: A minimum of three Transformation of Outpatient Services demonstration sites will be operational in NYS. These demonstrations will integrate medication-assisted treatment options, behavioral therapy approaches, and ambulatory detoxification services within a single clinical setting. The experience of these demonstrations will guide NYS' overall efforts in integrating all outpatient services under one regulatory and certification umbrella.

9: Identify service delivery needs/gaps and strategies to address those needs specific to adolescents in care (prevention, treatment, recovery) and launch at least one project to address a specific need within the adolescent population.

Metric 3: Recovery: Increase the number of persons successfully managing their addiction within a recovery-oriented system of care.

1: Three newly-funded Recovery Centers (Brooklyn, Rochester and Oneonta) will meet initial startup targets by 6/30/10, including all staff hired, all programs underway and clear outcome targets established.

2: Housing for OASAS clients will increase as follows: apartment units in the portfolio will increase by 10%, or 127 units, (from 1,269 to 1,396 units); and the number of communities with this housing available will increase from 21 to 24.

3: A multistate research project led by the Partnership for a Drug Free America and NYS OASAS, designed to better understand the paths to recovery, will be underway with an estimated 37 states participating.

Metric 4: Increase the number of persons served who improve their health including engaging in healthy lifestyles.

1: OASAS' landmark 2008 regulation transforming all prevention, treatment and recovery programs to be tobacco-free will continue to be successfully implemented with 90% of the 800 programs annually reviewed meeting compliance standards (up from 80% in 2009) and with at least 185 programs showing positive client health effects as measured by the number of people who smoke at admission and stop or reduce their smoking at discharge.

2: Increase the number of participants attending Gold Standard Initiative Forums. (Baseline is 350.)

3: Increase the number of programs reporting implementation of at least one Gold Standard element. (Baseline is 35.)

4: Increase to 75% the number of Train the Trainer (TTT) participants who will deliver two or more trainings in their communities within one year of the training date. (Baseline is 61%.)

5: At least 10 counties will have an OASAS-approved Communities of Solution project underway.

Metric 5: Increase provider engagement in the Gold Standard Initiative.

1: Double the number of participants attending Gold Standard Initiative Forums. (Baseline is 350.)

2: Double the number of programs reporting implementation of at least one Gold Standard element. (Baseline is 35.)

3: Increase to 75% the number of Train the Trainer (TTT) participants who will deliver two or more trainings in their communities within one year of the training date. (Baseline is 61%.)

4: At least 10 counties will have an OASAS-approved Communities of Solution project underway.

5: Five additional Administrative Relief projects will be completed. (2008 baseline is 20.)

6: Increase providers' achievement of Gold Standard Initiative objectives.

1: Increase the total number of treatment programs implementing EBPs by 5% over 2009 results which follow:

- Screening for co-occurring disorders: 677 programs
- Motivational interviewing: 558 programs
- Cognitive behavioral therapy: 580 programs
- Contingency management: 246 programs
- Nicotine replacement therapies: 468 programs
- NIATx process improvement: 313 programs

2: Increase the number of Prevention programs that allocate at least 20% of resources to EBPs by 5% over 2009 results.

3: Achieve at least a 50% use rate and at least a 70% satisfaction rate based on survey responses from the 950 treatment programs that receive program scorecards.

4: Release a prototype prevention scorecard with support from the OM Advisory Committee.

5: Implement a new Integrated Quality System (IQS) which will encompass a more broad array of performance measurement for determining renewal certificate terms.

6: Provide focused regional Technical Assistance Workshops based on Quality Indicator analysis. Baseline to be determined by 3/31/10.

7: Maintain or reduce the number of programs that have initial or recurring Management Plans in annual program review. (2009 baseline is 74 repeat management plans and 131 first-time management plans.)

8: Maintain 100% compliance in implementing corrective action plans based on Quality Service Review (QSR) findings. (2009 baseline -12 QSRs)

9: Increase the number of providers in compliance with Part 815 Patient Rights requirements as evidenced by Program Review Unit findings up by 10% over 2009 baseline.

1: Strengthen OASAS' state influence by obtaining Governor's approval to proceed with 100% of OASAS' proposed legislative agenda for current year.

2: Have six of eight bills approved for submission to the Legislature and introduced in both the Senate and Assembly in 2010 (up from 5 bills in 2009).

3: Increase the number of substantive briefings provided for members of Congress, State Legislators, Constituent Groups, and other staff to 50 (up from 34 in 2009).

4: Strengthen OASAS' federal influence by increasing the number of federal Technical Assistance grants received by OASAS from 3 in 2009 to 5.

5: Secure support of 5 national organizations and federal officials for NYS positions on federal law, regulation and policy agenda items.

6: Positively influence up to 10 federal or state laws, regulations or policy initiatives to support OASAS positions.

7: Increase OASAS' leadership positions in substance use disorder, problem gambling allied/affiliated organizations or groups in the areas of public health, public welfare, public education, and public safety from 6 in 2009 to 10 in 2010.

8: Organize the ACTION Interagency Council to formalize current working relationships with 20+ state agencies and implement at least two agenda items in each of the areas of public health, public welfare, public education, and public safety.

1: Track at least 150 positive media articles (print, broadcast and web) relating to agency initiatives (up from the 2009 baseline of 100).

2: Support a statewide consumer movement around Recovery by collecting at least 185 additional stories of recovery (up from a baseline of 180 stories in 2009) through the "Your Story Matters" campaign at www.iamrecovery.com; and increasing statewide consumer participation in Recovery Month 2010 events, including increasing recovery supporters in attendance at the 3rd Annual Recovery Rally from 10,000 participants in 2009 to 15,000 in 2010.

1: Strengthen OASAS' state influence by obtaining Governor's approval to proceed with 100% of OASAS' proposed legislative agenda for current year.

2: Have six of eight bills approved for submission to the Legislature and introduced in both the Senate and Assembly in 2010 (up from 5 bills in 2009).

Metric 7: Advance and support legislation, regulations and other initiatives that improve prevention, treatment and recovery services.

1: Strengthen OASAS' state influence by obtaining Governor's approval to proceed with 100% of OASAS' proposed legislative agenda for current year.

2: Have six of eight bills approved for submission to the Legislature and introduced in both the Senate and Assembly in 2010 (up from 5 bills in 2009).

3: Increase the number of substantive briefings provided for members of Congress, State Legislators, Constituent Groups, and other staff to 50 (up from 34 in 2009).

4: Strengthen OASAS' federal influence by increasing the number of federal Technical Assistance grants received by OASAS from 3 in 2009 to 5.

5: Secure support of 5 national organizations and federal officials for NYS positions on federal law, regulation and policy agenda items.

6: Positively influence up to 10 federal or state laws, regulations or policy initiatives to support OASAS positions.

7: Increase OASAS' leadership positions in substance use disorder, problem gambling allied/affiliated organizations or groups in the areas of public health, public welfare, public education, and public safety from 6 in 2009 to 10 in 2010.

8: Organize the ACTION Interagency Council to formalize current working relationships with 20+ state agencies and implement at least two agenda items in each of the areas of public health, public welfare, public education, and public safety.

1: Track at least 150 positive media articles (print, broadcast and web) relating to agency initiatives (up from the 2009 baseline of 100).

2: Support a statewide consumer movement around Recovery by collecting at least 185 additional stories of recovery (up from a baseline of 180 stories in 2009) through the "Your Story Matters" campaign at www.iamrecovery.com; and increasing statewide consumer participation in Recovery Month 2010 events, including increasing recovery supporters in attendance at the 3rd Annual Recovery Rally from 10,000 participants in 2009 to 15,000 in 2010.

1: The Addictions Career Resource Center (ACRC) will be fully operational by July 2010 with a web portal to be used for recruitment and marketing, as well as serve as a repository for all talent management initiatives.

2: Increase the pass rate to 55% for the CASAC credentialing exam; and 85% for the prevention credentialing exam.

3: Improve leadership competencies in these priority areas:

- Increase from 77% to 85% provider managers who use outcome data to improve performance at least quarterly; and increase from 38% to 50% OASAS managers who regularly discuss metric performance in staff meetings.

- Provide customized supervisory learning sessions, including one session on succession planning and the development of future leaders, to OASAS leaders with a 90% participation rate and 80% satisfaction rate.

- Increase one-on-one monthly interactions and performance development communications between supervisors and direct reports resulting in improved staff-supervisor relationships.

- Establish a tracking mechanism to measure formal supervision, which will inform a standard supervision performance measure on all supervisor Annual Performance Evaluations.

- Deliver cultural competency instruction for all leaders by the end of 2010 with a 90% participation rate and an 80% satisfaction rate.

4: Establish through NYS legislation loan forgiveness authority for Qualified Health Professions and CASAC courses, and establish other financial incentives.

5: Increase the supply of addiction professionals within the OASAS system as follows:

- Credentialed Professionals, 5% (7310 to 7676)

- CASAC Trainees, 10% (4266 to 4693)

- CARN Certified Nurses, 5% (83 to 87)

6: Increase the number of credentialed addiction professionals within the DOCS system by 5% from 184 to 193.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

Metric 9: Increase full knowledge, expertise and retention of a high-performing diverse staff throughout the field.

1: The Addictions Career Resource Center (ACRC) will be fully operational by July 2010 with a web portal to be used for recruitment and marketing, as well as serve as a repository for all talent management initiatives.

2: Increase the pass rate to 55% for the CASAC credentialing exam; and 85% for the prevention credentialing exam.

3: Improve leadership competencies in these priority areas:

- Increase from 77% to 85% provider managers who use outcome data to improve performance at least quarterly; and increase from 38% to 50% OASAS managers who regularly discuss metric performance in staff meetings.

- Provide customized supervisory learning sessions, including one session on succession planning and the development of future leaders, to OASAS leaders with a 90% participation rate and 80% satisfaction rate.

- Increase one-on-one monthly interactions and performance development communications between supervisors and direct reports resulting in improved staff-supervisor relationships.

- Establish a tracking mechanism to measure formal supervision, which will inform a standard supervision performance measure on all supervisor Annual Performance Evaluations.

- Deliver cultural competency instruction for all leaders by the end of 2010 with a 90% participation rate and an 80% satisfaction rate.

4: Establish through NYS legislation loan forgiveness authority for Qualified Health Professions and CASAC courses, and establish other financial incentives.

5: Increase the supply of addiction professionals within the OASAS system as follows:

- Credentialed Professionals, 5% (7310 to 7676)

- CASAC Trainees, 10% (4266 to 4693)

- CARN Certified Nurses, 5% (83 to 87)

6: Increase the number of credentialed addiction professionals within the DOCS system by 5% from 184 to 193.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

Metric 10: Increase or stabilize funding resources while ensuring a strong return on taxpayer investment.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.

1: Secure federal resources and American Reinvestment and Recovery Act of 2009 (ARRA) funding for OASAS and the field.

2: Secure adequate funding to support treatment for individuals diverted under the 2009 Drug Law Reform (\$33.9 million in SFY 2010-2011).

3: Submit timely quarterly reports on all financial and performance indicators required to receive Federal Byrne funds.

4: Develop and implement a new outpatient reimbursement methodology, Ambulatory Patient Groups (APGs), which will support the delivery of individualized, patient-centered care; anticipated start date, Fall 2010.