

New York State OASAS Research Agenda 2009

OASAS Destination I: *Mission Outcomes*

<i>Research Area</i>	<i>Service Sectors</i>		
	<i>Prevention</i>	<i>Treatment</i>	<i>Recovery</i>
<i>Outreach and Early Intervention</i>	<ul style="list-style-type: none"> ▪ Examine patient outcomes resulting from the implementation of screening and brief intervention services and how outcomes vary by population(s) served, setting, training and/or oversight provided ▪ Assess the impact of early identification and early intervention in reducing incidence of FASD (Fetal Alcohol Spectrum Disorders), addiction disorders and associated consequences in various settings with families with active addiction disorders ▪ Estimate the long term impact of SBIRT (Screening, Brief Intervention, Referral to Treatment) elements adapted for adolescents in an indicated prevention counseling program 		
<i>Needs Assessment/ Epidemiological Studies</i>	<ul style="list-style-type: none"> ▪ Estimate the social and economic costs of gambling in New York State ▪ Estimate the cross-prevalence of gambling and substance use and its association to other socio-demographic characteristics ▪ Measure the association between alcohol distribution and gambling outlets and alcohol and gambling prevalence 	<ul style="list-style-type: none"> ▪ Compare strengths and weaknesses of alternative methodologies for addiction-related needs assessments ▪ Describe the differences among various ethnic and cultural groups in their concept of addiction and how it should be treated ▪ Estimate the impact of an economic recession on prevalence of substance use and/or gambling ▪ Identify the health risks and consequences related to addiction disorders among American Indians, Native Alaskans and Native Hawaiians/Pacific Islanders in New York State 	<ul style="list-style-type: none"> ▪ Estimate the number of people who are in recovery both in New York and the nation ▪ Develop valid and reliable measures for “recovery” in a household survey ▪ Examine the extent to which providers and Addiction Treatment Centers’ (ATC) are offering recovery management strategies and participating in a recovery oriented system of care (ROSC)

**System
Outcomes**

- Estimate the short and long term effects prevention efforts have had on New York State communities in terms of National Outcomes Measurement System (NOMS) indicators
- Compare evidence based practices and non EBP prevention programs in their effects on risk and protective factors and behavioral outcomes

- Investigate the impact of treatment on the Criminal Justice Population
- Explore the extent to which provider cultural competency influences patient engagement and outcomes
- Identify barriers and solutions to providing treatment services to ethnic minorities, new immigrants, and members of LGBTQ communities
- Explore the differences in treatment retention and outcomes for protected classes vs. non-protected classes
- Investigate the impact of gender specific treatment on patient outcomes
- Determine the distribution of and factors associated with variation in waiting periods for admission to outpatient treatment
- Identify the optimal length of stay for each treatment type that produces the best patient outcomes
- Examine the influence of patient perception of care on treatment outcomes
- Assess the effect of credentialing on service satisfaction and patient outcomes
- Explore the influence of requirements for addiction professionals on patient outcomes across states
- Examine the extent to which provider reimbursement methods, financing and performance-based contractual strategies affect patient outcomes
- Compare the cost-effectiveness of various types of treatment currently used by providers in New York State
- Examine the impact of OASAS's gambling treatment programs on patient outcomes six months after discharge
- Examine the effect of tobacco abstinence requirements on treatment outcomes
- Compare ROSC and CCM (Chronic Care Model) services versus standard treatment methods on patient outcomes

- Examine the influence of previous treatment experiences on the likelihood of readmission to crisis services
- Compare the recovery process and outcomes of treated and untreated populations
- Explore the influence of recovery centers on participants and their communities
- Examine the long term treatment outcomes for homeless patients in supportive housing
- Examine the extent to which the OASAS Permanent Supportive Housing (PSH) approach improves the long-term recovery of participating individuals and families who enter the program homeless or at risk of homelessness
- Examine the extent to which CRM (Concurrent Recovery Monitoring) improves engagement or retention
- Investigate the extent to which recovery management strategies, such as recovery mentoring, recovery coaching, peer mutual support groups, faith-based or spiritually oriented programs, recovery check-ups, and case management services, improve sustained recovery

OASAS Destination II: *Provider Engagement and Performance*

<i>Research Area</i>	<i>Service Sectors</i>		
	<i>Prevention</i>	<i>Treatment</i>	<i>Recovery</i>
<i>Medication Assisted Treatment</i>		<ul style="list-style-type: none"> ▪ Examine the impact of Vivitrol on patient outcomes ▪ Compare the effectiveness of buprenorphine or other opioid dependent medications, with and without concurrent treatment in an OASAS-certified program ▪ Develop algorithms for prescribing addiction medications 	
<i>Performance Management</i>	<ul style="list-style-type: none"> ▪ Examine the incentives and barriers to implementing data-driven planning and effective prevention resource allocation at the county level 	<ul style="list-style-type: none"> ▪ Identify OASAS policies that help to maintain effective performance of treatment programs ▪ Identify efficient indicators of regulatory compliance and quality performance in treatment programs ▪ Determine effective support or assistance from single state agencies for substance abuse to avoid Medicaid and other audit disallowances ▪ Examine the effects of financing and performance-based contractual strategies on provider performance ▪ Examine the extent to which the adoption of EBPs in OASAS certified treatment programs significantly improves program performance 	
<i>Practice Improvement</i>	<ul style="list-style-type: none"> ▪ Develop valid and reliable fidelity measures for EBP prevention programs ▪ Identify factors that predict greater fidelity of implementation of EBPs ▪ Examine strategies and practices that foster application of knowledge and skills obtained during training ▪ Compare outcomes of LST (Life Skills Training) Project Alert versus practitioner developed educational curricula 	<ul style="list-style-type: none"> ▪ Identify the key indicators of organizational readiness to adopt EBPs in addiction programs ▪ Examine the extent to which EBPs are applied with fidelity in the field of addiction ▪ Identify reimbursement methods that increase utilization of EBPs by clinicians ▪ Examine the extent to which the adoption of EBPs in OASAS certified treatment programs significantly improves patient outcomes ▪ Investigate the effect of system (regulations, financing, policies) and program characteristics (readiness to change, program structure, leadership) on implementation of EBPs 	<ul style="list-style-type: none"> ▪ Investigate strategies to prepare providers to work effectively in a recovery oriented system of care

		<p>and patient outcomes</p> <ul style="list-style-type: none"> ▪ Examine the impact of standardizing consumer satisfaction surveys on program performance ▪ Examine patients' characteristics and their severity of needs in relation to retention ▪ Examine the adoption of patient scorecards on treatment outcomes ▪ Explore the role of provider-peer support models in adopting OASAS policies ▪ Examine the relationship between counselors' attitudes towards addiction medications and patient outcomes ▪ Explore the extent to which individualized interventions for patients with significant cognitive deficits improve treatment engagement and retention ▪ Compare the effectiveness of using technology in treatment vs. traditional in-person methods and their impacts on various cultural/ethnic groups ▪ Examine the efficacy of regular aerobic exercise in addition to antidepressant medications in treatment populations with depression 	
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OASAS Destination III: Leadership

Research Area	Service Sectors		
	<i>Prevention</i>	<i>Treatment</i>	<i>Recovery</i>
Technology Transfer	<ul style="list-style-type: none"> ▪ Demonstrate the generalizability of successful tobacco prevention efforts to other addiction areas 	<ul style="list-style-type: none"> ▪ Identify the most effective methods to disseminate the findings obtained through OASAS Research & Development projects to other treatment communities 	
Policy/Regulation/Legislation	<ul style="list-style-type: none"> ▪ Explore the effect of a social host law on underage drinking ▪ Examine the effect of additional regulations on underage gambling, such as increasing the legal gambling age to 21, or reducing access to free standing lottery machines, on problem gambling prevalence among youth 	<ul style="list-style-type: none"> ▪ Examine treatment providers' harm reduction beliefs, attitudes and practices ▪ Explore the effect of tobacco free policies on patients' health conditions ▪ Explore the effectiveness of co-locating primary healthcare services in OASAS outpatient treatment programs ▪ Determine the community impacts of extending Padavan 	<ul style="list-style-type: none"> ▪ Assess the impact of reimbursing offsite and recovery management services on long-term recovery

		<p>Legislation (special siting laws) to include community residential facilities</p> <ul style="list-style-type: none"> Compare New York City policies with other states and localities to assess their barriers and develop solutions to implementing methadone treatment services in correctional facilities Identify pros and cons of using congregate care vs. the rehabilitation reimbursement option in the State Medicaid plan 	
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OASAS Destination IV: *Talent Management*

<i>Research Area</i>	<i>Service Sectors</i>		
	<i>Prevention</i>	<i>Treatment</i>	<i>Recovery</i>
<i>Workforce Development</i>	<ul style="list-style-type: none"> Identify prevention workforce development issues and proposed solutions using forums, surveys and other methods 	<ul style="list-style-type: none"> Investigate barriers and solutions regarding underrepresentation of certain groups, such as Asian Americans, in the treatment workforce Identify the best strategies to prepare, recruit and retain professionals into the addictions field, especially members of “protected groups” Identify ways of expanding education on addiction for medical professionals and the impact on treatment outcomes Analyze the association between professional credentialing and staff retention Develop measures of workforce quality in the addictions field 	<ul style="list-style-type: none"> Inventory strategies other states or federal agencies have used to employ persons who have successfully participated in a prevention, treatment or recovery program to assist new patients
<i>Wellness</i>		<ul style="list-style-type: none"> Examine the relationship between staff wellness, retention, and performance Measure the extent and type of wellness initiatives that occur in addiction programs for both counselors and patients Explore the relationship between nutrition and treatment engagement, retention, and sustained recovery 	

OASAS Destination V: *Financial Support*

<i>Research Area</i>	<i>Service Sectors</i>		
	<i>Prevention</i>	<i>Treatment</i>	<i>Recovery</i>
Cost Effectiveness	<ul style="list-style-type: none"> ▪ Explore the cost-savings and cost-effectiveness associated with the implementation of SBIRT services 	<ul style="list-style-type: none"> ▪ Explore the cost effectiveness associated with dual recovery coordinators (i.e. reduced ER visits) ▪ Examine strategies that may sustain and translate practice improvements achieved through OASAS Research and Development projects into business cases 	

Notes:

1. **Scope:** The items in this agenda were collected through face-to-face interviews, correspondence, and other channels from key OASAS staff, including the 15 agency metric team leaders. In the current format, this agenda is represented in 10 research topic areas, divided in three agency service sectors, and aligned with the five agency mission destinations.
2. **Development Process:** The collected items were initially reviewed by a team representing expertise from various divisions of the agency, including Prevention, Evaluation, Medical Direction, and Research and Epidemiology. Based on the feedback, the R&D staff, together with Dr. Lynn Warner of SUNY-Albany, evaluated each item for its relevancy to the agency mission, consolidated similar items, and regrouped the items in appropriate research topic areas to reflect the agency’s mission destinations.
3. **Level of Generality:** Items in this agenda were developed with a certain level of generality, in that each item may be operationalized to cover a variety of empirical study topics. In addition, items that name a specific population may also be relevant to study in other special populations, such as those defined by age, gender, race-ethnicity or co-occurring mental or physical health problems.
4. **Maintenance:** The agenda items will be re-assessed and updated periodically to ensure their relevance to agency mission destinations.

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