

The development and implementation of the OASAS Outcome Dashboard was made possible by the hard work of many people both from within OASAS and beyond. The people listed below are the ones who have played the most direct role in this effort:

Special thanks to the Governor's Advisory Council on Alcoholism and Substance Abuse Services for their feedback and support.

OASAS Executive Cabinet:

- Arlene González-Sánchez, Commissioner
- Kathleen Caggiano-Siino, Executive Deputy Commissioner
- Peggy Bonneau, Director, Office of Health, Wellness, and Medical Direction
- Mary Ann DiChristopher, Acting Associate Commissioner, Division of Prevention, Recovery, Technology and Management Service
- Steve Hanson, Acting Associate Commissioner, Division of Treatment and Practice Innovation
- Robert Kent, Director, Office of Counsel, Internal Audit and Internal Controls
- Steven Kipnis, MD, Medical Director
- Michael Lawler, Associate Commissioner, Division of Fiscal Administration
- Lureen McNeil, Acting Director, Office of NYC Operations and Affirmative Action
- Charles Monson, Associate Commissioner, Division of Quality Assurance and Performance Improvement
- William Phillips, Associate Commissioner, Division of Outcomes Management and System Information
- Jannette Rondó, Office of Public Information and Communications
- Monica Wilson, Program Manager, Human Resources Management
- Patricia Zuber-Wilson, Director, Office of Government Affairs and Grants Management

Division of Outcome Management and System Information Staff:

Constance Burke, John Debes, Bill Hogan, Loretta Gillen, Denise LeClair

For additional information on the OASAS 2011 Outcomes Dashboard visit our website at www.oasas.state.ny.us. Send feedback or comments to OutcomesManagement@oasas.state.ny.us or call 518-485-2322.

Commissioner Arlene González-Sánchez
Executive Deputy Commissioner Kathleen Caggiano-Siino

Associate Commissioner William J. Phillips

8/11/11

OASAS COMMITMENT TO SYSTEM OUTCOMES

2011 marks the fourth year OASAS has issued a system-wide Outcomes Dashboard—a tool designed to focus staff across the agency and the prevention, treatment and recovery system on the most important success indicators associated with mission achievement. This one-page document is our system-wide plan as it specifies our five core “destinations” and how we will measure progress through our 12 key metrics. This year we have highlighted five **Commissioner's Priorities**—new areas of focus Commissioner Arlene González-Sánchez has identified. Also included this year are system-wide initiatives for improving key client level performance measures.

OUR CORE DESTINATIONS

The five destinations that organize our strategic map reflect a comprehensive look at system performance including Mission Outcomes-our primary purpose; Provider Engagement-the evidence that our key customers and partners are highly committed to our joint success and involved in our journey; Leadership-our commitment to initiate change and demonstrate to others our success; Talent Management-the essential role staff play at all levels; and Financial Support-our responsibility to be good stewards of the public's trust.

- **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.

Mission Outcomes

Commissioner's Priority Metric 1: Strengthen addiction services through a comprehensive, integrated, culturally competent system that focuses on individual needs and accessibility. (Hanson)

- 1.1: Improve system-wide treatment outcomes in two of the National Outcomes Measures as well as in two NYS Scorecard Domains, which are most closely associated with positive patient outcomes. (Hanson/Brandau)
- 1.2: The 12 OASAS-run Addiction Treatment Centers will increase one-week retention rates from 84.6% to 87.6% and maintain the overall occupancy rate at 90% for the 10,000 patients served this year. (Hanson)
- 1.3: Improve services to individuals in treatment by achieving the following results:
- Expand by 50 the number of Opioid Treatment Program (OTP) slots. (Greenfield)
 - Increase the number of Opioid Overdose reversals in NYS from 320 to 420. (Kipnis)
 - 50% of the 32 Pregnant and Parenting Women's programs will complete an assessment of cultural competence in delivering gender-specific care to women. (Morris-Groves)
 - Compile baseline data regarding number of individuals with tuberculosis, HIV, Hepatitis A, Hepatitis B, Hepatitis C and other communicable diseases. (Kipnis)
 - Improve services to veterans by conducting knowledge-enhancement and skill-building training for 500 treatment provider staff. (Noonan)
 - Compile an inventory of universal screening and assessment instruments for adolescents and their families and make it available on the OASAS website. (Morris-Groves)

Commissioner's Priority Metric 2: Successfully implement a new evidence-based Drinking Driver Program and enhanced DWI screening and assessment, which will reduce DWI recidivists based on the total number of drivers with a DWI conviction. (Kent)

- 2.1: Training on the Prime for Life curriculum will be provided to 480 DDP providers and 90% will report they are prepared to implement the curriculum. (Fesko)
- 2.2: 90% of 1500 providers will be trained on the standards for screening and assessment of impaired drivers and 75% will attest adherence to the clinical guidelines through the IDS system. (Fesko)
- 2.3 Create a baseline rate for recidivism of offenders who complete the DDP and for offenders who complete treatment. (Flaherty)

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. (DiChristopher)

- 3.1: Increase from 53 to 62, the counties that are implementing evidence-based prevention practices with 35% or more of their county-wide prevention effort. (Brady)
- 3.2: Develop a baseline of culturally competent evidence-based practices in the prevention provider community. (Brady)
- 3.3: The 11 funded Strategic Prevention Framework State Incentive Grant communities, which are supported by a \$10.6 million federal grant that requires cultural competence in each step, will administer an OASAS-approved survey, complete their needs assessment report, and have their data-driven, culturally competent strategic plan approved by the Evidence Based Review Panel. (Brady)

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

- 4.1: The \$13 million federally supported 5-year Access to Recovery grant will achieve its enrollment target of 1,500 people by the end of 2011. (McNeil)
- 4.2: The system's housing portfolio for people in recovery across the state will be increased from 1,365 to 1,460 apartment units. These increases will also expand the number of communities with available housing for this population from 23 to 24. (Panepinto)

Provider Engagement

Commissioner's Priority Metric 5: Implement increased program oversight and strengthen provider accountability to ensure culturally competent, quality services. (Monson)

- 5.1: Implement an enhanced program-monitoring system that will result in (30) focused reviews of at-risk programs, which will identify deficiencies requiring corrective action and implementation. (Lachanski)
- 5.2: Provide technical assistance to the estimated 70 programs annually receiving a 6-month (non-compliance) or one-year (minimal compliance) conditional operating certificate. At least 80% of programs receiving technical assistance will demonstrate improvement. (Lachanski)
- 5.3: In conjunction with the Department of Corrections and Community Supervision, OASAS will certify 5 additional DOCCS addiction services programs adding to the 5 certified in 2010. (Hanson)
- 5.4: Implement an integrated early warning system for prevention programs reporting under the PARIS system to reduce reporting delinquencies. (Walker)

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

- 6.1: Increase the number of providers implementing at least one Gold Standard element from 35% to 50% as evidenced by survey results received from the Gold Standard Initiative website. (Paloski)
- 6.2: 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 (Brandau):
- 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%).
- 6.3: The first prevention scorecard will be released using PARIS data with support and approval from the Gold Standard Outcomes Management Advisory Committee. (Walker)
- 6.4: The OASAS Integrated Quality System (IQS) will achieve the following implementation milestones by the end of the year: (Paloski/Lachanski)
- Conduct Statewide Regional forums.
 - Complete data integrity review and issue 4-year operating certificates.
 - Finalize 5-year operating certificate application process.
- 6.5: Reduce the number of programs with recurring management plans from 31% to 29% and from 22% to 20% for repeat categories. (Rabinowitz/Murphy)

Leadership

Commissioner's Priority Metric 7: Utilize outcome management concepts that focus on performance measures and hold both OASAS and its providers accountable. (Phillips)

- 7.1: Increase the number of programs and OASAS managers that use performance data to improve results over 2008 baselines. Programs (77% to 80% treatment) OASAS Managers (38% to 40%) (Burke/Hogan)
- 7.2: Build upon being the first New York State agency to implement a Lean thinking process improvement approach by fully implementing the procurement and human resources projects and by launching at least two additional Lean projects that eliminate waste and improve customer outcomes. (Burke)

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. (Zuber-Wilson/Rondó)

- 8.1: Support a statewide Recovery consumer movement by adding 100 new stories to the 307 collected since 2009 through the "Your Story Matters" campaign at www.iamrecovery.com. (Rondó)
- 8.2: Issue at least 24 press releases highlighting agency initiatives, campaigns and activities. Respond to press inquiries within two days and effectively communicate OASAS' perspective on policy issues affecting the addictions field. Continue to inform communities, government agencies, and legislators via weekly web postings and weekly OASAS mailing and e-mail distributions. (Rondó/Zuber-Wilson)

Talent Management

Commissioner's Priority Metric 9: Increase cross-systems training to support integrated, culturally competent behavioral health services. (Monson)

- 9.1: Increase the number of OASAS programs (63 to 80) that enroll staff and provide access to the on-line Focus on Integrated Treatment (FIT) modules, which are designed to help programs implement integrated treatment for co-occurring disorders, and establish the number of successfully completed modules for 2011. (Rosenberry)
- 9.2: Increase by 25% the average integrated service provider capability score on the Dual Diagnosis Capability in Addiction Treatment (DDCAT) following completion of targeted training efforts. (Rosenberry)

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

- 10.1: Expand provider skills through training in the following areas. All training outcomes will be at or above 80% satisfaction and 30% implementation rates: (Hanson)
- Increase from 150 to 300 the number of provider staff from the addictions system and other service systems receiving fetal alcohol spectrum disorder training.
 - Increase from 16 to 25 providers receiving overdose prevention training.
 - Increase from 0 to 100 the number of individuals completing SBIRT training in both OASAS and non-OASAS settings.
 - Provide Wellness Self-Management Plus training to 15 OASAS providers, reaching 100 clients.
- 10.2: Increase the number of addiction professionals across the state as follows: (Rosenberry)
- Certified Alcohol and Substance Abuse Counselors (CASACs) by 5% (7,594 to 7,974).
 - CASAC Trainees by 10% (4,681 to 5,149).
 - Certified Addictions Registered Nurses (CARNs) by 5% (54 to 57).
 - American Board of Addiction Medicine (ABAM) Certified Physicians by 5%.
 - Psychologists with Addiction Proficiency Certification by 5%.
 - Credentialed Addiction Professionals in the Corrections system by 5% (135 to 142).
 - Increase the pass rate for the CASAC credentialing exam from 57.3% to 60%.
- 10.3: Increase by five the number of providers that apply for Best Places to Work recognition during 2011. (Caggiano-Siino)
- 10.4: At least 50% of 125 providers participating in the Best Practices human resources initiative will implement at least one Best Places to Work dimension. (Caggiano-Siino)

Metric 11: Improve OASAS leadership capabilities as follows: (Wilson)

- 11.1: Eighty-five percent of OASAS managers will discuss performance expectations with staff and encourage their professional development. (Wilson)
- 11.2: Managers will ensure that 100% of performance programs for OASAS supervisors include a standard supervision performance task/measure for timeliness and quality of task completion. (Wilson)
- 11.3: Increase satisfaction and implementation of supervisory learning principles. A training participation rate by supervisors and managers of 90% is expected with an 80% satisfaction rate as measured by a survey of training participants. (Wilson)
- 11.4: Seventy percent of OASAS managers will participate in cultural competency training with an eighty percent satisfaction rate based on evaluations. (Wilson)

Financial Support

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

- 12.1: Successfully convert to a new Statewide Financial System (SFS) by meeting all implementation dates. (Lawler)
- 12.2: Successfully implement the revised Substance Abuse Prevention and Treatment Block Grant in the context of Health Care Reform, Medicaid Redesign and SAGE Commission recommendations. (Zuber-Wilson)
- 12.3: Implement Ambulatory Patient Groups (APGs) reimbursement methodology in all OASAS freestanding programs. (Lawler)
- 12.4: Successfully implement the 2011 Medicaid reform team recommendations including issuance of behavioral health organization solicitation according to agreed upon interagency plans. (Kent)
- 12.5: 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 which was 9.3% in 2009. (Phillips)