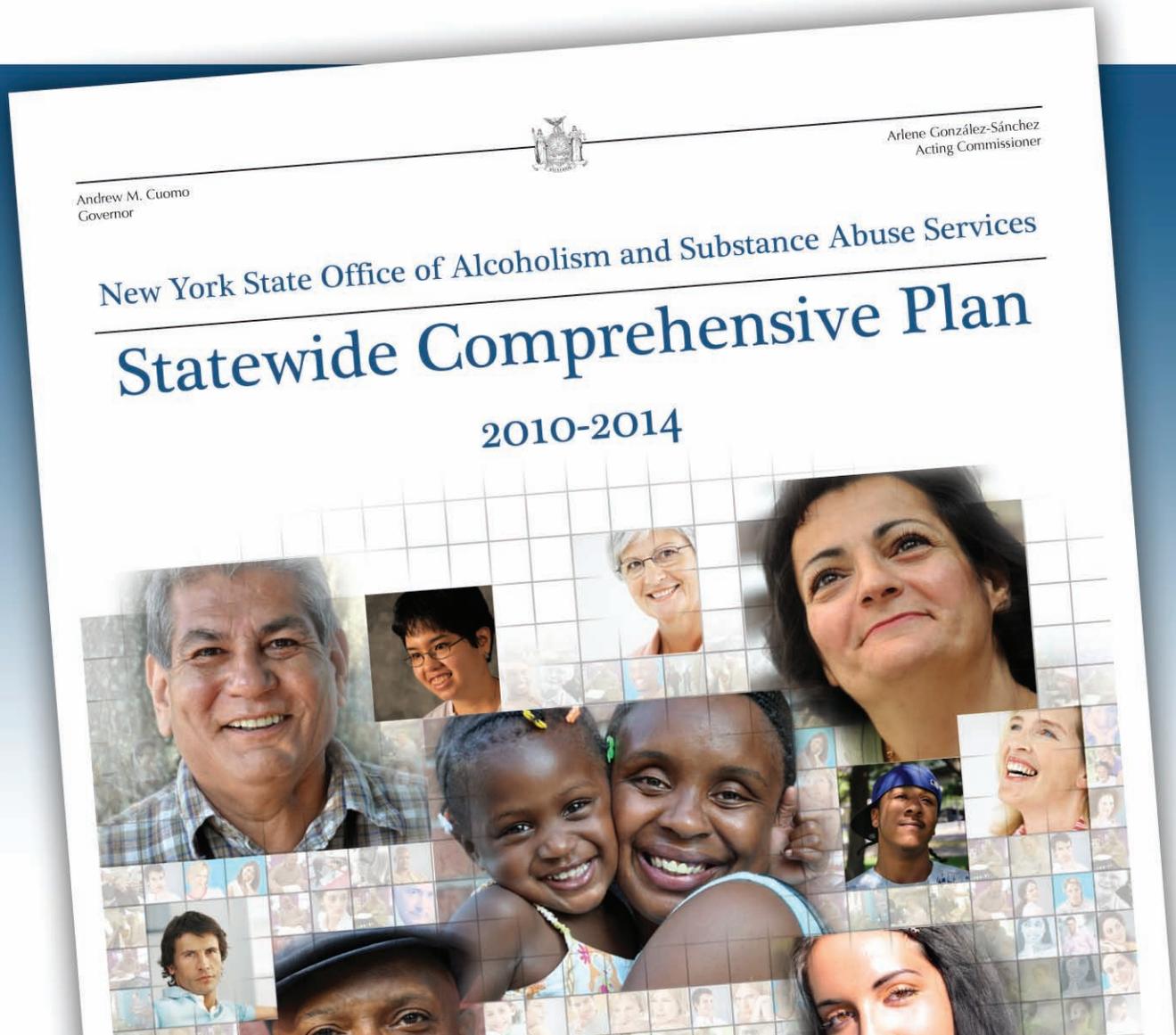




New York State Office of Alcoholism and Substance Abuse Services

# 2011 Interim Report



February 15, 2011

# Table of Contents

<b>Content</b>	<b>Page</b>
Chapter 1: Background and Context .....	2
Chapter II: Progress Report .....	5
Chapter III: Executive Budget Highlights.....	19

## **CHAPTER I: BACKGROUND AND CONTEXT**

### **Mission**

Despite New York State's fiscal challenges, the Office of Alcoholism and Substance Abuse Services (OASAS) continues to work with federal, state, and local partners to make sure that New Yorkers have access to quality prevention, treatment, and recovery services. Governor Andrew M. Cuomo's 2011-2012 Executive Budget, which is summarized in Chapter III of this report, challenges us to redesign the addictions system for efficiencies and measurable outcomes, recalibrate spending, and help to rebuild our state through fiscal discipline. OASAS will achieve savings targets based on several key principles. Reductions will be based on performance measures instead of across-the-board cuts. The agency will work with stakeholders to preserve the prevention, treatment, and recovery services that are the core of the addictions system. OASAS will maintain access to care as the highest priority while advancing its mission: **To improve the lives of all New Yorkers by leading a premier system of addiction services through prevention, treatment, and recovery.**

### **Strategic Map**

To achieve its mission, OASAS uses an outcome-based system to measure progress in reaching five major destinations:

1. Mission Outcomes – Establish an effective, science-based program system, which integrates prevention, treatment, and recovery;
2. Provider Engagement and Performance – Develop a “Gold Standard” system of service provision;
3. Leadership – Be the state resource on addiction and lead the nation in the field of chemical dependence and problem gambling;
4. Talent Management – Become a "Profession of Choice" for attracting, selecting, and developing talent;
5. Fiscal Support – Operate a system with strong return on taxpayer investment and stewardship of resources.

### **Medicaid Redesign**

On January 5, 2011, Governor Cuomo issued Executive Order No. 5 “Establishing the Medicaid Redesign Team”. OASAS Acting Commissioner Arlene González-Sánchez serves on the Medicaid Redesign Team, which is led by New York State Medicaid Director Jason Helgeson. Governor Cuomo asked the Team to find ways to reduce costs and to increase quality and efficiency in the Medicaid program. The Team must submit its first report to the Governor by March 1, 2011. Quarterly reports will follow thereafter until the end of the 2011-2012 fiscal year, when it will disband.

Governor Cuomo places critical importance on obtaining participation of stakeholders and the public in reforming the Medicaid program. A website was set up where members of the public can suggest reforms to the system at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/](http://www.health.ny.gov/health_care/medicaid/redesign/).

To gather input from stakeholders, OASAS held facilitated discussions with approximately 100 addiction service provider and advocacy group representatives. These included discussions in New York City on January 18, 2011 and in Albany on January 21, 2011 and a statewide conference call on January 19, 2011. On January 22, 2011, OASAS staff met with Medicaid recipients, family members, and advocates to obtain their perspectives on Medicaid redesign. Comments were also gathered from OASAS staff, OASAS Medical Advisory Panel, Mental Hygiene Planning Committee, and the New York State Partnership Policy Workgroup on Tobacco.

The comments received will be used to develop recommendations for Commissioner González-Sánchez to present to the Medicaid Redesign Team.

## **Background**

OASAS estimates that 11 percent, or 1.8 million, state residents age 12 and older (including 160,000 adolescents ages 12-17) experience a substance use disorder (substance dependence or abuse) annually. These figures do not fully depict the widespread impact of addiction in New York because of the millions of other individuals whose lives are also affected: children, spouses, and extended families. The cost to society is compounded by the consequences of addiction, which impact public safety, health, welfare, and education throughout the state.

As overseer of one of the nation's largest addiction service systems, OASAS provides a full continuum of services to a large and diverse population of approximately 260,000 unique individuals each year. OASAS certified and funded providers deliver prevention, treatment, and recovery services. Treatment services are provided in inpatient, outpatient, and residential settings. New York State's service continuum also includes school- and community-based prevention services as well as intervention, support, and recovery services.

OASAS, counties, and providers collect and analyze a great deal of information, which informs all aspects of service delivery. These data support policy development, planning, funding decisions, and performance monitoring. As OASAS enhances the use of outcomes management and encourages providers to adopt evidence-based programs and practices to achieve the best possible results, the use of data becomes even more critical to providing quality services.

## **Planning Framework**

On October 1, 2010, OASAS issued the *Statewide Comprehensive Plan 2010-2014*. Developed in accordance with Section 5.07 of Mental Hygiene Law, the Plan informed counties, providers, consumers, people in recovery, their families, other state agencies, the federal government, and other stakeholders about major initiatives and future directions. The Plan discussed important issues, provided updates on major initiatives, and highlighted cross-systems collaboration. The Plan is available at: <http://www.oasas.state.ny.us/pio/commissioner/5yrplan.cfm>.

This Interim Report was also developed in compliance with Section 5.07 of Mental Hygiene Law. It updates significant accomplishments since the release of the Statewide Comprehensive Plan on October 1, 2010. Although planning documents are produced and released on regular

cycles, as set by Mental Hygiene Law, OASAS views planning as a year-round process that informs policy development, budgeting, and the development and delivery of services at the state, local, and provider levels. Collaborative planning with counties, providers, and state, and federal agencies will guide future efforts and be responsive to changing conditions. OASAS values your feedback and invites you to complete the online evaluation survey located at: <https://www.surveymonkey.com/s/OASAS2011InterimReportSurvey>. To provide additional comments, please e-mail [5YearPlan@oasas.state.ny.us](mailto:5YearPlan@oasas.state.ny.us).

OASAS is more closely aligning local planning, long-range planning, budgeting, and outcomes management. In collaboration with the Office of Mental Health (OMH) and Office For People With Developmental Disabilities (OPWDD), OASAS adjusted its local planning cycle to better align it with the state's budgeting timelines. The information received through the annual local services planning process assists OASAS in identifying emerging issues, local and statewide priorities, service gaps, and barriers.

OASAS has implemented an outcomes management approach and is promoting the adoption of this model throughout the field. Outcomes management uses outcome thinking to guide all management functions in order to improve client-level results and the return on investment. It integrates organization-wide management and financial variables with performance metrics. This model allows management to systematically measure progress towards predetermined outcomes.

## **CHAPTER II: PROGRESS REPORT**

### **Destination 1- Mission Outcomes**

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

#### **Prevention Strategic Plan**

OASAS released the Prevention Strategic Plan in March 2010 and an implementation team that includes county and provider representatives is identifying the steps needed to achieve the outcomes set forth in the Plan. The strategies outlined in the Prevention Strategic Plan are designed to increase the use of evidence-based services delivered in communities, including more work through coalitions and other stakeholders. The federal Center for Substance Abuse Prevention (CSAP) is providing technical assistance to OASAS in developing a framework to address implementation, workforce development, and evaluation strategies. The Prevention Strategic Plan is available at: <http://www.oasas.state.ny.us/prevention/documents/PrevStrategicPlan.pdf>.

#### **Strategic Prevention Framework State Incentive Grant**

In 2009, CSAP awarded New York State a Strategic Prevention Framework State Incentive Grant (SPF SIG) of \$2.135 million annually for five years. The SPF SIG aims to build a sustainable prevention infrastructure by capitalizing on New York's evidence-based, risk and protective factor-focused prevention framework. This will be achieved through community coalition development, needs assessment, strategic planning, training in evidence-based prevention, and the utilization of OASAS Prevention Resource Centers (PRCs). To guide implementation of the project, OASAS developed a SPF SIG Strategic Plan. Based on an assessment conducted by the State Epidemiological Outcomes Workgroup (SEOW) and approved by the SPF SIG Advisory Council, the SPF SIG will address the prevention of underage drinking and its related consequences among high school aged youth (9th to 12th graders). In December 2010, OASAS released a Request for Proposals (RFP) to solicit proposals from not-for-profit community coalitions. OASAS expects to award funding in March 2011 for up to ten community coalitions to reduce underage drinking and address community risk factors.

#### **Community Anti-Drug Coalitions of America**

Community Anti-Drug Coalitions of America (CADCA) selected OASAS as its Outstanding State Member for 2010. OASAS was recognized for its commitment to community substance abuse prevention coalitions and outstanding investment in the training and technical assistance of these local leaders. OASAS worked with CADCA to carry out a comprehensive coalition training and technical assistance initiative. OASAS and CADCA also worked to help enhance New York's network of PRCs and train staff of those centers to develop coalitions within their regions. Together, they trained 278 coalition leaders in evidence-based community problem solving around substance abuse.

**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.**

### **Transforming Outpatient Services**

OASAS developed the concept of Transforming Outpatient Services (TOPS) to integrate medication-supported recovery and behavioral therapy approaches, along with ambulatory detoxification services and mental health counseling within a single clinical setting. To guide its efforts to integrate all outpatient services under one regulatory and certification umbrella, OASAS is developing three TOPS demonstration pilots. The goal is to improve treatment access and quality. The Kingston Hospital, Metropolitan Hospital, and Strong Memorial are participating in the demonstration pilot. OASAS is developing an evaluation model for this project.

OASAS informed the treatment field about TOPS by:

- Sending notification to counties and providers describing the TOPS initiative and the pilots;
- Presenting at the 2010 Annual Conference of the Alcoholism and Substance Abuse Providers of New York State (ASAP) in October 2010;
- Presenting at the American Association for the Treatment of Opioid Dependence (AATOD) National Conference.

### **Medication-Supported Recovery**

OASAS continued its efforts to pilot medication-supported recovery in multiple sites across the state alongside other behavioral treatment options. The three TOPS pilots integrated medication-supported recovery within an existing outpatient treatment program. OASAS is receiving technical assistance from the federal Center for Substance Abuse Treatment (CSAT) in promoting the use of medication-supported recovery. The technical assistance is helping OASAS work on a public relations/media campaign promoting the effectiveness of medications in treating individuals with substance use disorders. The media campaign highlights the research findings demonstrating that the use of medications is effective and results in successful treatment outcomes when used in conjunction with counseling services. In addition, the technical assistance is identifying ways to promote medication-supported recovery within OASAS' "Your Story Matters" campaign, where the voices, faces, and stories of recovery are shared.

### **DOCS Addiction Services Certification Initiative**

DOCS operates a variety of chemical dependence services in 62 correctional facilities across the state. OASAS and DOCS developed a Memorandum of Understanding (MOU) and operating guidelines for these services in order to certify the programs. These were developed in accordance with Drug Law Reform requirements that OASAS evaluate and monitor the addiction services provided by DOCS. OASAS certified five DOCS chemical dependence

programs: Hale Creek, Arthur Kill, Taconic, Gowanda, and Albion. All 62 DOCS addiction services programs will be certified by 2015.

### **Adolescents and Children**

OASAS is developing a strategic plan for adolescent services. It conducted focus groups and World Cafés to learn from various stakeholders involved with adolescents and young adults. The World Café process is an innovative yet simple methodology for hosting conversations about questions that matter. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work, or community. World Cafés make visible the collective intelligence of any group, thus increasing people's capacity for effective action in pursuit of common aims. During November 2010, OASAS held Adolescent World Cafés in Albany, Brooklyn, and Buffalo. A total of 200 individuals attended these events with adolescents, young adults, and family members comprising 75 of the participants. The information gathered during the Cafés was valuable and covered three major areas: access, awareness, and culture.

As part of the collaboration between OASAS and the New York City Administration for Children's Services (ACS), Credentialed Alcoholism and Substance Abuse Counselors (CASACs) are co-located in child welfare offices in the Bronx, Brooklyn, and Queens. Adolescents who may have substance use disorders are assessed by a CASAC and referred to outpatient or residential treatment, as appropriate. Participating adolescent treatment providers received training on serving individuals with child welfare and substance use issues through the ACS/OASAS Bridges Institute. The next phase of this project will include linkages to existing recovery supports for this population.

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

Increasing the number of people who successfully manage their addiction is a core element of OASAS' mission. OASAS is committed to ensuring that all of its services fully recognize and respond to the needs of those in or seeking recovery. The agency is aware that those needs go beyond treatment and abstinence to a lifelong process of improved health and wellness, quality of life, and a reintegration with family and community.

### **Recovery-Oriented System of Care**

A key element in OASAS' recovery services is the development of a Recovery-Oriented System of Care (ROSC). A ROSC supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities. The ROSC will drive the transition from an acute symptom stabilization model to one that manages chronic disorders over a lifetime, beginning with engagement and offering a continuum of self-directed recovery management approaches leading to long-term sustained recovery.

During spring and summer 2010, OASAS hosted seven regional recovery forums for prevention, treatment, and recovery providers; councils on addiction; alumni; advocacy groups; and

individuals and family members in recovery. The forums explored the development of a ROSC and the ways that OASAS can collaborate effectively with the field to integrate recovery principles and practices within the prevention and treatment systems.

### **Access to Recovery Grant**

OASAS was one of 30 grantees selected by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to receive funding of \$13.1 million over four years under the Access to Recovery (ATR) initiative. New York received the highest rating of any state on its submission. New York State's ATR design is a model for a Recovery-Oriented System of Care (ROSC). The ATR grant will transform Brooklyn, Rochester, and Otsego/Delaware counties to ROSC as OASAS partners with recovering persons, recovery care centers, treatment and faith/community-based groups. Under *New York Service Opportunities to Access Recovery Successfully (NY SOARS)* OASAS will use federal funding to issue vouchers to help 9,200 adults and their families to:

- Access expanded clinical treatment and recovery support services;
- Foster participant choice from diverse, comprehensive programs;
- Ensure cost-effective, successful outcomes.

ATR is engaging historically underserved populations that need specialized services. Among these are: Orthodox Jews and young adults (Brooklyn); rural residents with substance use disorders (Otsego/Delaware); and the hearing impaired (Rochester). The project will be used as a learning laboratory to inform future efforts to engage and serve populations with unique needs.

### **Permanent Supportive Housing**

Safe, affordable, permanent housing is fundamental to successful long-term recovery for individuals, families, and communities. Over 4,000 individuals who are homeless complete intensive residential and community residential treatment each year. In addition, at least 40 percent of all homeless single men, 25 percent of single women, and 25 percent of female heads of household are struggling with alcoholism and substance abuse. Permanent Supportive Housing (PSH) is an evidence-based strategy that effectively addresses this issue.

OASAS has successfully:

- Applied for and received Renewal Grants from HUD on approximately 50 Shelter Plus Care contracts each year since 2007-08, totaling over 900 apartment units;
- Increased the Upstate Shelter Plus Care grants by gaining a new contract for Columbia/Greene counties;
- Developed, through two RFP processes (in 2008-09 and in 2009-10), funded, and fully implemented two rounds of New York/New York III programming for Adult Singles, totaling 325 apartment units;
- Developed, through a RFP process in 2009-10, funded, and fully implemented the first round of Upstate PSH Program, totaling over 55 apartment units in Poughkeepsie, Buffalo, and five rural counties.

- Developed, through a RFP process in 2009-10, funded, and fully implemented the first round of Re-Entry PSH programs for Parolees. Fortune Society, a national leader in services for previously incarcerated men and women, operates a 12-apartment program in New York City.

In addition, OASAS continues to participate in the capital funding decisions made by the Homeless Housing Assistance Corporation (HHAC), which makes approximately \$30 million of state funding available each year to non-governmental organizations (NGOs) statewide. OASAS is a member of the Most Integrated Setting Coordinating Council (MISCC), which is dedicated to improving community integration for all persons with disabilities. The agency also participates in the Housing Workgroup for Disconnected Youth, an interagency effort chaired by the Office of Temporary and Disability Assistance (OTDA) and staffed by the Council on Children and Families (CCF), focusing on developing public policy and program models for young adults ages 18-25.

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

Healthy lifestyles include a balance of physical, emotional, psychological, social, intellectual, and spiritual well-being that results in an overall feeling of a fulfilled life. A healthy lifestyle is an essential element of long-term recovery from addiction. By integrating health and wellness into addiction treatment and recovery OASAS will improve outcomes for the people the agency serves.

**Tobacco-free Initiative**

OASAS' tobacco-free regulation promotes and supports long-term recovery and is a major initiative and system change for the addictions field. In 2008, New York became the first state to prohibit tobacco use in addiction treatment programs. Research indicates that the provision of smoking cessation interventions during addiction treatment increases the likelihood of long-term abstinence from alcohol and illicit drugs and reduces the risk of relapse.

During recertification reviews, OASAS reviews the tobacco-free policy to determine the success of implementation. Since inception, OASAS has analyzed data for 919 recertification reviews; 783 of those reviews (85.2 percent) found providers in compliance with tobacco-free services regulations. Since scoring began in 2009, that number has increased to 91 percent. At the two-year anniversary of the regulation, 23,000 people were not smoking at discharge that had entered treatment using tobacco.

OASAS completed a Tobacco Regulation Impact report in September 2010 that assessed the impact of the regulation. The report analyzed admissions, discharges, length of stay, completion rates, tobacco status at discharge, and county and staff feedback. The findings indicate that the overall impact of the regulation appears to be minimal while long-term positive effects for patients and staff are encouraging. A significant finding was that individuals who completed treatment had greater success at being tobacco-free at discharge than those who did not complete

treatment. The number of patients who report not smoking at discharge was noteworthy (39 percent of program completers, 18 percent of non-completers = 23,000 individuals).

During 2010, OASAS received the following awards for the tobacco-free initiative:

- 2010 Innovation Award in Behavioral Healthcare Services from the State Association of Addiction Services and the Network for the Improvement of Addiction Treatment (NIATx);
- 2010 SAMHSA Science and Service Award, for the implementation of evidence-based interventions with the tobacco-free initiative;
- June 2010 Founding Member and second year recipient of SAMHSA Smoking Cessation Leadership Academy.

To increase provider and client compliance with the tobacco-free regulation and decrease smoking-related illness among New Yorkers in recovery, OASAS is:

- Partnering with Rockefeller College's Professional Development Program (PDP) to develop tobacco dependence training tools including a poster demonstrating freedom from tobacco and the link to recovery, videos targeting treatment staff, and a video directed towards clients.
- Amending the CASAC credentialing requirements to include a minimum of four hours of tobacco related training.
- Developing Communication Plans to encourage training and solicit stories demonstrating the positive virtues of freedom from tobacco.
- Providing a biannual update on tobacco regulation, including information resources, and sharing these resources with ASAP.
- Including a lesson on tobacco in the Wellness Self-Management Plus learning collaborative. This lesson will be assessed as a stand-alone tool by all of the 13 OASAS participating programs (staff and clients) as well as a portion of OMH participating programs.
- Working with noncompliant programs that require corrective action plans.
- Managing the distribution of Nicotine Replacement Therapies (NRTs).

### **Wellness Self-Management**

Addressing an individual's mental and physical health is critical in sustaining recovery. During 2010, OASAS partnered with OMH to create a learning collaborative opportunity to field test a program called Wellness Self-Management Plus. This program was originally designed by OMH as a curriculum oriented program based on illness management and recovery, a nationally recognized evidence-based practice for adults with serious mental health problems. The newly

developed version of the Wellness Self-Management Plus curriculum addresses both mental health, substance use, and other addictions in an integrated and recovery supportive manner. The materials are organized into a bound personal workbook that consists of 58 lessons, belongs to the participants, and may be used in individual and/or group meetings. The major topics covered include: understanding what helps and hinders recovery; mental health wellness; and living a healthy lifestyle. Each lesson is structured and designed to impart useful information, to assist participants to personalize the information, and to take action steps to support their own recovery.

Learning collaboratives have brought together agencies that share a common desire to improve services to individuals with both mental health and substance use problems. These agencies learn from each other by sharing practical and creative problem solving strategies as they implement and evaluate the Wellness Self-Management Plus program. An upstate collaborative includes six OASAS and six OMH programs; a downstate collaborative has seven OASAS and five OMH programs; and another downstate collaborative comprises eight OMH programs. Full-day trainings were conducted for clinical staff and quality improvement teams. All Wellness Self-Management Plus pilot programs are under way. Evaluation will include collecting data on attendance, reasons for discontinuation, direct observation of practitioner skills, participant perception of progress on personally meaningful goals, and feedback from key stakeholders via a series of focus groups and interviews. Over the next 18 months, OASAS and OMH expect to finalize the Wellness Self-Management Plus workbook and offer this resource to programs across the state.

## **Destination 2 - Provider Engagement and Performance**

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

#### **Provider Engagement**

OASAS is working with providers to ensure that individuals receive the Gold Standard of care. The Gold Standard Initiative will ensure that person-centered addiction services are focused on a blend of:

- Full regulatory compliance;
- Ethical and quality-of-care standards;
- Disciplined use of continuous quality improvement, clinical supervision, and staff development systems;
- Infusion of research tested, evidence-based, and promising practices;
- Wellness;
- Deliberate attention to patient satisfaction feedback and success indicators.

OASAS increased the number of participants attending Gold Standard Initiative Forums from 350 in 2009 to 1,055 in 2010. The agency also completed eight Administrative/Regulatory Relief projects.

#### **100 Walkthroughs in 100 Days Campaign**

The Campaign <http://www.oasas.state.ny.us/hps/cos/WSCwalkthrough.cfm> exceeded its goal of recruiting 100 programs, with 130 programs committing to conduct a walkthrough and implement at least one change in their program to help make patient access more *welcoming*. The walkthrough was an opportunity for providers to follow the same process that a client would when seeking treatment. It identified practices that can be improved to better engage customers who seek assistance. Seventy-four programs shared with OASAS their experiences and the changes they implemented as a result of the walkthrough. Each program that completed the process received a Certificate of Commendation and OASAS posted their names and the aggregate summary of changes on its website at: <http://www.oasas.state.ny.us/hps/cos/ParticipatingPrograms.cfm>.

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

OASAS developed a comprehensive toolset and performance measurement system to empower the field toward improving access, quality, outcomes, efficiency, and compliance. The ultimate measure of this effort will be the increased number of providers achieving the Gold Standard of care. A combination of the program scorecard, Integrated Quality System (IQS), Gold Standard Initiative website <http://www.oasas.state.ny.us/GSI>, and expanded use of evidence-based programs and practices will assist programs in implementing changes to improve performance, ultimately resulting in better outcomes for patients.

#### **Integrated Quality System**

OASAS is developing a new Integrated Quality System (IQS), which will broaden the operating certificate renewal process. Currently, the process is based on recertification review scores and facility inspections. Under IQS, OASAS will also include Integrated Program Monitoring and Evaluation System (IPMES) scores, client data reporting, and fiscal viability. Integrating these additional elements will give OASAS a broader vision of a program's performance. On December 15, 2010, OASAS integrated fiscal viability ratings into the recertification process. Additionally, the agency modified its facility inspection scoring to include a two-year scoring level for programs with notable deficiencies and an incomplete Corrective Action Plan.

Pursuant to Chapter 271 of the Laws of 2010, OASAS has the authority to increase the maximum operating certificate term the agency awards to a program from three to five years. Using the additional elements under IQS, OASAS will award high performing programs a four-year operating certificate and invite those programs to apply for a five-year operating certificate if they meet an even stricter set of performance and accountability criteria. By expanding the number of factors that operating certificate length is judged by and increasing the potential term of the operating certificate to five years, programs will have an expanded view of where improvements need to be made and an incentive to provide more comprehensive services.

#### **Program Scorecards**

During 2010, OASAS released final program scorecards for all chemical dependence treatment programs. The scorecards measure access, quality, outcomes, efficiency, and compliance. Besides providers having access to scorecards, they were also available for use by counties. For

the next phase of the treatment scorecard project, OASAS expects to make the scorecards publically available on its website.

The development of a prevention scorecard is proceeding on two fronts - both as an annual performance snapshot produced by OASAS and as a dashboard-type representation available in the Prevention Activities and Results Information System (PARIS). OASAS developed a prototype prevention scorecard. This design was based in part on the preliminary standards proposed by workgroups for the major service areas of prevention counseling, environmental, and education. Data for many of these measures is not captured by PARIS so availability of scorecard reports will require modifications to the reporting system and collecting of at least a year's worth of data.

### **Gold Standard Initiative Website**

OASAS implemented the Gold Standard Initiative website <http://www.oasas.state.ny.us/GSI>. The website features toolkits and resources grouped under each of the six elements of the Gold Standard Initiative:

- Talent Management;
- Quality Improvement (QI);
- Recovery Support/Community Partnerships;
- Best, Promising and Evidence-Based Programs and Practices;
- Outcomes Management;
- Compliance.

### **Clinical Records Initiative**

The New York State Clinical Records Initiative (NYSCRI) led to the creation of a standardized set of clinical record forms that can be used by outpatient, day, and residential programs (for both adults and children), which are regulated by OASAS and OMH. The decision to adopt NYSCRI by a provider is a purely voluntary determination. There is no state mandate on providers to do so. NYSCRI affords a number of advantages to providers, including technical assistance; enhanced compliance with state, federal, and accreditation requirements; support for medical necessity documentation; improved use of clinician time; and compatibility with either electronic health records formats or with paper version case records. Additional information can be found at: [http://www.mtmservices.org/NYSCRI\\_2010F/2010-Forms.html](http://www.mtmservices.org/NYSCRI_2010F/2010-Forms.html).

## **Destination 3 - Leadership**

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

### **Legislation**

During the 2010 legislative session, OASAS put forward five proposals, three of which were introduced in both the State Senate and Assembly. On July 30, 2010, Chapter 274 of the Laws of

2010 was enacted to amend the Mental Hygiene Law to define the scope of OASAS responsibilities regarding recovery services, term of operating certificates, and the DWI provider list. The legislation also permits local social services departments to participate in the process of developing local services plans.

### **Policy Briefings**

As part of efforts to influence federal and state policy, OASAS took the following actions:

- Participated in meetings with Legislators and/or their staff on legislation or policy issues related to pending legislation. This included a joint meeting with Legislators, state agencies, and constituent groups on the extension of the social work licensure exemption. Legislative staff participated in a proceeding of the Albany Drug Court.
- Met with ASAP Board of Directors, broader stakeholder constituent groups, and special population groups (i.e., Native American Prevention and Treatment Coalition, Asian American and Lesbian, Gay, Bisexual and Transgender [LGBT] providers).
- Worked with elected officials to resolve issues related to treatment programs in their communities. One effort resulted in a plan to host a World Café in 2011 to address the relationship with methadone and outpatient clinics in a changing community.
- OASAS staff participated in the State System Development Planning Conference sponsored by SAMHSA. In addition to presenting at the conference, agency staff met with officials from SAMHSA, National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAA), and Office of National Drug Control Policy (ONDCP). In December 2010, four agency representatives attended the Joint Meeting on Adolescent Treatment Effectiveness. This meeting also provided an opportunity for agency staff to meet with federal officials.

### **Technical Assistance Grants**

OASAS submitted technical assistance requests to SAMHSA to assist OASAS in complying with Health Care Reform requirements including support for:

- Developing Health Information Technology strategies;
- Defining Net-Deficit Financing Alternatives;
- Delivering statewide Screening, Brief Intervention, Referral and Treatment (SBIRT) Training;
- Defining the Substance Use Disorder Services Benefit.

OASAS continued to monitor and process active technical assistance requests for:

- Ambulatory Patient Groups (APG) Payment System;
- Enhancing Recovery-Oriented System of Care;
- Improving Clinical Supervision;

- Expanding use of Medication-Supported Recovery;
- Formalizing the use of evidence-based family centered services.

## **Federal Policy**

OASAS took the following actions to influence federal policy initiatives affecting the addictions field:

- Worked with National Association of State Alcohol/Drug Abuse Directors (NASADAD) and other key states to submit comments to SAMHSA on proposed Substance Abuse Prevention and Treatment (SAPT) Block Grant redesign;
- Assisted NASADAD with development of *Policy Brief on Health Reform Implementation Priorities*;
- Prepared/submitted comments to ONDCP regarding the 2011 National Drug Control Strategy;
- Prepared/submitted comments to Administrator of SAMHSA on its Strategic Plan for 2011 – 2014;
- Conducted discussions with and provided comments to Senator Gillibrand’s office on proposed Mental Health in Schools Act of 2009 [HR 2531];
- Participated regularly on NASADAD Public Policy Committee meetings and analyses.

## **Addictions Collaborative to Improve Outcomes for New Yorkers**

OASAS coordinates the Addictions Collaborative to Improve Outcomes for New Yorkers (ACTION) Council - a partnership of 21 state agencies - addressing the impact of addiction on the public health, safety, welfare, and education of New Yorkers. This groundbreaking collaborative initiative, which uses evidence-based approaches to combat addiction, serves as a model for other states and the nation. ACTION demonstrates the benefits of harnessing the expertise and resources of a large number of agencies to address the harmful effects of addiction on individuals, families, and communities.

The ACTION Council formed committees to focus on each of these areas: public health, public safety, public welfare, and public education. During 2010, each committee met regularly and developed workplans with goals, milestones, and outcomes. The ACTION Council met on February 26, 2010, July 29, 2010, and October 29, 2010 in Albany. On October 29, 2010, the ACTION Council issued an Interim Report summarizing its accomplishments in addressing the human toll of addiction in the areas of public safety, public health, public welfare, and public education. The Report also highlighted the valuable input that the Council’s committees gathered from key stakeholders.

During June 2010, the ACTION Council conducted two roundtables to gather input from key stakeholders. Over 50 participants attended the public welfare committee’s roundtable. These included providers and advocates in the areas of child and family welfare, domestic violence, addiction, senior services, veterans, court system, housing, the LGBT community; and state agency staff.

The public health and public safety committees collaborated on a joint roundtable that addressed the issue of medication-supported recovery in the criminal justice system. The roundtable, which had 35 participants, provided a forum for focused discussion of medication-supported recovery between state agency representatives and key stakeholders. The goal of the roundtable was to promote consistency of programs and policies regarding medication-supported recovery.

In December 2010, OASAS and SED met to discuss Race to the Top and SED's overall school reform efforts to improve student achievement, increase graduation rates, and improve career and college readiness, as well as how OASAS' prevention, treatment, and recovery services can assist SED in achieving its school reform objectives. SED and OASAS identified the following potential areas for collaboration:

- Full Service Schools;
- Better Integrating OASAS-funded Prevention Services in Schools;
- School Climate;
- Redesign of Middle Schools;
- Improving Low Achieving Schools.

**Metric 8:     Generate positive media coverage for agency and field accomplishments.**

## **Media**

OASAS uses all avenues available electronically and online to disseminate information.

### **Electronic Media**

OASAS promoted the agency's Facebook, Twitter, YouTube and Flickr accounts. The number of Facebook fans is 503 and Twitter followers is 267. The agency had 2,067 YouTube channel views of posted videos and 1,815 views of Flickr photos.

OASAS continuously updates its website with News and Notices, an Events Calendar, and a rotating advertisement feature on the homepage to highlight initiatives and services in addition to new content, such as the new criminal justice and APG sections. The website receives approximately 60,000 visits each month, with the most visited areas being addiction medicine, credentialing, employment information, DWI directory, provider forms, and regulatory information.

### **Your Story Matters Campaign**

The Your Story Matters Campaign highlights individuals in recovery and is used as a major platform to promote recovery-related events throughout the year. Stories of individuals in recovery are collected and displayed on the campaign website at <http://www.iamrecovery.com>. As of December 31, 2010, 320 stories had been received since the campaign began in September 2008.

### **Public Events**

During 2010, the commissioner appeared at 116 external meetings or public events, each of which extended the OASAS mission and message to government, constituents, providers, and the public.

## **Destination 4 - Talent Management**

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

### **Addiction Career Resource Center**

The Addiction Career Resource Center (ACRC) continues to serve as a recruitment resource for the OASAS provider community and has grown in its customer base and usage. In December 2010, 1,271 people visited the website. During November and December 2010, there was a 35 percent increase in the number of employers posting job openings and a 48 percent increase in the number of job seekers accessing the website.

### **CASAC and Prevention Credentialing Exams**

The pass rate for the December 2010 CASAC exam was 55.4 percent and 100 percent for the prevention credentialing exam.

### **Increasing the Supply of Addiction Professionals within the OASAS System**

During 2010, the number of credentialed professionals increased by 7.6 percent (7,310 to 7,870), and CASAC Trainees by 11.2 percent (4,266 to 4,747).

## **Destination 5 - Financial Support and Stewardship**

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

### **American Recovery and Reinvestment Act of 2009 Funding**

OASAS, in cooperation with the Department of Labor, secured \$500,000 in American Recovery and Reinvestment Act (ARRA) funding to train and prepare entry-level professionals to become credentialed and pursue careers in the addiction field. These funds were awarded to eligible OASAS training providers to cover the costs of tuition for 132 students who met the Department of Labor's eligibility criteria of being unemployed or underemployed. *Alcoholism and Drug Abuse Weekly*, a prominent national publication in the addictions field, featured a story about this initiative.

### **Financial Support**

During 2010, OASAS:

- Identified 172 funding opportunities and posted announcements on its website.
- Disseminated an additional 142 federal news, actions, and notices to the addictions field.
- Secured \$115.9 million through the federal SAPT Block Grant, the single largest federal grant that OASAS administers. The 2011 application was approved on December 29, 2010 (funding is subject to enactment of FY 2011 appropriations).
- Received an award of \$13.1 million from CSAT to conduct NY SOARS over a four-year period. This program will provide vouchers to people suffering from addiction, enabling them to choose and pay for recovery support services.
- Received approval of eight other new and continuation federal grants totaling about \$6 million in support of research and program initiatives.

### **Ambulatory Patient Groups**

APGs are part of an overall state goal to transition Medicaid payment for most physical and behavioral health outpatient services from the current threshold prices to a cost-based pricing structure. APGs separate the current Medicaid threshold rates and services categories into discrete service categories and payment levels that more accurately define services and reflect reimbursable costs associated with delivering a particular service. The new APG reimbursement methodology will replace the threshold visit reimbursement system for ambulatory care services. The APG payment methodology pays different amounts for ambulatory care services based on the resources required for each service provided during a patient visit.

OASAS will phase-in APG reimbursement rates over four years. During the four-year APG phase-in, all outpatient clinics will receive a graduated blend of their current Medicaid reimbursement rate and their final APG rate. OASAS, in collaboration with the Department of Health (DOH), OMH, and OPWDD will have all outpatient programs converted to APGs by July 2011. OASAS provided a series of regional trainings to providers over June and July of 2010.

Upcoming milestones in the APG implementation process include:

- Spring 2011 training on the use of specific APG categories – clinical and regulatory;
- Adoption of final Part 822 (Outpatient Treatment) Regulations;
- Launch of a web-based portal for asking APG related questions and searching answers by keywords;
- Initial evaluation of service delivery patterns based on hospital billing from October 2010;
- Final Evaluation Plan.

OASAS created a section of the agency website specifically for APGs at: <http://www.oasas.state.ny.us/admin/hcf/APG>. The website contains several resources to assist providers with the transition to this new reimbursement method.

## **CHAPTER III: EXECUTIVE BUDGET HIGHLIGHTS**

The 2011-12 Executive Budget recommends nearly **\$671 million** All Funds (\$432 million State Operating Funds; \$239 million Other Funds) for OASAS. This represents a decrease of **\$46 million (-6.4 percent)**, which is largely attributable to the actions summarized below.

The Executive Budget reduces each agency's General Fund State Operations budget by 10 percent. These savings are intended to be achieved through administrative efficiencies in non-personal service and negotiated workforce savings that minimize layoffs to the extent possible.

In addition to 10 percent reductions in State operations, major new actions to promote cost efficiency include:

### **Deferring Cost-of-Living Adjustment (COLA)**

- Defers the planned 1.2 percent human services COLA for one year. However, to continue the state's long-term commitment, a three-year human services COLA is planned to commence April 1, 2012 and continue through the 2014-2015 fiscal year.

### **Refocusing and Redesigning Programs and Services**

- Reduces funding for OASAS programs that fail to meet established performance indicators;
- Reduces and restructures 41 existing gambling education, assessment, and referral programs;
- Delays the development of five gambling prevention programs and three Recovery Community Centers;
- Eliminates planned new funding for additional re-entry services;
- Continues the 1.1 percent reduction to local payments implemented in 2010-2011.

### **Providing Services under Drug Law Reform**

- Continues the current year levels of funding for OASAS costs related to recent drug law reforms, including maintaining 250 residential beds added in 2010-2011. As a result, services for this population will be supported within existing OASAS capacity by enhanced performance and the prioritization of services.