



OASAS 2012 Outcomes Dashboard

The 2012 Outcomes Dashboard identifies the agency's five core destinations and the key metrics used to measure progress by OASAS staff and the field toward reaching those destinations. As part of an ongoing effort to integrate outcomes management into the operations of the agency and the field, the system-wide outcomes dashboard serves as a roadmap to guide efforts and achieve the agency's mission of addressing the prevention, treatment and recovery needs of New Yorkers.

The five core agency destinations include:

Mission Outcomes – to establish an effective science-based system which integrates prevention, treatment and recovery

Provider Engagement – to develop a “Gold Standard” system of service provision

Leadership – to be the state resource on addiction and lead the nation in the field of chemical dependence and problem gambling prevention, treatment and recovery

Talent Management – to become a “Profession of Choice” for attracting, selecting and developing system-wide talent

Financial Support – to ensure a system with strong return on taxpayer investment and stewardship of resources

For additional information on the OASAS Outcomes Dashboard, visit our website at: www.oasas.ny.gov.

Feedback and comments may be submitted to: Associate Commissioner William J. Phillips, billphillips@oasas.ny.gov, or call 518 485-2322.

OASAS 2012 Outcomes Dashboard

Mission Outcomes

Metric 1: Strengthen addiction services through a comprehensive, integrated, culturally competent system that focuses on individual needs and accessibility.

- 1.1: Improve 90-day retention rates by 3 percent over a 36-month period for these two statewide service modalities: Intensive Residential (*baseline - 76%*) and Outpatient programs (*baseline - 72%*).
- 1.2: The 12 OASAS run Addiction Treatment Centers will increase one-week retention rates from 85.7 percent to 87.6 percent and maintain the overall occupancy rate above 90 percent.
- 1.3: Improve services to individuals in treatment by achieving the following results:
 - Expand the number of Opioid Treatment Program (OTP) slots by 50 from 43,962 to 44,012.
 - Increasing the number of OASAS programs trained in Opioid Overdose Prevention by the Harm Coalition from 25 to 35 programs.
 - Fifty percent of the 32 Pregnant and Parenting Women's programs will complete an assessment of cultural competence in delivering gender specific care to women.
 - Compile baseline data for persons in treatment re: number of individuals with HIV, Hepatitis C and other communicable diseases.
 - Improve services to veterans by conducting knowledge enhancement and skill building for 500 treatment provider staff who will advocate the adoption/ use of proven and effective therapeutic models at the provider level.
 - Compile an inventory of universal screening and assessment instruments for adolescents and their families and make it available on the OASAS website.
- 1.4: Successfully implement Medicaid Redesign Team (MRT) recommendations to improve substance abuse and behavioral health program performance regarding Behavioral Health Organizations and Health Home initiatives by meeting milestones articulated in detailed interagency agreements.
- 1.5: Improve interagency integration between OASAS, OMH and DOH including the forming of "Futuring Teams" to implement these system changes:
 - 2012-13 Article 7 law to combine the Governor's Advisory Councils at OASAS and OMH into a single entity
 - Establish a process which will allow local programs with licenses from OASAS, OMH and/or DOH to operate under a single set of operating standards.
 - Collaborate with OMH to implement mental hygiene law changes in statewide comprehensive planning.
- 1.6: The Addiction Screening, Brief Intervention & Referral to Treatment (SBIRT) project supported by an \$8.3 million Federal grant will screen/prescreen 22,784 patients, provide brief intervention to 2,350 and refer 216 patients to treatment in the first year of its five-year time period.

Metric 2: Working in collaboration with NYS DMV, OASAS will increase utilization of evidence-based practices by Impaired Driver Services programs through implementation of a new online reporting/enrollment data systems. This will enable the reporting of recidivism; allow for improved enforcement of clinical screening/assessment standards and improve monitoring of the new evidence based training curricula.

- 2.1: Establish baseline rates for delivery, referral and completion of Impaired Driving Services in NYS.
- 2.2: Fully implement an Impaired Driver Quality Assurance System by:
 - conducting 25 Impaired Driver Screening/Assessment addendum reviews of certified providers and
 - distributing a new self-assessment survey instrument to approximately 1,000 private screening/assessment practitioners and establish a new Impaired Driver Services complaint process and database.

Metric 3: Reduce rates of past 30-day substance use and reduce levels of substance abuse risk factors including: perception of risk, perception of parental disapproval, and percent of youth exposed to prevention messages in New York State.

- 3.1: The 62 counties implementing evidence-based prevention practices will increase their utilization of evidence-based prevention practices from 35 percent to 40 percent or more of the countywide prevention effort.
- 3.2: Administer a survey and develop a baseline of culturally competent evidence-based practices in the prevention provider community.
- 3.3: The 11 funded Strategic Prevention Framework State Incentive Grant communities will submit and have comprehensive strategic plans approved and fully implemented.
- 3.4: The implementation of planned evidence based practices education class delivery will meet or exceed an 80 percent completion standard.

Metric 4: Recovery: Increase the number of persons successfully managing their addiction within a culturally competent, recovery-oriented system of care.

- 4.1: The five- year \$13 million federally funded *Access to Recovery grant* will achieve its enrollment target of 3,875 by the end of 2012 grant year.
- 4.2: The permanent supportive housing portfolio for people in recovery across the state will be increased from 1,460 to 1,530 apartment units.
- 4.3: Increase the number of certified supportive living beds by 5 percent from 965 to 1013.
- 4.4: Implement MRT-Affordable Housing PSH programs statewide in SFY 2012-13 adding more than 400 units for single adults who are high cost, high frequency Medicaid users.
- 4.5: The number of Recovery Coaches trained in the *Connecticut Community for Addiction Recovery* (CCAR) model in NYS will be increased from 270 to 370 and the number of Recovery Coaches trained to disseminate CCAR curriculum in their communities will be increased from 51 to 100.

Provider Engagement

Metric 5: Implement increased program oversight and strengthen provider accountability to ensure culturally competent, quality services.

- 5.1: Implement an enhanced program monitoring system that will result in (25) focused reviews of at-risk programs, which will identify deficiencies requiring corrective action and implementation.
- 5.2 Establish a compliance baseline for programs under the revised Part 822 regulations (822-4 outpatient and 822-5 opioid treatment programs) beginning with recertification reviews conducted in January 2012.
- 5.3: Provide technical assistance to the estimated 70 programs that annually receive six month (non-compliance) or one-year (minimal compliance) conditional operating certificates. At least 80 percent of the programs receiving technical assistance will demonstrate improvement.
- 5.4: In conjunction with the Department of Corrections and Community Supervision, OASAS will certify six additional DOCCS addiction services programs adding to the four certified in 2011 for a total of 10 DOCCS programs.
- 5.5: Reports available in the statewide prevention data collection system, PARIS, will be modified to decrease work plan and data collection delinquencies by 10 percent.

Metric 6: Increase Provider engagement in the Gold Standard Initiative.

- 6.1: Based on an annual survey of providers, OASAS will increase from 2010 baselines the percentage of non-crisis programs (which total 677) adopting targeted evidence based practices (EBPs) as follows:
 - Screening for Co-occurring Disorders (2010 Baseline 67%, Target 70.4%)
 - Motivational Interviewing (Baseline 67%, Target 70.4%)
 - Cognitive Behavioral Therapy (Baseline 60%, Target 63%)
 - Medication Supported Recovery/Buprenorphine (Baseline 37%, Target 38.85%)
 - Process Improvement (Baseline 32%, Target 34%)
- 6.2: Release the first prevention scorecard utilizing PARIS data with approval from the Gold Standard Outcomes Management Advisory Committee.
- 6.3: The OASAS Integrated Quality System (IOS) will conduct data integrity reviews of 100 percent of eligible programs. A Gold Standard application will be completed and the types and number of programs eligible for a four-year operating certificate will be analyzed to validate the methodology.
- 6.4: The number of programs with recurring management plans will be reduced from 31 percent to 29 percent and those with repeat deficiencies will be reduced from 22 percent to 20 percent.
- 6.5: Increase the number of patients served by providers with electronic health care systems as part of national health care reform. Establish a baseline by Spring 2012, with a survey of providers in their use of electronic health records and establish a goal for 2013.

Leadership

Metric 7: Utilize outcome management concepts that focus on performance measures and hold both OASAS and its providers accountable.

- 7.1: Increase use of Outcomes Management across the addictions system by:
 - increasing the percentage (68% to 75%) of providers and local government units (48% to 50%) that report reviewing and acting on outcome focused data on a quarterly basis and
 - increasing (by two, from four to six) the number of regional Outcomes Management Communities of Practice.
- 7.2: Launch at least two Lean/Six Sigma projects to eliminate waste and improve customer outcomes within OASAS.

Metric 8: Educate and partner with the community, government agencies and elected officials to advance the agency mission by increasing public awareness through positive media coverage and proactive communication strategies.

- 8.1: Support a statewide Recovery consumer movement by increasing the total number of stories to the "*Your Story Matters*" campaign at www.iamrecovery.com from 410 to 470.

- 8.2: Effectively articulate agency policy issues/initiatives and collaborate with federal and state government agencies, elected officials and affiliated organizations to support the OASAS mission.



Talent Management

Metric 9: Increase cross-systems training to support integrated, culturally competent behavioral health services.

- 9.1: Increase the number of OASAS programs that enroll staff and provide access to the online *Focus on Integrated Treatment* (FIT) modules, webinars and learning collaborative from 173 to 250. Increase by 50 percent (2,500 to 3,750) the number of FIT modules, webinars and learning collaborative sessions completed by provider staff.
- 9.2: Increase by 10 percent the proportion of OASAS providers that are determined to be dual diagnosis capable using the Dual Diagnosis Capability in Addiction Treatment (DDCAT) rating process.

Metric 10: Increase full knowledge, expertise and retention of a high-performing, diverse staff throughout the field.

- 10.1: Expand provider skills through training in the following areas:
 - Provide fetal alcohol spectrum disorder training to a minimum of 350 provider staff from the addictions system and other service systems.
 - Increase the number of providers receiving overdose prevention training by 10 percent from 27 to 30.
 - Provide SBIRT training to 500 individuals in both OASAS and non-OASAS settings. Develop a 12-hour training for non-licensed individuals and certify two additional training entities.
 - Deliver Wellness Self-Management Plus training to 15 OASAS providers, reaching 100 participants.
- 10.2: Increase the number of addiction professionals across the state by five percent as follows:
 - Credentialed Alcohol and Substance Abuse Counselors (CASAC) (7,085 to 7,439)
 - CASAC Trainees (5,277 to 5,540)
 - Certified Addictions Registered Nurses (CARNs) (87 to 92)
 - American Board of Addiction Medicine (ABAMs) Certified Physicians (214 to 225)
 - Credentialed Prevention Professionals (333 to 350)

- 10.3: Work with Human Resource professionals in the field to develop an HR/Leadership Institute in 2012 and implement at least one *Best Places to Work* initiative.

Metric 11: Improve OASAS leadership capabilities and employee engagement in a culturally competent environment

- 11.1: Seventy-five percent (2011 baseline - 67.8%) of staff will report that their supervisors conduct supervisory meetings at least monthly and discuss professional development opportunities and performance outcomes.
- 11.2: Managers and supervisors will ensure 100 percent (2011 baseline 73%) of performance programs for OASAS supervisors include a standard supervision performance task measure that rates quality assessments and timely submission of employee performance evaluations.
- 11.3: Supervisory skills will be enhanced through monthly group learning sessions with an average participation rate of 65 percent (2010 baseline 47.5%) and an average participant usefulness rating of 80 percent (2010 baseline 68%) as measured by surveying training participants.
- 11.4: A total of 20 percent of all OASAS staff will participate in cultural competency training with an overall "Good" satisfaction rate as measured by training evaluations.

Financial Support

Metric 12: Increase or stabilize funding resources while ensuring strong return on taxpayer investment.

- 12.1: Maintain and/or increase federal or foundation financial support of agency priorities through supporting grant development, management and comment on proposed changes in funding sources.

- 12.2: The annual NYS Retailer Violation Rate for underage tobacco sales, which is required by the Federal Synar Amendment for states to receive Federal Block Grant Funds, will continue to be less than the weighted national average of 9.3 percent and remain close to recent NYS average of 5.8 percent.

- 12.3: Achieve Governor's Minority/Women Owned Business Enterprise goal of increasing state contracting to minority and women owned businesses to 20 percent.