



NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS 2005 Planning Supplement I

Compulsive Gambling Prevention and Treatment Initiative

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Governor

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I. Introduction

Gambling, whether it is bingo, OTB, casinos, racinos, lotteries, or sports betting, is a common activity in our society. Surveys have shown that the majority of adults who gamble do so for social and recreational reasons without developing compulsive and/or social or financially destructive patterns. Statistics indicate that at least half the population gambles for money at least once a year. However, these studies also report that three percent of American adults who gamble can be classified as compulsive gamblers in need of intervention and treatment. A 1996 study showed that 87 percent of students had gambled for money at least once in their life. In addition, the literature consistently reports that 30 percent of people receiving treatment for chemical dependence have a co-occurring diagnosis of compulsive gambling. Gambling, like the consumption of alcohol, can be a problem for many and each of these behaviors is discouraged, and in many instances, illegal for persons under a certain age (21 for alcohol and 18 for legal gambling).

The State Budget for FY 2004-2005 transferred administration of New York State's Compulsive Gambling Prevention and Treatment Initiative from the Office of Mental Health (OMH) to the Office of Alcoholism and Substance Abuse Services (OASAS). OASAS also received additional money to expand this program in the FY 2004-2005 Budget. As part of the comprehensive local services planning process, OASAS is soliciting proposals for programs for the prevention and treatment of compulsive gambling. OASAS will rank the proposals received through this Planning Supplement and consider them for funding from the 2004-2005 appropriation and, if additional funding is provided, in the 2005-2006 budget year.

Compulsive gambling encompasses all gambling behavior patterns that compromise, disrupt, or damage personal, family, or vocational pursuits. The essential features are increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuing gambling behavior in spite of mounting, serious, negative consequences. In extreme cases, compulsive gambling can result in financial ruin, legal problems, loss of career, and suicide.

Eligible Applicants

The OASAS *2005 Planning Supplement on Gambling* is being distributed to Local Government Units (LGUs) and OASAS certified and/or funded not-for-profit prevention and outpatient treatment providers. OASAS is also distributing copies of the Planning Supplement to existing compulsive gambling prevention and treatment programs. Proposals will also be considered from not-for-profit prevention programs that are not currently funded by OASAS.

II. Gambling Prevention Initiative

OASAS is seeking to expand its ongoing efforts, focused on alcohol and substance abuse prevention, to include prevention services related to the potential risks associated with gambling. OASAS is seeking proposals that will pilot an approach that takes the NYS Prevention Framework, including both intervention and environmental approaches (available at www.oasas.state.ny.us/prevention/rp-menu.htm) and proposes a prevention work plan that structures prevention activities and services targeted at reducing individual, family, community, and environmental risk factors that are theoretically associated with gambling activities.

Proposals submitted to operate a gambling prevention program can request a maximum of \$80,000 in OASAS funding. The program's budget can be supplemented by other sources of funding. As a result of this Planning Supplement, OASAS expects to fund five to eight new gambling prevention programs during each fiscal year (2004-2005 and 2005-2006), depending upon availability of funds.

Many years of scientific research has demonstrated that the prevention and/or delayed onset of alcohol and other drug use by minors results in decreased problems associated with their use during adulthood. Prevention science has identified specific behaviors, conditions, beliefs and attitudes that, when present, contribute to illegal substance use, and program developers have been successful at identifying specific prevention program models which have been shown to successfully reduce these "risk factors", thus reducing the occurrence of problems associated with the use of substances. Researchers and prevention professionals in the state of Oregon* have done some preliminary work on the relationship between the "risk-factors" established for substance use, delinquency, teen pregnancy, school dropout and violence, and gambling behaviors. For more information, please see Oregon Department of Human Services "Problem Gambling Prevention Resource Guide for Prevention Professionals" (August 2003) available at www.gamblingaddiction.org/Prevent/PreventGuide.pdf.

The work done in Oregon holds much promise for the application of prevention services targeted to prevent and/or reduce the occurrence of gambling behaviors among persons under the legal age. While actual scientific evaluation of this relationship is in its infancy, both logic and theory suggest that many of these proven substance use prevention approaches will result in success when applied to the prevention of gambling behaviors of youth. Additionally, these strategies may also prove to be successful in reducing the likelihood of compulsive gambling behaviors during adulthood.

The strategies essential to the provision of comprehensive gambling prevention services need to be multi-dimensional and mutually supportive and take into account:

1. Gambling risk factors as detailed by Marotta & Hynes (See Appendix A). The Marotta & Hynes Oregon Report of Risk Factors appears to show a clear relationship to gambling behaviors supported by the research literature. It is

highly recommended that interested applicants review this report in detail prior to submitting an application.

2. Institute of Medicine (IOM) categories of prevention.
3. OASAS change model sequence which implies that building awareness and providing information would be starting points (although a detailed needs assessment may indicate that some strategies might be focused on later stages in the sequence).

As a result, it is expected that, at a minimum, the selected prevention strategies will be focused on ensuring the:

- Provision of accurate, current, culturally, and age-appropriate information by credible sources;
- Education of those in positions of authority and influence (e.g., parents, teachers, employers, health care professionals, peers, public policy makers and religious leaders) regarding their role and impact on individuals and systems in the area of underage gambling and the risk and protective factors related to compulsive gambling
- Promotion of positive alternatives to gambling that are linked to non-use messages and are carefully targeted;
- Attempt to exert influence upon the social policies and norms regarding underage gambling and those individuals whose risk and protective factors put them at risk of becoming compulsive gamblers.

It may be helpful to think about the following issues as you shape your proposal:

- **Norms:** What is the prevalence of gambling within the population? What are community attitudes toward gambling? What are parental attitudes and expectations with regard to gambling? What are the attitudes of other influential people and of various institutions?
- **Regulations:** Is there enforcement of laws governing gambling? Are there compliance checks for the sale of lottery tickets to minors?
- **Availability:** How is gambling advertised in the community? What are the direct and implied messages given to youth? How close to schools are gambling signs and points of sale?

Goals and Objectives

The goal of this initiative is to select and fund proposals which will result in the implementation of gambling prevention services at the local and/or regional levels.

The primary objectives of awardees should be to:

1. Establish the staffing capacity in a local community-based agency to design and deliver gambling prevention services that are integrated into existing or proposed science-based model prevention services.

2. Increase awareness at the individual, school, family, and community level on the problems of gambling behavior, and work with community partners to evaluate and change norms around gambling behavior.
3. Engage local decision makers and influence leaders in education and awareness campaigns on the issue of underage gambling.
4. Establish and/or enhance collaborative relationships between prevention providers and persons offering treatment for compulsive gambling. Increase awareness and knowledge in the area of compulsive gambling.
5. Work collaboratively on system-wide efforts to increase referral and engagement into treatment for compulsive gambling, where needed.
6. Implement a series of activities directed toward changing individual and community norms, attitudes, and gambling behaviors.

Prevention Initiative Application Process

Interested applicants should submit **THREE COPIES** of an **OASAS Prevention Risk and Protective Factor Focused Work Plan** to the following address. All applications must be received by **April 4, 2005**.

Mr. William Barnette, Director
Special Populations and Other Addictions
OASAS Division of Prevention Services
1450 Western Avenue
Albany, NY 12203-3526

See Appendix B for an outline of the Work Plan. Additional information may be downloaded from the OASAS web site at: www.oasas.state.ny.us/prevention/rp-menu.htm. The Work Plan **MUST**:

1. Describe the proposed target population, including their characteristics and the projected number of persons to be served. This section should include any available survey, archival or other data that provides information on the prevalence of gambling behavior among the target population and/or existing attitudes of youth and adults toward underage gambling. Information on the availability of legal gambling sites (Lottery Ticket outlets, OTB sites, Charitable Gaming locations, Casino, Racino, Harness & Thoroughbred Race Tracks) in the geographic area to be served should be included.
2. Identify the specific Performance Targets to be accomplished relative to gambling behavior, including changes in knowledge, attitudes and behavior, as well as the proposed format for measuring the outcomes of each effort. Performance targets need not be limited to changes at the individual level, but can also include changes in parental and community attitudes and norms, increased law enforcement such as compliance activities and sales restrictions; and approaches to revisions of local rules, ordinances or laws governing gambling behavior.

3. Describe the specific Service approach to be taken for each performance target, including identification of the risk factors to be addressed, and their association with gambling behavior. Applicants proposing to make changes to content in an existing model prevention program should explain how program model fidelity will be maintained. Applicants proposing the use of Environmental strategies should explain the expected relationship between the approach and desired outcome, and include any information available on the use of the proposed approach in addressing preventing gambling behavior.
4. Identify the methods proposed to verify if each of the intended results (performance targets) are achieved. Applicants are required to identify their planned methods of verification as well as how they plan to use this information to implement mid-course correction of the strategies being used, when indicated by the verification data. Emphasis in this section is not on the scientific rigor of the verification, but rather on its ability to provide data that indicate success or failure to achieve the stated outcome (performance target(s)).

Application Guidelines

ALL RELEVANT INFORMATION SHOULD BE PRESENTED IN THE WORK PLAN FORMAT. ADDITIONAL MATERIALS, SUPPLEMENTAL INFORMATION, AND ATTACHEMENTS WILL NOT BE REVIEWED.

APPLICATION PROPOSALS WHICH DO NOT FOLLOW THE NYS PREVENTION FRAMEWORK WORK PLAN FORMAT WILL NOT BE REVIEWED.

Budget and Budget Narrative:

Applicants must submit a proposed budget on the attached **Initiative Funding Request Form (IFR05), Part II, Operational Funding Request, Page 3**. The funding request must not exceed \$80,000 annually. A separate budget narrative that describes the itemized personal and non-personal costs of the project must be attached. Please include all staffing costs, including job descriptions and qualifications. For non-personal services, please describe items such as supplies (including any public education materials to be developed and/or purchased); equipment (including office equipment and supplies); telephone; travel (including staff training); postage; etc.

Instructions for Completing Operational Funding Request

1. **Provider Name** – Enter the incorporated or legal name of the agency. The common name or acronym may be placed in parentheses.
2. **Program County** – Enter the name of the county in which the proposed program will be located.
3. **Date Prepared** – Enter the date the Operational Funding Request (IFR05, Page 3) was prepared or last updated.

Part II – Operational Funding Request

1. **Proposed Start Date** – Indicate the month and year that the proposed services would start if approved by OASAS. **In no event should this be prior to April 1, 2005.** Your OASAS Field Office should be contacted for further information concerning this process.
2. **Projected Date of Full Operation** – Indicate the month and year that the services are projected to be fully operational.

Proposed Operating Budget – Use Column A to display a fully annualized 12-month gross operating budget. This budget should reflect the anticipated cost of operating the proposed program exclusive of start-up costs and assumes the program is fully operational with all staff on board, etc. Use Column B to reflect the budgetary needs of the new program during the initial start-up period reflected in the proposed start-up date indicated in Item #1 above through the end of the fiscal year. In no event should amounts entered in Column B be for more than six months of funding.

3. **Expenses (Gross)** – Providers should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed description of each expense category and the methodologies for the distribution of projected costs between disabilities and among programs.

Agency administration costs (as defined in the CFR Manual) directly resulting from this proposal must be included in both Column A and Column B of the Operational Funding Request. For providers already receiving OASAS State Aid funding support for other services, distribution of existing agency administration must not be calculated against this proposal. Should this proposal be subsequently approved for funding by OASAS, an appropriate distribution of existing administration will be made to the program(s) on the final CFR at that time, consistent with the CFR methodologies and/or costing principles.

4. **Revenue** – Providers should refer to the Consolidated Fiscal Reporting Manual for an explanation of each revenue category and the methodologies for the distribution of projected costs between disabilities and among programs. For entries made under Non-OASAS Federal Grants and Non-OASAS State Grants use the following list of funding sources and enter appropriate acronym(s) and amount(s).

Non-OASAS Federal Grants

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
National Institute on Drug Abuse (NIDA)
National Highway Traffic Safety Administration (NHTSA)
Department of Education (DOE)
Veterans Administration (VA)

Office of Vocational Rehabilitation (OVR)
Department of Health and Human Services (DHHS)
Center for Substance Abuse Prevention (CSAP)
Center for Substance Abuse Treatment (CSAT)
Social Security Administration (SSA)
Department of Justice (DOJ)
ACTION
Department of Housing and Urban Development (HUD)
Other: (Provide name of funding source)

Non-OASAS State Grants

NYS Education Department (SED)
Office of Temporary and Disability Assistance (Not Home Relief/Public Assistance) (OTDA)
Division of Parole (DOP)
Office of Children and Family Services (OCFS)
Division of Probation and Correctional Alternatives (DPCA)
Other: (Provide name of funding source)

5. **Net Deficit (Profit)** – Enter the deficit (surplus) representing total expenses less total revenues in Columns A and B. They represent the deficit/(profit) incurred by the agency before state, local government, and voluntary contributions are applied.
6. **Deficit Financing** – Enter amounts representing the distribution of deficit funding, if appropriate, among OASAS State Aid, local government sources and voluntary contributions. When added together, the amounts entered in this section **must equal** the amounts entered in Section 5 above – **Net Deficit (Profit)**.
 - **State Aid** – Enter the annual (Column A) and start-up (Column B) amounts of OASAS State Aid funding being requested under this proposal.
 - **Local Government** – Enter the annual (Column A) and start-up (Column B) amounts, as appropriate, of local government tax levy funds that are being committed to partially fund this proposal. If no funds are being committed, enter zero in both Column A and Column B.
 - **Voluntary Contributions** - Enter the annual (Column A) and start-up (Column B) amounts of Voluntary Contributions, as appropriate, projected to be made available to the program to partially fund this proposal. If no funding is anticipated to be made available, enter zero in both Column A and Column B.

7. **FTE's (Full-Time Equivalent)** – Enter the number of full-time equivalent staff requested.

Agency Official – This form should be signed and dated by the agency representative who completed it.

LGU/LDA Signature – This form should be signed and dated by the community services official indicating LGU/LDA approval and support for the project. If the proposal is for a direct contract with OASAS, leave this blank.

Appendix A Gambling Risk Factors

Preliminary research documented in the Marotta & Hynes Oregon Report of Risk Factors shows a relationship between the risk factors for substance use, delinquency, teen pregnancy, school dropout and violence, and gambling behaviors. The following gambling risk factors, detailed by Marotta & Hynes, are shown in the following tables along with the related alcohol and drug risk factors and associated behaviors.

Part 1 - Community

Availability: The more available drugs and alcohol are in a community, the higher the risk that drug abuse will occur in that community. Perceived availability of drugs is also associated with increased risk. In schools where children just **perceive** that drugs are more available, a higher rate of drug use occurs.

Problem Behavior/Risk	Research	Findings
Gambling: Accessibility	Jacques et. Al., 2000; Griffiths, 1995	Greater accessibility found to be related to increased money spent on gambling, increased numbers of problem gamblers (Dickson et. al., 2002)
Alcohol/Drugs: Access to and availability of substances	Brook et. Al., 1992	The more available substances are, the higher the risk that young people will abuse them. Intervention in later research showed that higher alcohol taxes were found to be related to decreases in consumption and problem drinking consequences (Coate & Grossman, 1988 as cited in Dickson et al., 2002).

Community laws and norms favorable toward drug use: Community norms (attitudes and policies a community holds in relation to drug use, violence and crime) are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other community members have of young people. When laws, tax rates, and community standards are favorable (or even just unclear) toward substance abuse, violence or crime, young people are at higher risk.

Problem Behavior/Risk	Research	Findings
Gambling: Lack of community awareness	Gupta & Derevensky, 1996; Woods & Griffiths, 1998, 2000	Parents and family members are not aware of the dangers inherent in children regularly engaging in gambling activities; educators are not aware of the prevalence of children gambling on a regular basis (Dickson et al., 2002).
Gambling: Social acceptance	Stinchfield & Winters, 1998	Gambling is heavily advertised and readily available to youth.
Gambling: Media; television lottery ads	Carlson & Moore, 1998	Youth who are more aware of lottery advertising are more likely to play the lottery.
Alcohol: Absence of legal enforcement of underage drinking	Maddahian et al., 1988; Gottfredson, 1988; Laughery et. Al., 1993	Availability of affected use of alcohol and illegal drugs. Later research showed that, by increasing the price of beer, frequent youth drinking was reduced (Coate & Grossman, 1988, as cited in Dickson et al., 2002).
Alcohol: Media; drinking an acceptable social behavior	Coler & Chassin, 1999; Johnston et. Al., 1991; Atkin et al., 1984	Socialization related to moderate alcohol use; more exposure to media campaigns that promote alcohol among teens reporting higher drinking levels. Later research of sensation-targeted public ads warning of dangers of drug use and other drinking behaviors reduced participation in high-risk behaviors (Palmgreen et. al., 1995, as cited in Dickson et. al., 2002).

Appendix A
Gambling Risk Factors
Part 1 – Community (continued)

Family Management Problems: Poor family management practices are defined as having a lack of clear expectations for behavior, failure of parents to supervise and monitor their children (knowing where they are and with whom), and excessively severe, harsh or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing health and behavior problems.

Problem Behavior/Risk	Research	Findings
Gambling: Lack of parental knowledge	Ladouceur et al., 1998 (as cited in Dickson et al., 2002)	Lack of parental knowledge about adolescent problem gambling. Researchers recommended that youth problem gambling prevention programs should include information for parents.
Alcohol/Drugs: Poor family management practices	Baumrind, 1983; Chassin et al., 1996 (as cited in Dickson et al., 2002)	Impact of parental alcoholism mediated by parent's stress and monitoring of child; permissiveness related to children's drug use. Researchers recommended facilitating social support by providing family support groups; teaching family management skills to parents.
Alcohol/Drugs: Poor family management practices	Peterson et al., 1994; Windle et al., 1996 (as cited in Dickson et al., 2002)	Failure to monitor children; inconsistent parenting practices and/or harsh discipline. Researchers recommended school-based prevention program incorporating home activities.
Alcohol/Drugs: Poor family management practices	Reilly, 1979 (as cited in Dickson et al., 2002)	Negative communication patterns, unrealistic expectations, unclear and inconsistent behavior limits. Later research of targeting high-risk homes with education and support activities showed prosocial changes in attitudes and perceived refusal skills in youth (St. Pierre et al., 1997; St. Pierre & Kaltreider, 1997, as cited in Dickson et al., 2002).

Parental Attitudes and Involvement in Problem Behavior: Parental attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Children of parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior.

Problem Behavior/Risk	Research	Findings
Gambling: Family attitudes and involvement	Gupta & Derevensky, 1997; Carlson & Moore, 1998	Pathological gamblers and youth in general report early gambling in the home and with family members; siblings appear to be the predominant influence. Youth are significantly more likely to gamble, and gamble more often, if one or both of their parents gamble. Researchers recommended the development of prevention programs targeting elementary and middle school youth.
Gambling: Lack of parental objection to youth gambling	Ladouceur & Mireault, 1988	Most parents acknowledge their youth gamble and do not object.
Drugs: Number of members abusing substances in Household	Ahmend et al., 1984 (as cited in Dickson et al., 2002)	Increases children's use and intentions to use substances.

Appendix A
Gambling Risk Factors
Part 2 - Individual/Peer

Alienation/Rebelliousness: Young people, who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of drug abuse, delinquency, and school drop-out.

Problem Behavior/Risk	Research	Findings
Gambling/ATOD: Delinquency and persistent problem behaviors	Ladouceur et al., 1994; Maden et al., 1992; Omnifacts, 1993; Stinchfield, 2000; (as cited in Dickson et al., 2002); Winters, Stinchfield, & Fulkerson, 1993	Adolescent problem gamblers engage in other addictive behaviors (ATOD), and often have a history of delinquency.
Drugs: Persistent delinquency	Loeber et al., 1999(as cited in Dickson et al., 2002)	Associated with persistent juvenile substance use between 7-18 years.

Friends Involved in the Problem Behavior: Young people who associate with peers who engage in a problem behavior--delinquency, substance abuse, violent activity, sexual activity or dropping out of school--are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just spending time with friends who engage in problem behaviors greatly increases the risk of that problem developing.

Problem Behavior/Risk	Research	Findings
Gambling: Peer influence gambling behaviors	Browne & Brown, 1994; Fisher, 1995; Griffiths, 1990; Powell, 2003	Youth imitate peers' gambling behaviors; 44% of adolescents reported initiating gambling behavior because their friends were involved (Griffiths, 1990). Gambling considered a 'rite of passage' into adulthood.
Drugs: Reinforcement by drug-abusing peers	Dishon, Capaldi, Spracklen & Li, 1995; Kandel, 1986	Increased risk for ATOD use. Researchers recommended teaching social pressures resistance skills.

Appendix A
Gambling Risk Factors
Part 2 - Individual/Peer (Continued)

Early initiation of the problem behavior: This is an issue that has been raised in many prevention arenas involving youth. The strength of the appropriate use model is that it is a risk reduction strategy based in the reality that a majority of high school students are already involved in some gambling activity. The strength of the zero tolerance or abstinence model is that other prevention efforts, most notably nicotine use prevention, have found that postponing age of onset of an addictive or otherwise harmful behavior is indeed preventative in that it lowers risk of unhealthy involvement in the activity. Although the authors do not know if this has been studied for gambling, it is assumed that raising the age of onset for teen gambling, like with alcohol or sexual activity, will indeed lower the risk of harmful involvement in gambling.

Problem Behavior/Risk	Research	Findings
Gambling: Early win; early onset of gambling experiences	Griffiths, 1995; Winters et al., 1993; Gupta & Derevensky, 1997, 1998; Wallisch, 1995	Early onset predicts higher risk for problem gambling behavior; early win predicts later problem gambling behavior.
Drugs: Early and persistent problem behaviors in multiple settings	Younoszai et al., 1999 (as cited in Dickson et al., 2002)	Increases likelihood for later substance abuse.
Drugs: Prior drug use	Sullivan & Farrell, 1999 (as cited in Dickson et al., 2002)	Predicts substance use.
Alcohol: Early initiation of alcohol use (ages 10-11, 11-12)	Hawkins et al., 1997 (as cited in Dickson et al., 2002)	Younger age of alcohol initiation strongly related to higher levels of alcohol misuse at age 17-18.
ATOD: Early initiation (prior to 15-16 years)	Dishion et al., 1999; Fleming et al., 1982	The earlier the initiation, the greater the frequency of usage affects found for ATOD.

Appendix B
NYS Office of Alcoholism and Substance Abuse Services
Annual Prevention Program Progress Report and Workplan

Provider Name: _____

Period Covering: _____ **Date Completed:** _____

The attached pages will allow you to report on the progress made in your last contract period toward achieving performance targets developed to meet the needs of your target population(s) and to present a Workplan for the upcoming contract period.

The Progress Report should be completed for each performance target developed for your last Workplan. Please copy as many sheets as are needed to report on these targets.

The Prevention Program Workplan should be completed for your next contract period. Copy pages as necessary to report on all required items.

Submission Guidelines:

Programs under contract with the Local Governmental Unit (LGU) should submit the completed document to the LGU for review and approval according to the due date established by the LGU. The LGU should submit the approved document to the appropriate OASAS Field Office for final review and approval **by October 15th** for programs on the January - December cycle, or by **May 1st** for programs on the July - June cycle.

Programs under direct contract with OASAS should submit the completed document for review and approval directly to the appropriate OASAS Field Office by **October 15th** for programs on the January - December cycle, or by **May 1st** for programs on the July - June cycle.

County:

Provider Name:

Address:

Phone Number:

(List additional sites as appropriate; include addresses & contact persons) (Use additional sheets as needed)

Person Who Prepared This Workplan (Name and Title):

PLEASE NOTE:

Certain prevention activities are eligible to be funded under the Federal Safe and Drug Free Schools and Communities Act Governor's Program, which supports certain **before- and after school** prevention programs and programs targeting specific target population groups. To assist in determining if your proposed program, in full or in part is eligible under this funding stream, please complete the following information:

Are you proposing to provide Prevention services to youth that will be provided Before or After regular school hours (or) in a non-school setting, during regular school hours?

Yes No

If yes, you must complete a SEPARATE WORK PLAN for each prevention service and clearly mark it BEFORE AND/OR AFTER SCHOOL or Non School Setting.

Appendix B
NYS Office of Alcoholism and Substance Abuse Services
Annual Prevention Program Progress Report and Workplan

Provider Name: _____

Period Covering: _____ **Date Completed:** _____

Provide the following information for your OASAS prevention program. Providers with multiple sites should submit one integrated Workplan. Be as specific as possible in each of the following categories:

I. Guidance For Conducting Needs Assessments: Providers shall base the program on a thorough assessment of objective data about the risk and protective factors associated with alcohol and substance abuse and related problems in the schools and communities served.

A. **Target Population** (These are the individuals to be served by your program. Think of them as customers, the primary beneficiaries of your services. Clarity, focus, and specificity in terms of number and type of participants are necessary). Please include the data collection methods used to assess the needs of the target population.

1. **Number of Persons** (Note the number of individuals you expect to serve at all program sites, regardless of duration. If you run a multi-step program, note separately those to be served by different program components [such as: general information, counseling, peer leadership, mentoring, parent counseling, etc.]).

2. **Characteristics** Please list specific risk and protective factors to be addressed for each target population identified above.

Appendix B
NYS Office of Alcoholism and Substance Abuse Services
Annual Prevention Program Progress Report and Workplan

Provider Name: _____

Period Covering: _____ **Date Completed:** _____

II. Guidance For Defining Results To Be Achieved: Providers must focus on specific results that will occur as a result of their program interventions.

A. Performance Targets

The selection of Performance Targets is one of the most important aspects of this document. **There should be at least one Performance Target for each separate Target Population.** These are the changes in participant behavior or condition on which your program focuses. They must have a direct or known relationship to the specific risk and protective factors identified in your assessment of the target population. For each Performance Target, identify the related risk and/or protective factor. Please note that Performance Targets are not inputs (e.g., staff time, number of hours or service units).

Appendix B
NYS Office of Alcoholism and Substance Abuse Services
Annual Prevention Program Progress Report and Workplan

Provider Name: _____

Period Covering: _____ Date Completed: _____

III. Guidance For Effective Research-Based Programs: Providers shall design and implement strategies and activities based on research or evaluation that demonstrates they are effective in reducing risk factors and increasing protective factors.

A. The Service Approach

Describe the service approach you will employ to achieve the Performance Targets. OASAS funded prevention providers **must utilize specific interventions (universal, selective, indicated) that have been identified to be effective research-based approaches.** Please identify the setting, level of intensity, and duration for each service.

Appendix B
NYS Office of Alcoholism and Substance Abuse Services
Annual Prevention Program Progress Report and Workplan

Provider Name: _____

Period Covering: _____ **Date Completed:** _____

- IV. Guidance For Verification of Performance Targets: Verification of the Performance Targets involves the use of measurement tools to determine if a specific objective has been achieved.**

A. Verifying Performance Target Achievements

Describe the measurement tools and techniques you will use to assess progress toward accomplishment of the Performance Targets. *How will you use the verification findings to refine, improve and strengthen the program and to refine the Performance Targets as appropriate?*

III. Gambling Treatment Initiative

OASAS is seeking applicants to operate new outpatient compulsive gambling treatment programs. Applicants must be entities that are already operating a compulsive gambling treatment program or are certified to operate an outpatient chemical dependence treatment program. The proposed outpatient gambling treatment program must provide an appropriate level of clinical supervision, counseling and support services. Preference will be given to applications for programs to be established within 50 miles of a casino and/or racino and where the need for gambling treatment services can be demonstrated.

The program director of any proposed program must be a certified gambling counselor or have its equivalence in training and experience. Counseling staff must be certified gambling counselors or have their equivalence in training and experience or be close to obtaining such certification. Demonstrated agency experience in providing treatment for compulsive gambling is a plus. Programs must be capable of providing financial counseling (either directly to clients or through formal referrals to financial counseling services) and must be appropriately trained to address client suicidal ideation, verbalizations, gestures and attempts. Programs must be skilled in the provision of family counseling. Programs applying for this project must submit a plan that identifies and addresses the needs of target populations.

Programs applying to operate an outpatient gambling treatment program must agree to adhere to the following *Outpatient Gambling Treatment Program Guidelines*. Proposals submitted to operate an outpatient gambling treatment program can request a maximum of \$150,000 of OASAS funding. The program's budget can be supplemented by other sources of funding. As a result of this Planning Supplement, OASAS expects to fund up to three new compulsive gambling outpatient treatment programs for each fiscal year (2004-2005 and 2005-2006), depending upon availability of funds.

OASAS does not currently have programmatic, staffing, and clinical standards for the operation of outpatient compulsive gambling treatment programs. Until these are established, OASAS will use requirements that are based upon established addiction treatment regulations and research on "best practices" for addiction programming, and current operational practices of gambling treatment programs. OASAS-certified providers who apply must have at least partial compliance/two year recertification from OASAS recertification reviews.

Outpatient Gambling Treatment Program Guidelines

Programs applying to operate an outpatient gambling treatment program must agree to adhere to the following guidelines.

1. Programmatic Requirements:
 - AOD assessments should be conducted by highly experienced staff.

- Mental health assessments should be conducted by appropriately trained and experienced staff.
- Financial assessment must be conducted.
- The program's hours of operation must be designed to meet the needs of the treatment population being served.
- The program must adhere to confidentiality requirements parallel to that of 42CFR part 2.
- Clients should be assigned to primary counselors who are most likely to successfully address their needs (client-staff matching).
- Programs must take steps to rapidly engage clients into treatment.
- Staff must be appropriately trained to meet the needs of special populations.
- There must be appropriate and clear lines of authority for program directors.
- Program facilities must be clean and attractive.
- Reception staff must be friendly and helpful to all clients.
- The program should provide a competitive salary structure for clinical staff.
- The program must have a formal relationship (i.e., internal agency link, MOU) with a chemical dependence and mental health program.
- The program must create a client treatment plan within 30 days of admission.
- Progress notes must be written after each counseling session and should reference the appropriate treatment goal.
- The program must agree to adhere to all OASAS guidelines, regulations, etc. as they become applicable.
- The program must agree to report to OASAS any information requested on the client and program activities as part of a Gambling Treatment Program Client Data System.
- The program has a protocol to deal with client suicidal ideation, verbalizations, plans and attempts.

2. Staffing Requirements:

- The clinical director must be a credentialed gambling counselor or have its equivalence in training and experience and should be knowledgeable and respect his/her staff.
- All counseling staff should be certified gambling counselors or have their equivalence in training and experience or have documentation to indicate that they are pursuing such certification.
- Clinical staff should be experienced and knowledgeable.
- The client to primary counseling staff ratio can not exceed 25:1.
- The clinical director should regularly provide supervision of clinical staff, including appropriate direct observation of group counseling sessions.
- Counseling staff should be trained to deal with suicidal ideation, verbalizations, plans and attempts.
- Counselors need to be trained and skilled in dealing with families in crisis.
- Counselors need to be trained to address financial issues in a therapeutic manner.

3. Clinical Requirements:
 - The program should provide both regularly scheduled individual and group counseling.
 - The program should provide family or couples counseling whenever possible.
 - Groups should typically consist of 6-10 clients and never more than 12 clients.
 - A client's individual treatment goals should be addressed in group counseling sessions where appropriate.
 - The program should provide financial counseling either directly or by referral.
 - The program should provide chemical dependence counseling either directly or by referral where appropriate.
 - The program should provide mental health counseling either directly or by referral where appropriate.
 - The program should provide counseling services to families and significant others.
 - The treatment approach must be flexible adapting quickly to the changing needs of the clients.
 - The program must provide adequate continuing care planning as the client is discharged from treatment and begins to engage in recovery support services.
 - The program will refer the clients and their significant others to self-help groups where appropriate.

4. Optional:
 - On-site self-help or Gambling Anonymous (GA) groups.
 - Peer counselors

Treatment Application Review Criteria

1. **Need Justification** - The application will be evaluated based on how well the need for the proposed program is documented. The application must identify the geographic service area to be covered and any target populations to be served by the proposed program. In addition to describing the geographic service area to be covered by the proposed program, its proximity to a casino or racino should be identified. Research suggests that the need for treatment services is greater in areas located within an hour's drive of a casino. Therefore, preference will be given to applications for programs to be located within 50 miles of such sites.

2. **Organizational Capacity** – The application will be evaluated based on how well the agency can demonstrate the relevant experience and expertise necessary to deliver the proposed program services.

3. **Program Proposal** - The application will be evaluated based on how well the specific proposed services are described and how they will be delivered. The program description should also include the goals and objectives expected to be achieved. The specific services to be delivered, including the types and frequency of counseling sessions, must meet or exceed the requirements identified in the Outpatient Gambling Treatment Program Guidelines (see Attachment B). The

application should provide an acceptable description of how the proposed program will address the needs of individuals with a co-occurring chemical dependence and/or mental health problem, including a description of its relationship with chemical dependence and/or mental health programs. An acceptable approach for addressing suicidal ideation, verbalizations, plans and attempts should be described. An acceptable plan on how the program will reach out to target populations should be included.

- 4. Performance Measures** - The application will be evaluated based on the quality and relevance of the performance measures chosen to demonstrate successful client and program outcomes. In addition to adhering to the program guidelines included in Appendix B, the application must contain a statement of the agency's willingness to work with OASAS in developing broader potential program evaluation criteria. If the applicant is a certified chemical dependence treatment provider, a proposal will not be considered if any of its programs have been flagged on the same IPMES indices in 2003 and 2004 or has been flagged on IPMES in 2004 as a result of poor retention and treatment completion rates.
- 5. Staffing Plan** - The application will be evaluated based on the qualifications of staff relative to the specific program service to be provided. The staffing plan must include job titles, salaries, relevant experience, professional credentials and general responsibilities. If available, staff resumes should be attached. The total number of individuals and the full-time equivalency (FTE) for each position should be included. Staff should have appropriate gambling certifications, supervisory experience, gambling counseling experience, experience addressing financial, suicide, and family issues, and experience conducting chemical dependence and mental health screenings.
- 6. Budget Plan** - The application will be evaluated based on a complete, accurate and signed Operational Funding Request (Part II, Page 3 of the IFR05 Form). The budget narrative should adequately describe all expenses and revenue. The full annual operating funding request for the proposed program must not exceed \$150,000.

Treatment Initiative Application Process

Interested applicants should submit **THREE COPIES** of a completed **Initiative Funding Request Form (IFR05)** to the following address. All applications must be received by **April 4, 2005**.

Mr. Alan Kott, Director
Evaluation and Practice Improvement
OASAS Division of Treatment Services
1450 Western Avenue
Albany, NY 12203-3526

Instructions for Completing the Initiative Funding Request Form (IFR05)

PROVIDER/PROGRAM INFORMATION

1. **Provider Name** – Enter the incorporated or legal name of the agency at the top of all three pages of the form and on any additional pages attached. The common name or acronym may be placed in parentheses.
2. **Program County** – Enter the name of the county in which the proposed program will be located at the top of all three pages of the form.
3. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR05) was prepared or last updated.
- 4-5. **Provider Address** – Enter the mailing address, including zip code, where the administrative office of the agency is located.
- 6-8. **Contact Person** – Enter the name, title and telephone number of the individual who can answer questions concerning the information provided on this form.
- 9-10. **Program Address** – Enter the street address, including zip code, where the proposed program will be located.

PART I – PROGRAM PROPOSAL (Pages 1&2)

1. **Need Justification (Treatment Only)** – In this section, you must briefly describe the nature of the problem, the geographic service area, and the target population this proposal is intended to address. Information on the availability of legal gambling sites (Lottery ticket outlets; OTB sites; charitable gaming locations; casinos; racinos; harness & thoroughbred race tracks) in the geographic area to be served must be included. An additional page may be added, if necessary.
2. **Organizational Capacity (Treatment Only)** – In this section, you must briefly describe your agency's capacity to deliver the needed services to the target population. Describe the extent of experience and expertise your agency and staff have in providing these services. An additional page may be added, if necessary.
3. **Program Proposal (Treatment Only)** - In this section, you must briefly describe the proposed program, including goals and objectives and the discrete services to be provided. An additional page may be added, if necessary.
4. **Performance Measures (Treatment Only)** - In this section, you must briefly describe each performance measure that will be used to demonstrate successful client and program outcomes. You must also indicate your agency's willingness to work with OASAS in the development of broader potential evaluation criteria. An additional page may be added, if necessary.

5. **Staffing Plan (Treatment Only)** - In this section, you must briefly describe the staff that will be employed by the proposed program, including titles, salaries, professional credentials and general responsibilities. Include both the total number of individuals and the full-time equivalency (FTE) for each position. An additional page may be added, if necessary.
6. **Budget Narrative (Prevention and Treatment)** - In this section, you must include a brief budget narrative that explains the entries in Part II of this form. An additional page may be added, if necessary.

PART II – OPERATIONAL FUNDING REQUEST (Page 3)

3. **Proposed Start Date** – Indicate the month and year that the proposed services would start if approved by OASAS. **In no event should this be prior to April 1, 2005.** Your OASAS Field Office should be contacted for further information concerning this process.
4. **Projected Date of Full Operation** – Indicate the month and year that the services are projected to be fully operational.

Proposed Operating Budget – Use Column A to display a fully annualized 12-month gross operating budget. This budget should reflect the anticipated cost of operating the proposed program exclusive of start-up costs and assumes the program is fully operational with all staff on board, etc. Use Column B to reflect the budgetary needs of the new program during the initial start-up period reflected in the proposed start-up date indicated in Item #1 above through the end of the fiscal year. In no event should amounts entered in Column B be for more than six months of funding.

3. **Expenses (Gross)** – Providers should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed description of each expense category and the methodologies for the distribution of projected costs between disabilities and among programs.

Agency administration costs (as defined in the CFR Manual) directly resulting from this proposal must be included in both Column A and Column B of the Operational Funding Request. For providers already receiving OASAS State Aid funding support for other services, distribution of existing agency administration must not be calculated against this proposal. Should this proposal be subsequently approved for funding by OASAS, an appropriate distribution of existing administration will be made to the program(s) on the final CFR at that time, consistent with the CFR methodologies and/or costing principles.

4. **Revenue** – Providers should refer to the Consolidated Fiscal Reporting Manual for an explanation of each revenue category and the methodologies

for the distribution of projected costs between disabilities and among programs. For entries made under Non-OASAS Federal Grants and Non-OASAS State Grants use the following list of funding sources and enter appropriate acronym(s) and amount(s).

Non-OASAS Federal Grants

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
National Institute on Drug Abuse (NIDA)
National Highway Traffic Safety Administration (NHTSA)
Department of Education (DOE)
Veterans Administration (VA)
Office of Vocational Rehabilitation (OVR)
Department of Health and Human Services (DHHS)
Center for Substance Abuse Prevention (CSAP)
Center for Substance Abuse Treatment (CSAT)
Social Security Administration (SSA)
Department of Justice (DOJ)
ACTION
Department of Housing and Urban Development (HUD)
Other: (Provide name of funding source)

Non-OASAS State Grants

NYS Education Department (SED)
Office of Temporary and Disability Assistance (Not Home Relief/Public Assistance) (OTDA)
Division of Parole (DOP)
Office of Children and Family Services (OCFS)
Division of Probation and Correctional Alternatives (DPCA)
Other: (Provide name of funding source)

5. **Net Deficit (Profit)** – Enter the deficit (surplus) representing total expenses less total revenues in Columns A and B. They represent the deficit/(profit) incurred by the agency before state, local government, and voluntary contributions are applied.
6. **Deficit Financing** – Enter amounts representing the distribution of deficit funding, if appropriate, among OASAS State Aid, local government sources and voluntary contributions. When added together, the amounts entered in this section **must equal** the amounts entered in Section 5 above – **Net Deficit (Profit)**.

- **State Aid** – Enter the annual (Column A) and start-up (Column B) amounts of OASAS State Aid funding being requested under this proposal.
 - **Local Government** – Enter the annual (Column A) and start-up (Column B) amounts, as appropriate, of local government tax levy funds that are being committed to partially fund this proposal. If no funds are being committed, enter zero in both Column A and Column B.
 - **Voluntary Contributions** - Enter the annual (Column A) and start-up (Column B) amounts of Voluntary Contributions, as appropriate, projected to be made available to the program to partially fund this proposal. If no funding is anticipated to be made available, enter zero in both Column A and Column B.
7. **FTE's (Full-Time Equivalent)** – Enter the number of full-time equivalent staff requested.

Agency Official – This form should be signed and dated by the agency representative who completed it.

LGU/LDA Signature – This form should be signed and dated by the community services official indicating LGU/LDA approval and support for the project. If the proposal is for a direct contract with OASAS, leave this blank.

2005 OASAS PLANNING SUPPLEMENT – INITIATIVE FUNDING REQUEST FORM

1. Provider Name:	2. Program County:	3. Date Prepared:
4. Provider Street/P.O. Box:	5. City/Town/Zip:	
6. Contact Person:	7. Title:	8. Telephone:
9. Program Street/P.O. Box:	10. City/Town/Zip:	

PART I – PROGRAM PROPOSAL (Page 1)

1. Need Justification – Provide a brief description of the problem to be addressed by this proposal. Include the target population this proposal is intended to serve. (Attach an additional page, if necessary)

2. Operational Capacity – Provide a brief description of your agency's capacity to deliver the needed services to the identified population. (Attach an additional page, if necessary)

3. Program Proposal – Provide a brief description of the program proposal, including goals, objectives and discrete services to be provided. (Attach an additional page, if necessary)

2005 OASAS PLANNING SUPPLEMENT – INITIATIVE FUNDING REQUEST FORM

1. Provider Name:	2. Program County:	3. Date Prepared:
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PART I – PROGRAM PROPOSAL (Page 2)

4. Performance Measures – Provide a brief description of each performance measure that will be used to demonstrate successful client and program outcomes. (Attach an additional page, if necessary)

5. Staffing Plan - Provide a staffing plan for the program, including titles, salaries, and general responsibilities. (Attach an additional page, if necessary)

6. Budget Narrative – (Attach an additional page, if necessary)

