

AGENCY SUMMARY
Agency Programs/Activities: Inventory and Key Data
Office of Alcoholism and Substance Abuse Services

Relation to Core Mission (H/M/L)	Program/Activity	Spending Category (SO, ATL, CAP)	3/31/09 FTEs (All Funds)	ALL Funds Disbursements (\$000s)			Service Information*	Number of Funded	
				2006-07 Actual	2007-08 Actual	2008-09 Plan		2009-10 Projected	Programs
Prevention									
H	Program Development - Prevention Services	SO	27	1,574	1,761	2,479	2,525		
Community Prevention Services									
H	Gambling Prevention	AL		1,076	1,482	2,003	2,476	See Attach. C	20
H	Chemical Dependence Prevention Services	AL		71,086	79,966	80,058	83,017	See Attach. C	240
M	Community Mobilization	AL		509	476	375	323	N/A	6
H	Regional Prevention Resource Centers	AL		0	0	1,054	1,130	N/A	2
Total Prevention Services			27	74,245	83,685	85,969	89,471		268
Treatment									
State Operated Addiction Treatment Services									
	Program Oversight	SO	10	2,714	2,985	3,841	3,884		1
L	Personnel Target for new clinical positions	SO	4	0	0	233	332		1
H	Kingsboro	SO	98	6,738	7,064	9,778	10,268	1,707	3
H	Stutzman	SO	27	2,004	2,104	2,872	3,021	534	1
H	Manhattan	SO	40	3,050	3,191	4,416	4,650	808	1
H	McPike	SO	49	3,700	3,887	5,407	5,679	997	1
H	R. C. Ward	SO	49	4,163	4,389	5,931	6,112	988	1
L	Swing-Bed Detox	SO	5	0	0	306	414	N/A	1
H	J. L. Norris	SO	34	2,654	2,790	3,795	3,984	726	1
H	St. Lawrence	SO	32	2,409	2,525	3,478	3,658	573	1
H	Van Dyke	SO	26	2,385	2,520	3,374	3,537	392	1
H	Creedmoor	SO	26	1,204	1,266	1,799	1,888	448	1
H	Blaisdell	SO	41	3,204	3,367	4,588	4,827	747	1
H	C. K. Post	SO	62	4,586	4,808	6,776	7,112	1,088	2
H	Bronx	SO	32	2,526	2,659	3,670	3,854	626	1
H	South Beach	SO	26	1,970	2,050	2,832	2,981	435	1
Subtotal State Operated Addiction Treatment Services			561	43,307	45,605	63,096	66,201		17
H	Program Development - Treatment Services	SO	24	1,399	1,565	2,204	2,244		
Community Addiction Treatment Services									
H	Gambling Treatment	AL		1,882	1,773	1,916	2,185	726	24
Outpatient									
L	Outpatient Chemical Dependence for Youth	AL		76	87	85	91	198	1
H	Medically Supervised Outpatient	AL		82,530	98,370	93,966	108,049	79,228	249
M	Enhanced Medically Supervised Outpatient (R&R)	AL		6,504	5,506	4,104	4,077	incl. above	27
L	MOU with DOCS (SAPT) (R&R)	AL		0	500	500	500	N/A	N/A
H	Outpatient Rehabilitation	AL		6,792	6,471	5,533	5,622	4,713	37
H	Specialized Substance Abuse Services - Edgecombe	AL		0	0	1,074	1,151	167	1
Methadone									
H	Methadone Maintenance - Outpatient	AL		21,766	23,700	22,378	23,106	26,782	67
M	Enhanced Methadone Maintenance - Outpatient (R&R)	AL		437	205	200	214	incl. above	2
H	Methadone to Abstinence - Outpatient	AL		303	364	333	357	206	1
H	Methadone Maintenance - Residential	AL		2,568	2,795	2,626	2,707	129	3
L	KEEP Units Prison (R&R)	AL		911	1,038	1,010	1,082	N/A	1
L	KEEP Units - Outpatient (no longer funded)	AL		750	228	0	0	0	0
H	Methadone to Abstinence - Residential	AL		1,982	2,266	2,423	2,596	727	2
Residential									
H	Residential Rehabilitation Services for Youth (RRSY)	AL		0	3,285	7,652	8,201	923	9
H	Intensive Residential	AL		106,278	116,007	106,910	110,588	16,002	89
H	Community Residential	AL		20,219	25,882	25,171	26,979	5,044	80
H	Supportive Living	AL		524	754	674	722	428	6

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				2006-07 Actual	2007-08 Actual	2008-09 Plan	2009-10 Projected		Programs	Providers
H	Residential CDY (Long Term)	AL		4,550	4,450	2,674	2,866	70	4	4
	Crisis	AL								
H	Primary Care/ACC	AL		593	693	645	665	896	1	1
H	Medically Supervised Withdrawal Services - Inpt./Residential	AL		1,190	3,129	1,099	1,178	2,709	4	3
H	Medically Supervised Withdrawal Services - Outpatient	AL		734	830	848	866	240	1	1
H	Medically Monitored Withdrawal Inpatient	AL		16,886	18,806	18,963	19,360	12,001	18	18
L	Residential CDY (Short-Term) - converted to RRSY	AL		1,245	1,578	0	0	0	0	0
M	Inpatient Rehabilitation Services	AL		888	1,679	745	784	966	2	2
	Program Support Services	AL								
H	Case Management	AL		3,786	4,884	5,159	5,566	N/A	58	50
H	LGU Administration	AL		3,862	4,391	4,268	4,574	N/A	61	57
H	Managed Addiction Treatment Services (MATS)	AL		6,769	8,067	8,170	8,757	1,400	23	23
H	Dual Diagnosis Coordinator/Co-occurring	AL		488	551	1,034	1,429	N/A	6	6
L	Criminal Justice Intervention/DWI (R&R)	AL		1,027	1,231	1,187	1,272	N/A	10	10
L	Suballocate SAPT to DOCS (\$900K annually)** (R&R)	AL		0	0	0	0	N/A	N/A	N/A
H	Road to Recovery Supplemental Payments	AL		753	887	841	901	430 ##	16	16
M	Intake, Outreach & Referral Units	AL		447	679	751	812	N/A	3	3
L	Support Services - Medical/Legal/Psych	AL		262	298	233	250	N/A	1	1
H	Support Services - Educational	AL		48	317	413	453	N/A	8	8
H	Community Services	AL		126	347	473	521	N/A	28	25
H	Resource	AL		352	460	478	514	N/A	3	3
H	Program Administration	AL		1,015	1,045	530	559	N/A	1	1
M	Children of Substance Abusers (COSA)	AL		469	507	494	509	N/A	4	4
M	AIDS Resource (non-hospital based)	AL		4,231	4,988	4,990	5,159	N/A	15	15
L	AIDS Resource (hospital based)	AL		496	496	510	526	N/A	7	7
L	Suballocate SAPT to AIDS Institute (\$1.4m annually)** (R&R)	AL		0	0	0	0	N/A	N/A	6
L	Legislative Member Items	AL		4,164	2,779	913	978	N/A	45	29
	Subtotal Community Addiction Treatment Services			24	309,302	353,888	334,177	358,970	918	690
	Total Treatment Services			585	352,609	399,493	397,273	425,171	935	690
	<u>Recovery</u>									
H	Program Development - Recovery Services	SO	17	991	1,109	1,561	1,589			
	Community Recovery Services									
H	Recovery Community Centers	AL		0	0	285	618	N/A @	0	0
H	NY NY III: Post-Treatment Housing	AL		0	0	5,994	6,424	300 &	10	10
H	NY NY III: Housing for Persons at Risk for Homelessness	AL		0	4,570	6,744	7,228	287 &	1	1
H	Shelter Plus Care	AL		8,009	9,385	10,051	12,844	940 &	50	28
M	Vocational Rehabilitation	AL		11,464	11,893	11,434	12,254	N/A	83	74
M	Job Placement Initiative	AL		1,780	2,826	2,755	2,953	N/A	8	8
H	Permanent Supportive Housing	AL		0	0	213	1,053	N/A @	0	0
	Total Recovery Services		17	22,244	29,783	39,037	44,963		152	121
	<u>Program Oversight and Planning</u>	SO		14,031	15,623	21,752	22,142			
H	Statewide Field Operations	SO	72							
H	Certification	SO	11							
H	Training	SO	12							
H	Fiscal Audit and Review	SO	13							
H	Standards Compliance	SO	30							
H	Enforcement	SO	19							
H	Credentialing	SO	11							
H	Long Range and Local Services Planning	SO	6							

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M	Needs Assessment and Outcome Management	SO	1							
H	Epidemiology, Ethnography & Need Methodology	SO	12							
H	Practice Improvement	SO	2							
M	Research and Development	SO	1							
L	Street Studies	SO	3							
M	Federal Policy	SO	3							
H	Grants Management	SO	2							
H	Program Performance Monitoring and Data Reporting	SO	10							
H	Data Management	SO	4							
H	Project Evaluation	SO	4							
H	Facility Evaluation & Inspection	SO	10							
Total Program Oversight and Planning			228	14,031	15,623	21,752	22,142	0	0	0
Agency Direction and Support										
H	Executive Office	SO	25	1,943	2,174	3,061	3,117			
H	Counsel	SO	9	658	736	1,036	1,055			
H	Fiscal Administration	SO	46	4,732	5,293	7,452	7,589			
H	Information Technology	SO	29	8,162	9,131	12,855	13,093			
H	Human Resources	SO	13	1,101	1,232	1,735	1,767			
H	Management Services/Emergency Management	SO	12	3,102	3,470	4,885	4,975			
Total Agency Direction and Support			134	19,698	22,036	31,024	31,596	0	0	0
Capital Projects										
H	Capital Management	CAP 002	8	569	581	630	630			
H	Minor Maintenance	CAP		7,903	6,110	11,794	11,521			
H	State Owned-Capital Projects	CAP-002		567	805	1,094	700			
H	State Owned-Bonded	CAP-389		1,133	3,182	8,905	4,925			
H	Voluntary Capital	CAP-389		31,455	37,283	75,114	126,392			
M	New Voluntary	CAP-389		0	1,701	5,296	12,641			
Capital Total			8	41,627	49,662	102,833	156,809	0	0	0
Grand Total			999	524,455	600,282	677,888	770,152	0	1,355	1,062

- * Represents annual number of clients served, unless otherwise indicated
- ** Cash disbursements for these suballocations reside in DOCS and DOH
- # Represents average daily census since opening in April through end of July
- ## Represents supplemental payments (\$2,100 each) to support placement of up to 430 people in intensive residential services annually
- @ Programs not yet operational
- £ Represents number of housing units

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Program Development - Prevention Services

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background:

Prevention Program Development efforts entail the development, implementation, and maintenance of policies, resources and services in the areas of prevention. This is achieved by working in partnership with key policymakers, the provider network, individuals, families, and communities to create and promote a framework that supports safe and healthy environments. The framework that has evolved to date is both comprehensive and research-based.

The actual delivery of prevention services in New York State is contracted through county local assistance and direct funding of 229 school district and community non-profit and private provider organizations (50 in New York City; 179 in Rest of State). The providers operate 302 programs in a variety of settings (schools, community-based organizations, faith-based organizations, etc.) statewide. These providers deliver a wide range of services including evidence-based classroom education, social norms change media campaigns, prevention counseling for high risk youth, social skills development workshops, substance abuse training sessions for parents and teachers, and positive alternative activities for youth.

In 2007-08, over 470,000 individuals participated in prevention programs.

Issues: There continues the need for evidence-based program training for providers.

Population Served: In 2007-08, over 470,000 individuals participated in multiple session prevention programs. Over 11,000 information dissemination activities exposed more residents to public health messages through the media. Service population age groups were: 5-11 (55%), 12-17 (40%) and adults (5%). Race was 49% White, 30% African-American and 20% Other. Hispanic ethnicity comprised 26% of the population served. Gender of the population served was 51% female and 49% male.

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Performance Measures: Capacity Improvement measures include: increasing amount of evidence-based services delivered; increasing the number of communities served by a prevention coalition; and increasing the percent of the population exposed to prevention media messages. Outcome measures include: reducing (at the county level) number of youth past 30 day use of alcohol, marijuana and tobacco; and increasing youth perception of harm of substance use. Information will be collected through the PARIS data system and from a statewide county-level student survey.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Gambling Prevention

Rank: High

Mandate: Section 19.07 of the Mental Hygiene Law – The office is also responsible for developing plans, programs and services related to compulsive gambling education, prevention and treatment consistent with Section 41.57 of the Mental Hygiene Law.

Mandated Funding Level: None

Brief Description/History/Background: Promising prevention programs, activities and strategies that are targeted to decrease risk factors and increase protective factors related to problem gambling behaviors.

In 2008-09, there are 20 programs funded through 20 providers.

Specific prevention efforts include: the development and delivery of problem gambling educational programs using locally adapted classroom curricula; and utilization of environmental strategies including three interrelated environmental factors that predict population levels of problem gambling. Providers are adapting these strategies in an effort to improve problem gambling regulations and policies as well as change social norms regarding problem gambling. Information dissemination efforts help inform the public about the issues of problem gambling and addiction and provide knowledge regarding the nature, extent and impact of problem gambling on individuals, families and communities. In addition, community capacity building efforts support communities in assessing needs, developing resources and integrating problem gambling youth prevention services within existing institutions.

Issues: Most New York State residents do not identify gambling as a potential risky behavior. Limited access to problem gambling prevention programs throughout state. Goal is to have at least one problem gambling prevention program in every state.

Population Served: Over 2,000 individuals have participated in specific problem gambling educational sessions. In addition, 2.3 million social norms messages have been disseminated by providers and applicable information has been disseminated to more than 63,590 contacts.

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Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Chemical Dependence Prevention Services

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: U.S. SAMHSA SAPT Block Grant requires that 20 percent of the grant must be used for primary prevention services.

Brief Description/History/Background: The following describes the prevention service approaches delivered by OASAS funded prevention providers. Some are designed to improve individual and family risk and protective factors, while others target the community and school environment as a whole. In 2008-09, there were 240 programs funded through 223 providers.

Drug Abuse Education (Evidence-based Programs) - primarily school-based classroom programs using multi-session curricula to increase family and youth understanding of the consequences of substance abuse, improve drug and other problem behavior attitudes and teach drug refusal and other social skills.

Population Served: There were 166,000 clients served in 2007-08, primarily in elementary and middle schools.

Drug Abuse Education (Other Programs) - similar to evidence-based classroom programs but are locally developed and/or modified and adapted from the evidence-based models.

Population Served: There are 170,000 clients served.

Evidence-Based Prevention (Environmental Strategies) - strategies developed to target environmental factors to improve substance use regulations and policies, increase compliance with regulations and policies to reduce availability of alcohol, tobacco and other substances; and change social norms regarding substance abuse. Such strategies include alcohol outlet compliance checks and training; policies to reduce availability and public use of alcohol; and media campaigns to change social norms.

Population Served: There were 25 substance use regulation and policy change activities, 381 activities to increase compliance with regulations and policies to reduce the availability of alcohol, tobacco and other substances activities and 11,911,000 media exposures to promote drug-free lifestyles.

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Prevention Youth Counseling - for individuals considered at highest risk and may require referral to more intensive services. Components include assessment and referral, individual counseling, group counseling and family counseling focused on improving factors identified in an Individualized Services Plan.

Population Served: There were 96,000 participants served in 2007-08, primarily high school students; 220,000 assessments and counseling sessions were delivered.

Positive Alternative Activities - pro-social interaction and social skill development in after-school programming to help develop a healthy lifestyle.

Population Served: There were 21,000 sessions and over 38,000 participants.

Issues: None

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Community Mobilization

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: To bring science/evidence-based prevention strategies to locally identified risks and protective factors through local coalitions that develop strategic action plans. OASAS supports this initiative with a formal training process, using certified trainers and provision of technical assistance.

In 2008-09, there are 6 programs funded through 6 providers.

Issues: OASAS has embarked on a new strategy for working with prevention providers throughout the State. In 2008, OASAS made two awards to upstate providers to develop regional Prevention Resource Centers. The overall goal is to develop seven regional centers (see separate Attachment C) throughout the State to work with communities and prevention providers on current prevention science. It is anticipated that the community mobilization programs will be encompassed into regional centers once all of them are operational over the next several years.

Population Served: The primary focus is assisting local communities including: parents, youth, schools, prevention providers, community organizations, local government, law enforcement, faith community and the business sector in preventing alcohol and drug abuse and developing healthy environments for individuals and families.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

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Name of Program: Regional Prevention Resource Centers

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: As training and technical assistance centers, these regional prevention resource centers will work in partnership with OASAS, counties, and OASAS-funded prevention providers to build capacity and resources to help communities facilitate partnerships and collaborations focusing on effective prevention strategies and programs that address alcohol, other drug abuse and problem gambling in a multi-county area. The resource centers will also serve as a key component in the transfer of knowledge to communities and prevention providers on current prevention science.

In 2008-09, there are 2 Prevention Resource Centers funded through 2 providers.

Issues: The overall goal is to establish Prevention Resource Centers in each region across the state over the next several years.

Population Served: The primary focus targets at-risk youth and their communities. It is estimated that approximately 823,000 underage youth are engaged in underage drinking each year in the state.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
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Name of Program: Bureau of Addiction Treatment Centers (ATC)

Ranking: High

Mandate: Section 19.07 of the Mental Hygiene Law: Programs and operation of facilities in the office of alcoholism and substance abuse services.

Mandated Funding Level: None

Brief Description/History/Background:

OASAS operates 13 Addiction Treatment Centers (ATCs) with 652 inpatient beds, including 10 swing beds for detoxification services (Kingsboro ATC), and two Community Residence programs with 39 beds. All facilities are accredited by an international accrediting body (CARF). OASAS ATCs are a vital component of the addictions treatment system, ensuring that all New Yorkers have access to inpatient services. They have also been nationally recognized for initiating the incorporation of nicotine treatment into addictions treatment, thereby addressing the addiction that causes the greatest mortalities in the recovering population.

On an annual basis, over 10,000 individuals are treated at the 13 ATCs. Additionally, the patients being admitted also have a variety of other issues including: significant mental health problems (35 percent); involvement with the criminal justice system (40 percent); unemployment (90 percent); and significant medical problems (96 percent).

Issues: The 2008-09 enacted budget for OASAS included funding for a total of nine new clinical positions for the Addiction Treatment Centers (ATC's). These nine positions were originally intended to address two issues: the establishment of a swing bed detox unit at the R.C. Ward ATC (5 FTE's), and four positions to be allocated to the remaining facilities to address the need for more clinical supervision. As part of the requirement to reduce State Operations spending by seven percent in 2008-09, it was determined that these nine positions would not be filled at this time.

Population Served: The programs assure that the uninsured, underinsured and Medicaid populations have access to this vital level of care. The facilities also provide specialized programs for the following populations:

- Co-occurring Mental Health Issues
- Criminal Justice/Drug Court
- Deaf and Hard of Hearing
- Women and women with young children
- Traumatic Brain Injury – this program will be of increased importance with returning veterans

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- Detoxification services offered at a fraction of hospital based costs
- Spanish Speaking
- Lesbian, Gay, Bisexual, Transgender
- Native Americans
- Homeless

Additionally, the ATC's serve many areas where there are no other available inpatient services for these populations (Long Island, Kings County, Adirondacks, etc.).

Performance Measures: The ATC's performance is measured through a variety of OASAS performance measures including treatment completion and follow up, accreditation/licensure, and a variety of measures related to the Agency/Division Metrics.

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Division of Fiscal Administration - Bureau of Budget Management
General ATC Information

ATC	Location	Specialties	# of Beds	FTE Target	Unique People Served	# of Programs
Blaisdell	Rockland	Traumatic Brain Injury (Males)	52	41	747	1
Bronx	Bronx	Criminal Justice	38	32	626	1
Creedmoor	Queens	Women & Homeless	26	26	448	1
Kingsboro	Kings	Swing-bed Detox, Community Residence, Co-occurring, Women, Criminal Justice	100	98	1,707	3
Manhattan	New York	Mono-lingual Spanish, LGBT	52	40	808	1
McPike	Oneida	Co-occurring	68	49	997	1
R. C. Ward	Orange	Women & Children	60	54	988	1
Norris	Monroe	Deaf & Hard of Hearing, Women	44	34	726	1
C. K. Post	Suffolk	Community Residence	79	62	1,088	2
So. Beach	Richmond	Women & Homeless	30	26	435	1
St. Lawrence	St. Lawrence	Native Americans	40	32	573	1
Stutzman	Erie	Women & Children, Traumatic Brain Injury being developed for Women	33	27	534	1
Dick Van Dyke	Seneca	Separate Gender Programs	30	26	392	1
Total			652	547	10,069	16

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Program Development - Treatment Services

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Following is a brief overview of the Treatment Program Development functions:

- Identify and develop clinically appropriate program models for dissemination and use by OASAS certified treatment providers;
- Conduct research on evidence-based clinical practices;
- Train providers on evidence-based practices which support OASAS treatment models, including joint trainings with other systems of care (public health, public welfare, public education, public safety);
- Identify, analyze and disseminate information on clinical tools, including: screening, evaluations, level of care determinations, and targeted outcomes; and
- Oversee compliance and enforcement activities of providers authorized to provide methadone services pursuant to federal and state regulations.

In carrying out these functions, staff address a wide array of program areas including: addiction medicine (e.g., methadone compliance activities), welfare reform, vocational rehabilitation, HIV/AIDS, criminal justice, clinical supervision and evidence-based practices, detoxification reform, and special populations (adolescents, women and children, veterans, parents involved in child protective services, persons with co-occurring disorders). Efforts are also underway the Managed Addiction Treatment Services (MATS) case management initiative and the development of a new outpatient reimbursement methodology - Ambulatory Patient Groups.

Issues: None

Population Served: The staff's activities are focused on the 110,000 patients in care in the OASAS system each day and on those in need of treatment who are currently not receiving it.

Performance Measures: None

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Gambling Treatment

Rank: High

Mandate: Section 19.07 of the Mental Hygiene Law – The office is also responsible for developing plans, programs and services related to compulsive gambling education, prevention and treatment consistent with Section 41.57 of the Mental Hygiene Law.

Mandated Funding Level: None

Brief Description/History/Background: To provide outpatient treatment to compulsive gamblers designed to reduce symptoms, improve functioning and provide ongoing support. A compulsive gambling treatment program shall provide assessment and treatment planning specific to compulsive gambling, screening and referral for other problems, financial management planning, connection to self help groups for compulsive gamblers, individual, group and family therapy specific to this diagnosis and crisis intervention.

In 2008-09, there are 24 programs funded through 22 providers.

Issues: Gambling treatment programs have had difficulty attracting people in need of treatment to services. Because compulsive gambling does not manifest the same physical symptoms as chemical dependence, denial of need is especially problematic among compulsive gamblers.

Population Served: In 2007, a total of 726 unique individuals were served, equating to 10,468 outpatient visits.

Performance Measures: All services are subject to annual Program Performance Review based on: established program and fiscal standards for utilization or productivity; regulatory compliance where applicable; fiscal viability; operation within cost guidelines; and historic spending patterns. In addition, treatment program outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System (IPMES).

Office of Alcoholism and Substance Abuse Services
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Name of Program: Outpatient Chemical Dependence for Youth

Rank: Low

Mandate: In general, Section 19.07 of the Mental Health Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Such programs serve youth between the ages of 12 and 18 by providing a drug-free setting supporting abstinence from alcohol and/or other substances of abuse. Active treatment is rendered through multi-disciplinary clinical services designed to assist the youth in achieving and maintaining an abstinent lifestyle and to serve youth whose normal adolescent development, in one or more major life areas, has been impaired as a result of the use of alcohol and/or other substances by a parent or significant other.

In 2008-09, there is 1 program funded through 1 provider.

Issues: None

Population Served: There are 198 unique clients served; 5,382 units of service.

Performance Measures: All services are subject to annual Program Performance Review based on: established program and fiscal standards for utilization or productivity; regulatory compliance where applicable; fiscal viability; operation within cost guidelines; and historic spending patterns. In addition, treatment program outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System (IPMES).

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Medically Supervised Outpatient

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: These programs assist individuals who suffer from chemical abuse or dependence and their family members and/or significant others through group and individual counseling; education about, orientation to, and opportunity for participation in, relevant and available self-help groups; alcohol and substance abuse disease awareness and relapse prevention; HIV and other communicable diseases, education, risk assessment, supportive counseling and referral; and family treatment. In addition, social and health care services, skill development in accessing community services, activity therapies, information and education about nutritional requirements, and vocational and educational evaluation must be available either directly or through written agreements. Procedures are provided according to an individualized assessment and treatment plan. This service mandates that medical staff be part of the multi-disciplinary team and the designation of a Medical Director, which provides for medical oversight and involvement in the provision of outpatient services. These services are medically supervised, thus making them eligible for Medicaid reimbursement.

In 2008-09, there are 249 programs funded through 174 providers.

Issues: This program's Medicaid rate structure is currently being reviewed under the Ambulatory Patient Groups methodology, which would be a new way of funding outpatient services. This methodology will, for the first time, be employed by the Office of Alcoholism and Substance Abuse Services, the Office of Mental Health, and the Office of Mental Retardation and Developmental Disabilities.

Population Served: There are 79,228 unique clients served; 2,143,073 outpatient visits.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Enhanced Medically Supervised Outpatient

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: See Medically Supervised-Outpatient for description. In addition, these enhanced programs provide various non-Medicaid services (i.e., anger management, child care, job readiness, etc.).

In 2008-09, there are 27 programs funded through 25 providers.

Issues: OASAS will be proposing to change its current Medicaid reimbursement methodology for all 822 services from a threshold visit amount to the Ambulatory Patient Groups (APG) methodology.

Population Served: Included in Medically Supervised Outpatient.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: MOU with DOCS

Rank: Low

Mandate: None

Mandated Funding Level: None

Brief Description/History/Background: OASAS provides \$500,000 of SAPT Block Grant funds annually to DOCS through an MOU to support access to community-based outpatient chemical dependence treatment services for persons in work release status or who are receiving residential treatment for their substance use disorder prior to being paroled. This pilot was proposed and developed before changes to Medicaid in recognition that it was difficult to access outpatient services when there were limited opportunities for reimbursement.

Issues: Given the change in State Medicaid, there is no need to divert funding from the SAPT Block Grant to DOCS to purchase outpatient services in the communities. There are other critical populations (e.g., those on public assistance whose substance use is a barrier to employment) that access OASAS certified services; there is no comparable transfer of funding to these other systems to pay for community based services. Rather, this funding should be programmed by OASAS in support of highest performing services to ensure that the chemical dependence system is viable and available to those in need, including offenders re-entering communities.

Population Served: Persons with a substance use disorder who are in the care and custody of DOCS, who reside in an OASAS-certified residential treatment program or a DOCS work release facility.

Performance Measures: As this funding was designed to leverage services for the target population from OASAS-certified programs, the performance measures are those required by OASAS for all certified programs.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Outpatient Rehabilitation Services

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: This service level is designed to serve more chronic individuals who have inadequate support systems, and either have substantial deficits in functional skills or have health care needs requiring attention or monitoring by health care staff. These programs provide social and health care services, skill development in accessing community services, activity therapies, information and education about nutritional requirements, and vocational and educational evaluation. Clients initially receive these procedures five days a week for at least four hours per day. There is a richer staff to client ratio for these services compared to other outpatient levels and these services are required to have a half-time staff person qualified in providing recreation and/or occupational services. Similar to medically supervised outpatient services, outpatient rehabilitation services mandate that medical staff be part of the multi-disciplinary team and that there be a designated Medical Director who provides for medical oversight and involvement in the provision of outpatient services. These services are Medicaid eligible as long as standards pertaining to fee-for-service Medicaid are met.

In 2008-09, there are 37 programs funded through 25 providers.

Issues: This program's Medicaid rate structure is currently being reviewed under the Ambulatory Patient Groups methodology, which would be a new way of funding outpatient services. This methodology will, for the first time, be employed by the Office of Alcoholism and Substance Abuse Services, the Office of Mental Health, and the Office of Mental Retardation and Developmental Disabilities.

Population Served: There are 4,713 unique clients served; 218,362 total visits.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Specialized Services Substance Abuse Programs -
Edgecombe

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Problems with alcohol and drugs increase the likelihood of a parolee being re-incarcerated due to non-compliance with conditions of parole. As an alternative to re-incarceration, the Edgecombe Specialized Chemical Dependence Services provides intensive comprehensive services to voluntarily detained Technical Parole Violators and parolees with an open misdemeanor arrest while housed at the Edgecombe Residential Treatment Facility. The service has the capacity for 100 parole detainees for a period of 10 to 30 days, with an overall capacity of approximately 1,200 parolees annually. The program is a collaborative effort of three state agencies, the Office of Alcoholism and Substance Abuse Services (OASAS), Division of Parole (DOP) and Department of Correctional Services (DOCS).

On April 21, 2008, The Edgecombe Residential Treatment Facility, staffed by OASAS through the reassignment of qualified and experienced staff on loan from the state-operated Addiction Treatment Centers, admitted the first parolees. To date, more than 390 parole violations have been held in abeyance and/or violations not filed because parolees have voluntarily accepted treatment to address their substance abuse problems. Two hundred forty-nine parolees have been successfully discharged with re-integration plans to include continued chemical dependence treatment. In response to the OASAS 2008 Planning Supplement – Specialized Chemical Dependence Services at Edgecombe, Odyssey House, an OASAS-certified chemical dependence treatment provider, was awarded the contract to assume clinical responsibilities for the existing program. To date, Odyssey House recently hired several staff members to include the Program Director, Licensed Mastered Social Worker, Certified Vocational Rehabilitation Counselor and two CASACs. Odyssey House staff has been participating in group and individual sessions, and meeting regularly with OASAS (including ATC treatment staff), DOCS, and DOP to expedite the transition. It is anticipated that Odyssey House will assume control of Edgecombe Treatment by December 1st.

In 2008-09, there is 1 program funded through 1 provider.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Issues: Odyssey House continues to interview qualified applicants to staff the program and is transitioning to full program management. Efforts are underway to develop partnerships with local district attorney offices and treatment courts to divert more parolees with an open misdemeanor arrest into the program.

Population Served: Parolees living in New York City and Mid-Hudson area and at risk of serving a prison sentence due to a technical violation.

Performance Measures: Expected outcomes include, but are not limited to, the following: reduced re-arrests, increased treatment completion rates, improved rates of retention, increased rate of dismissal of violation charges. Currently, the program has provided chemical dependence services for more than 390 parole detainees.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Methadone Maintenance - Outpatient

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Methadone treatment delivered primarily on an ambulatory basis, with most programs located in either a community or hospital setting. Methadone is administered daily at a stabilized dose over an extended period of time.

In 2008-09, there are 67 programs funded through 32 providers.

Issues: The Methadone system is currently being reviewed to transform it clinically, fiscally, and from a public safety standpoint to make services more effective and to reduce issues of loitering. This program will become part of the Ambulatory Patient Group reimbursement methodology.

Population Served: There are 26,782 unique clients served; 4,703,821 units of service (including medication only visits).

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Enhanced Methadone Maintenance - Outpatient

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: See Methadone Maintenance-Outpatient for description. In addition, these enhanced programs provide various services designed to meet the special needs of patients who cannot be served adequately in regular MMTP programs.

In 2008-09, there are 2 programs funded through 2 providers.

Issues: The Methadone system is currently being reviewed to transform it clinically, fiscally, and from a public safety standpoint to make services more effective and to reduce issues of loitering. This program will be part of the Ambulatory Patient Group reimbursement methodology.

Population Served: Included in Methadone Maintenance - Outpatient.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Methadone-to-Abstinence - Outpatient

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Methadone treatment delivered on an ambulatory basis in gradually decreasing doses to the point of abstinence, followed by continued drug-free treatment.

In 2008-09, there is 1 program funded through 1 provider.

Issues: There is no specific issue with this program. This is a modality that should be reviewed to determine if it can be increased throughout the system.

Population Served: There are 206 unique clients served; 31,297 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Methadone Maintenance - Residential

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None.

Brief Description/History/Background: Methadone treatment programs (MTPs) that administer methadone by prescription, in conjunction with a variety of other rehabilitative assistance in a residential setting, to control the physical problems associated with heroin dependence and to provide the opportunity for patients to make major life-style changes over time.

In 2008-09, there are 3 programs funded through 2 providers.

Issues: There are no specific issues with this program. Addiction medicines, in general, could be more widely used effectively throughout the residential treatment system.

Population Served: There are 129 unique clients served; 16,335 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: KEEP Units - Prison

Rank: Low

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Methadone treatment delivered in a prison setting. KEEP is an interim (not more than 180 days) protocol that provides intensive medical and support services in order to evaluate the long-term treatment needs of patients.

In 2008-09, there is 1 program funded through 1 provider.

Issues: None

Population Served: Persons with an opiate addiction at Riker's Island.

Performance Measures: All services are subject to annual Program Performance Review based on: established program and fiscal standards for utilization or productivity; regulatory compliance where applicable; fiscal viability; operation within cost guidelines; and historic spending patterns. In addition, treatment program outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System (IPMES).

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: KEEP Units - Outpatient

Rank: Low

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Methadone treatment delivered on an ambulatory basis. KEEP is an interim (not more than 180 days) protocol that provides intensive medical and support services in order to evaluate the long-term treatment needs of patients.

In 2008-09, there are no funded programs.

Issues: None

Population Served: None

Performance Measures: None

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Methadone-to-Abstinence - Residential

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None.

Brief Description/History/Background: Methadone treatment delivered in a residential setting in gradually decreasing doses to the point of abstinence, followed by continued drug-free treatment.

In 2008-09, there are 2 programs funded through 2 providers.

Issues: There are no specific issues with this program. Addiction medicines, in general, could be more widely used effectively throughout the residential treatment system.

Population Served: There are 727 unique clients served; 96,678 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Residential Rehabilitation Services for Youth (RRSY)

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: As defined in Part 817 of OASAS' regulations, residential rehabilitation services for youth is an inpatient treatment program which provides active treatment to adolescents in need of chemical dependence services. Active treatment is provided through a multi-disciplinary team. In an RRSY program, the multi-disciplinary team defined in Part 800 of OASAS' regulations is expanded to include (1) a psychiatrist, or a physician and a clinical psychologist and (2) a CSW or an RN or an Occupational Therapist. Admission to an RRSY is based on a Pre-Admission Certification by an Independent Pre-Admission Certification team.

In 2008-09, there are 9 programs funded through 9 providers.

Issues: The RRSY conversion process provides a challenge to some intensive residential programs in recruiting staff and in operating under a medical model.

Population Served: There are 923 unique clients served; 91,257 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Intensive Residential

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: These programs assist individuals who suffer from chemical dependence, who are unable to maintain abstinence or participate in treatment without the structure of a 24-hour/day, 7 day/week residential setting and who are not in need of acute hospital or psychiatric care or chemical dependence inpatient services. In addition to counseling, peer group counseling, supportive services, educational services, structured activity and recreation and orientation to community services, intensive residential programs provide the following, either directly or by referral: vocational procedures such as vocational assessment, job skills training and employment readiness training; parenting, personal, social and community living skills training including personal hygiene and leisure activities. These services provide a minimum of 40 hours/week of procedures within a therapeutic milieu.

In 2008-09, there are 89 programs funded through 41 providers.

Issues: The population served by Intensive Residential programs is becoming increasingly compromised by co-occurring mental health and physical health problems – especially among the chronically homeless population. This model is not a medically supervised model, and some providers are finding it difficult to serve the needs of the co-occurring populations.

While many of these programs serve a large population from New York City and other urban centers, some are located in rural settings at significant distances from the patient's home. The requirements to transport patients who are court-related to court reviews or to social services districts for temporary assistance applications and re-certifications pull staff away from programs and place high transportation costs on programs (especially given the cost of gasoline).

Population Served: There are 16,002 unique clients served; 2,140,872 patient days.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Community Residential

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: These services provide a structural therapeutic milieu while residents are concurrently enrolled in an outpatient chemical dependence service which provides addiction counseling. Community residential services provide the following procedures either directly or by referral: vocational procedures such as vocational assessment, job skills training and employment readiness training; parenting, personal, social and community living skills training including personal hygiene and leisure activities. Individuals appropriate for this level of care include persons who are homeless or whose living environment is not conducive to recovery and maintaining abstinence.

In 2008-09, there are 80 programs funded through 54 providers.

Issues: Community residences are an important intermediate program for homeless persons or those who are not ready to return home. However, the cost of property in New York City and other areas with high property costs makes it very difficult to locate services in these areas.

Population Served: There are 5,044 unique clients served; 505,454 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Supportive Living

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: A community residence program providing continued congregate living to chronic alcoholic persons with a poor prognosis for independent living. Clients are typically referred from halfway houses or recovery homes. The facility will consist of a group home or apartment without regular on-site staffing. This type of setting provides fellowship and peer group support for the maintenance of recovery for clients who do not otherwise have the opportunity to live in an environment supportive of recovery. Length of stay is long term and can be indefinite.

In 2008-09, there are 6 programs funded through 5 providers.

Issues: Most Supportive Living programs do not receive state funding. This service is an important transition program for persons learning how to live alone. However, the funding support for supportive living apartments sometimes acts as a disincentive for providers to aggressively help patients find jobs.

Population Served: There are 428 unique clients served; 64,177 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Residential Chemically Dependency Program for Youth
(Long-Term)

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: A voluntary residential recovery home program for youthful clients in a drug-free setting. It provides residential therapeutic care to those youths with a history of chronic chemical dependency. The program is part of a continuum of care for chemically dependent youths and may be operated by public, private not-for-profit or proprietary sponsors. The planned length of stay is more than 60 days but does not exceed 15 months.

In 2008-09, there were 4 programs funded through 4 providers.

Issues: These programs are part of the cohort of programs scheduled to convert to the new RRSY model.

Population Served: There are 70 unique clients served; 9,017 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Primary Care Alcoholism Program (Alcohol Crisis Center)

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: A program providing inpatient care in a medically supported environment until clients are safely alcohol-free and can be referred to an appropriate treatment program. Persons admitted to this program may present a need for withdrawal from alcohol but will not require medical services at the time of admission. Length of stay is generally 3 to 14 days. Supportive services are provided by the program during the time necessary to link clients with needed treatment and rehabilitation services. Continued stay beyond three to five days is based on the availability of a suitable alternative environment in which effective treatment can be continued. When operated in an alcoholism treatment center, these programs may provide medical detoxification which is not provided in a freestanding program based in an alcohol crisis center.

In 2008-09, there is 1 program funded through 1 provider.

Issues: None

Population Served: There are 896 unique clients served; 8,495 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Medically Supervised Withdrawal Services - Inpatient/
Residential

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: As defined in Part 816 of OASAS' regulations, medically supervised withdrawal services provided in an inpatient or residential setting must be provided under the supervision and direction of a licensed physician, and shall include medical supervision of persons undergoing moderate withdrawal or who are at risk of moderate withdrawal, as well as persons experiencing non-acute physical or psychiatric complications associated with their chemical dependence. Such services are appropriate for persons who are intoxicated by alcohol and/or substances, who are suffering from mild withdrawal, coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications.

In 2008-09, there are 4 programs funded through 3 providers.

Issues: This is a program model that should be reviewed as a preferable alternative in many cases to hospital-based medically managed detoxification. The model has shown a greater ability to link patients to ongoing treatment, and is less costly.

Population Served: There are 2,709 unique clients served; 15,198 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Medically Supervised Withdrawal Services - Outpatient

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: As defined in Part 816 of OASAS' regulations, medically supervised withdrawal services provided in an outpatient setting must be provided under the supervision and direction of a licensed physician, and shall include medical supervision of persons undergoing moderate withdrawal or who are at risk of moderate withdrawal, as well as persons experiencing non-acute physical or psychiatric complications associated with their chemical dependence. Such services are appropriate for persons who are intoxicated by alcohol and/or substances, who are suffering from mild withdrawal, coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications.

In 2008-09, there is 1 program funded through 1 provider.

Issues: This model has the potential to be an effective alternative to hospital-based detoxification services. It should be reviewed to determine strategies for promoting this service more widely across the state.

Population Served: There are 240 unique clients served; 5,831 total outpatient visits.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Medically Monitored Withdrawal

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: As defined in Part 816 of OASAS' regulations, medically monitored withdrawal services can be provided by any provider of services certified by OASAS to provide inpatient or residential chemical dependence services and are designed for persons intoxicated by alcohol and/or substances, or who are suffering from mild withdrawal coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications, or who are individuals in danger of relapse. Such services do not require physician direction or direct supervision by a physician, and are designed to provide a safe environment in which a person may complete withdrawal and secure a referral to the next level of care.

In 2008-09, there are 18 programs funded through 18 providers.

Issues: Medically monitored services help keep vulnerable persons off the street when they are highly intoxicated. However, the model will be reviewed to determine if there are more effective staffing complements to the program, while considering the state's current budget situation.

Population Served: There are 12,001 unique clients served; 121,593 patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Residential Chemical Dependency Program for Youth
(Short-Term)

Rank: Low

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: A voluntary intensive inpatient rehabilitation program for youthful clients who require concentrated therapeutic services in a drug-free setting. It provides active treatment through multi-disciplinary clinical services designed to achieve dependence-free discharge to non-residential settings. The program is part of a continuum of care for chemically dependent youth and may be operated by public, private not-for-profit or proprietary sponsors. The planned length of stay is 45 to 60 days. This modality has converted to Residential Rehabilitation Services for Youth (RRSY).

In 2008-09, there are no funded programs.

Issues: This program is no longer viable since providers have converted to the recently-established RRSY program model.

Population Served: None

Performance Measures: None

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Chemical Dependence Inpatient Rehabilitation Services

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None.

Brief Description/History/Background: An intensive program for clients requiring evaluation and treatment services in a highly structured setting. The length of stay is determined on the basis of client characteristics and usually ranges from 21 to 60 days. The program is medically supported and should also provide chemical dependence education and counseling services for significant others of chemical dependence clients. This type of program is appropriate for clients who need concentrated, therapeutic service prior to community residence, or as their sole form of residential care. They may also be operated as special discrete units in a general hospital or hospital for mental illness, organized separately from acute care services.

In 2008-09, there are 2 programs funded through 2 providers.

Issues: This model provides a short-term highly structured program for patients who are severely compromised by their addiction. However, for persons who have been addicted for years and who has unstable living environments, the model should be reviewed to determine the adequacy of its length of stay.

Population Served: There are 996 unique clients served; 23,194 total patient days.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Case Management

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None.

Brief Description/History/Background: Activities aimed at linking the client to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of case management in a mental health system is continuity of care and service. Services may include linking, monitoring and case-specific advocacy.

In 2008-09, there are 58 programs funded through 50 providers.

Linking: The process of referring or transferring a client to all required internal and external services that include the identification and acquisition of appropriate service resources.

Monitoring: Observation to assure the continuity of service in accordance with the client's treatment plan.

Case-Specific Advocacy: Interceding on the behalf of a client to assure access to services required in the individual service plan. Case management activities are expediting and coordinative in nature rather than the primary treatment services ordinarily provided by a therapist. Case management services are provided to enrolled clients for whom staff are assigned a continuing case management responsibility. Thus, routine referral would not be included unless the staff member making the referral retains a continuing active responsibility for the client throughout the system of service.

Issues: Effective case management has been shown to be an integral part of some very successful models (e.g., drug courts). Many programs incorporate the case management function into the counselor's functions. This service should be reviewed to determine its possible wider applicability across the system.

Population Served: Frequently, case managers are associated with community housing programs (i.e., community residences, supportive living, Shelter + Care). Case managers serve the residents of those programs, typically helping them link to courts, benefits, and jobs or vocational training.

Performance Measures: Funded case management programs are reviewed annually for caseload, utilization and appropriateness of costs.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Local Governmental Unit (LGU) Administration

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law; Office of alcoholism and substance abuse services; scope of responsibility.

Mandated Funding Level: None

Brief Description/History/Background: The Local Governmental Unit is defined in Article 41 of the Mental Hygiene Law. This program category includes all local government costs related to administering mental hygiene services that are provided by a local government or by a voluntary agency pursuant to a contract with a local governmental unit. LGU Administration is funded cooperatively by OASAS, OMH and/or OMRDD.

In 2008-09, there are 61 programs funded through 57 providers.

Issues: None

Population Served: None

Performance Measures: None

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Managed Addiction Treatment Services (MATS)

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None.

Brief Description/History/Background: Managed Addiction Treatment Services (MATS) is a program that provides case management services to Medicaid eligible recipients of chemical dependence services. The goal of MATS is to assure effective and appropriate access to needed treatment services and positive treatment outcomes for Medicaid recipients. Services may include linking recipients with appropriate services, case-specific advocacy and monitoring access to and utilization of services to avoid duplicative services. Case management services will be provided by the Local Governmental Unit through a partnership between the local mental hygiene agency and the local department of social services (LDSS).

In 2008-09, there are 23 programs funded through 23 providers.

Issues: Effective April 1, 2009, the ability to claim Federal Medicaid Administration for this program will cease as a result of the expiration of a moratorium on a proposed CMS rule change.

Population Served: There are over 1,400 individuals actively enrolled.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System. The MATS program is being formally evaluated by an independent evaluator.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Dual Diagnosis Coordinator

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None.

Brief Description/History/Background: Specialized chemical dependence related support services to provide coordination of care for dually diagnosed patients. Specific counties have hired a staff person who specializes in treatment issues for persons with both chemical dependence and mental health issues. These coordinators help train local providers and provide them with technical assistance so that they can better serve patients with both chemical dependence and mental illness.

In 2008-09, there are 6 programs funded through 6 providers.

Issues: While there are not strong measures to document the effectiveness of these programs, in the counties with dual diagnosis coordinators, the counties appear to be better organized and capable for helping dually diagnosed patients. This is a support service which could be studied for wider applicability.

Population Served: Patients with co-occurring chemical dependence and mental health problems.

Performance Measures: Funded Dual Diagnosis Coordinators are reviewed annually for productivity with respect to stated training and technical assistance plans.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Criminal Justice Intervention/DWI

Rank: Low

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: A program consisting of organized activities designed to ensure that persons who are charged with an alcohol-related driving or other criminal offense are screened and evaluated for the need for alcoholism treatment. Some activities are carried out directly by criminal justice agencies, and others by the staff of a local governmental unit (LGU) to ensure that appropriate treatment services are made available to persons identified to be in need. Included in this category are LGU coordination activities related to alternatives to incarceration and non-treatment interventions. This category does not include DMV-certified programs for drinking drivers often operated by local councils on alcoholism, which may also be used for intervention purpose.

In 2008-09, there are 10 programs funded through 10 providers.

Issues: Consideration being given to reinvesting these funds to another high "core mission" initiative. Jail interventions are not treatment per se; rather, providers enter jails and provide education or pre-treatment services. While, in some cases, it appears this may help link persons released from jail to treatment, this service is not as high a priority as actual treatment to patients with addictions.

Population Served: Persons in county/municipal jails with alcohol or drug problems.

Performance Measures: All services are subject to annual Program Performance Review based on established program and fiscal standards for utilization or productivity, regulatory compliance where applicable, fiscal viability, operation within cost guidelines and historic spending patterns. In addition, treatment programs outcomes are measured using OASAS' Integrated Program Monitoring and Evaluation System.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Suballocation to DOCS (\$900K Annually)

Rank: Low

Mandate: None

Mandated Funding Level: None

Brief Description/History/Background: OASAS provides \$900,000 annually from the SAPT Block Grant to DOCS through a suballocation consistent with an MOU to support treatment by DOCS staff for inmates "behind the walls" of maximum security facilities.

Issues: Federal law and regulations require that the State use the Federal SAPT Block Grant "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities authorized in section 1924 [i.e., HIV/AIDS and tuberculosis]", with an emphasis on community-based services. There is a restriction limiting expenditures for "penal institutions" that is designed to ensure that the SAPT Block Grant is used for community- and school-based services of nonprofit and/or public entities.

While DOCS' use of SAPT Block Grant funding for these substance use disorder treatment services, the services are not certified by OASAS and provided by State DOCS staff. These services are, therefore, not overseen or regulated by OASAS.

Population Served: Inmates in maximum security facilities with co-occurring substance use and mental health disorders.

Performance Measures: As OASAS has no authority to oversee DOCS programs, there are no reports of performance against requirements imposed by OASAS on our certified and funded system (National Outcome Measures, IPMES, etc.).

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Road to Recovery Supplemental Payments

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Supplemental payments made to LGU/providers to maintain reporting for those participating in the Road to Recovery program.

The RTR program provides chemical dependence treatment services as an alternative to incarceration to carefully selected, legally and clinically appropriate, nonviolent repeat felony offenders. This program is a collaborative effort at the State level between OASAS, and the Division of Criminal Justice Services (DCJS), with fiscal, programmatic oversight and administration shared by OASAS and DCJS. OASAS currently maintains fiscal and programmatic responsibilities for RTR treatment and case management activities with participating counties, while DCJS is responsible for coordinating and funding the activities of District Attorneys in participating RTR counties. RTR has three major components:

- Case Management – Case managers are funded in each county at \$72,000 for full-time case managers. The case managers are the cornerstone of the initiative as they interact with numerous systems while advocating for RTR patients. Case managers have created an infrastructure of communication between criminal justice agencies, providers and other key stakeholders in their local communities that have had positive outcomes for those offender/patients involved and enhanced cost effectiveness.
- Treatment Provider Supplements – Counties are awarded \$61,500 to supplement the payment that intensive residential providers receive for treating RTR patients (\$2100 per bed) and community residential providers (\$1,000 per bed). These supplements help cover the additional costs, especially transportation, associated with treating RTR patients.

Administration – OASAS monitors the activities of each county, provide intensive technical assistance to the case managers, trouble shoot issues that arise locally, and work with DCJS on accountability measures.

In 2008-09, there are 16 programs funded through 16 providers.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Issues: None

Population Served: Chemically dependent non-violent repeat felony offenders - 430 placements.

Performance Measures: Presently, this initiative is providing services to over 350 clients, and has served over 875 clients since its inception. Seventy-four percent of all RTR participants complete the full program. Compared to the national recidivism rate of 43 percent, only 16 percent of "Road to Recovery" graduates have been rearrested, and 86 percent are gainfully employed, with an additional eight percent involved in job training or education.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Intake, Outreach & Referral Units

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Specialized chemical dependence related support services to provide intake, outreach, and referral.

In 2008-09, there are 3 programs funded through 3 providers.

Issues: These programs do not provide treatment but short-term screening and intervention services that link clients to treatment. In each case there are other institutional means and agencies which provide referrals as part of their regular activities. Linkages to existing treatment programs is variable and funds are better used to preserve existing treatment capacity.

Population Served: Residents of certain homeless shelter who are served by New York City Department of Homeless Services and its funded provider agencies.

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Support Services - Medical/Legal/Psychological

Rank: Low

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of Alcoholism and Substance Abuse Services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Specialized chemical dependence related support services of medical, legal, and psychological activities.

In 2008-09, there is 1 program funded through 1 provider.

Issues: This program primarily provides research on methadone treatment and as such is not a core service. Further, OASAS does not fund any other research programs as other funding streams exist for this purpose.

Population Served: None

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Support Services - Educational

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Specialized chemical dependence related support services to provide educational services.

In 2008-09, there are 8 programs funded through 8 providers.

Six programs provide educational services on methamphetamine use along with some brief interventions and referrals. One program provides evaluation, intervention and referral services to Native American population in New York City, and one program provides training to education to addiction professionals.

Issues: None

Population Served: Various populations.

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Community Services - Underage Drinking

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: OASAS seeks to eliminate youth access to alcohol, promote health and wellness and to change community norms, attitudes and behaviors through its Underage Drinking: Not a Minor Problem campaign and its campus-community coalition initiative.

In 2008-09, there are 28 programs funded through 25 providers.

Issues: Underage drinking in New York State is widespread and results in significant and costly health, social and economic problems including youth violence, traffic crashes, injury and premature death. It is estimated that underage drinking costs the state's citizens \$ 3.2 billion annually.

Population Served: Youth in New York State under the age of 21. It is estimated that approximately 823,000 underage youth are engaged in underage drinking each year in New York State.

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Resource

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None.

Brief Description/History/Background: Specialized chemical dependence related support services to provide resource support, such as training.

In 2008-09, there are 3 programs funded through 3 providers.

Issues: There are no issues with these programs.

Population Served: Three contracts for training providers on prevention, co-occurring disorders, methadone, and legal issues affecting clients with criminal justice involvement.

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Program Administration

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Specialized chemical dependence related support services to provide program administration.

In 2008-09, there is 1 program funded through 1 provider.

Issues: None

Population Served: None

Performance Measures: None

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: COSA (Children of Substance Abusers)

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Prevention and intervention strategies focused on Children of Substance Abusers (COSAs).

In 2008-09, there are 4 programs funded through 4 providers.

Issues: These programs were funded for a time as supplements to treatment services when there was insufficient awareness of COSA issues among treatment providers. Most treatment providers now address family and child issues as part of core treatments. On-going collaboration with the child welfare system has reinforced this issue. In most cases, earlier COSA programs have been folded into core treatment programs.

Population Served: Children of substance abusers in selected treatment programs.

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: AIDS Resource (Non-Hospital Based)

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Programs that provide AIDS/HIV resource services (e.g., AIDS/HIV Coordinators, staff training in AIDS/HIV issues, informational materials, intake, outreach and referral services, medical, legal and psychological services, etc.) to substance abuse programs and substance abuse program clients.

In 2008-09, there are a total of 15 non-hospital based programs funded through 15 providers.

Issues: These programs provide outreach that is also performed by agencies that provide harm reduction and other services funded through State Department of Health and NYC DHMH. The public health system generally has been addressing the issues of persons with HIV/AIDS particularly since the disease has become a manageable illness. Linkage to treatment programs is variable.

Population Served: Chemically dependent persons in treatment who are compromised by HIV/AIDS or who are at substantial risk of HIV/AIDS.

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: AIDS Resource (Hospital Based)

Rank: Low

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Programs that provide AIDS/HIV resource services (e.g., AIDS/HIV Coordinators, staff training in AIDS/HIV issues, informational materials, intake, outreach and referral services, medical, legal and psychological services, etc.) to substance abuse programs and substance abuse program clients.

In 2008-09, there are a total of 7 hospital based programs funded through 7 providers.

Issues: HIV/AIDS is a medical condition that is most effectively served through comprehensive public health services. For persons in hospitals, the lead on supporting such services may be more effectively managed through the public health system. These services are essentially supplements to existing treatment programs and are no longer essential for access to care.

Population Served: Persons with chemical dependence in hospital-based programs who have HIV/AIDS or are at serious risk of HIV/AIDS.

Performance Measures: All funded services are subject to annual Program Budget Review and accomplishment of program deliverables.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Suballocation to DOH/AIDS Institute (\$1.4M Annually)

Rank: Low

Mandate: None

Mandated Funding Level: None

Brief Description/History/Background: OASAS transfers \$1.4 million annually to DOH for the AIDS Institute to contract with community services programs and/or to support positions in OASAS certified treatment programs. First authorized in the early 1990's based on significant concerns that HIV infection was spread through intravenous drug users' sharing of needles, the Federal Government requires that 5 percent of the SAPT Block Grant be set aside for early HIV intervention services on site of treatment for substance use disorders (EIS). Federal law further stipulates that SAPT Block Grant funds "will not be expended to make payment for any service provided for purposes of compliance with this section to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service - (A) under any State compensation program, under any insurance policy, or under any Federal or State health benefits program (including the program established in title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the program established in title XIX of such Act (42 U.S.C. 1396 et seq.)); or (B) by an entity that provides health services on a prepaid basis."

EIS is defined, under Federal law, as pre- and post-test counseling; testing and therapeutic interventions (for HIV), that must occur on site of treatment for a substance use disorder. As testing and therapeutic interventions are covered services under the State's Medicaid Plan, New York has met the Federal EIS requirement by focusing on pre- and post-test counseling.

In 2007, the AIDS Institute supported one position to administer the EIS contracts and services were provided at 6 OASAS-certified providers.

Issues: OASAS' regulations now require that all treatment programs, whether funded by OASAS or not, have a position that is responsible for over-seeing other health concerns ("health care coordinator") and, in order to meet both the SAPT set aside and maintenance of effort requirement, OASAS surveys providers (through the annual local plan) to identify how this required regulatory function is addressed (i.e., directly, through a filled position, or by contract). OASAS no longer needs to transfer the funding to the AIDS Institute for these services and Federal law does not allow us to program the SAPT funding for other services (such as outreach) that the AIDS Institute might consider a higher priority.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Population Served: Individuals in treatment for a substance use disorder who are at risk for HIV infection.

Performance Measures: As OASAS regulations require that treatment providers have a Health Care Coordinator, regular performance reviews by Field Office and Certification staff cover compliance with EIS requirements. In addition, OASAS requires all certified-treatment providers, whether funded or not, to annually submit information on how this regulatory and Federal requirement is addressed and this information is used in the SAPT Block Grant application to document compliance.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Legislative Member Items

Rank: Low

Mandate: Annual Enacted Budget Appropriation.

Mandated Funding Level: None

Brief Description/History/Background: Programs that provide chemical dependence projects and services funded by General Fund, Local Assistance Account Member Item appropriations.

In 2008-09, there are 45 programs funded through 29 providers.

Issues: These initiatives place additional burdens on the Agency's finance staff which takes their time away from core mission functions.

Population Served: Various

Performance Measures: None

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Program Development - Recovery Services

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background:

OASAS is helping to facilitate a movement to unite people in recovery and their families which can assist them in achieving stable housing, employment and access to better health care services. These services are important components for insuring a long and healthy recovery and will result in better treatment outcomes, increased numbers of people entering sustained recovery, and increased cost savings.

Primary functions include:

- Developing a broad and diverse array of collaborations to support a Recovery oriented system of care ROSC.
- Developing internal and external trainings to assist in the transition of the existing addiction system towards a ROSC.
- Developing a structure for capturing, analyzing and utilizing information and data related to Recovery in NYS as well as nationally.
- Managing and overseeing the HUD Shelter Plus Care Housing Program.
- Managing and overseeing the New York/New York III Supportive Housing Initiative for individuals with substance abuse disorders.
- Developing and managing the Permanent Supportive Housing initiative at OASAS.
- Collaborating with OTDA and DHCR on supportive housing projects being designed for persons in recovery.

Issues: None

Population Served: Individuals and their families within our prevention and treatment systems, recovery centers, and the up to 80 percent of recovering people who have never accessed traditional addiction services.

Performance Measures: None

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Recovery Community Centers

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Recovery Community Centers utilize peer-to-peer recovery support services to help people initiate and/or sustain recovery from alcohol and drug use disorders as well as provide support to family members of people needing, seeking, or in recovery. The goal of these Community Centers is to help persons in recovery sustain such recovery on a long-term basis. To meet this goal, each Recovery Community Center will provide needed emotional, informational, and social support to persons in recovery, as well as to their families. In addition, the centers will serve as "learning laboratories" to help identify and disseminate activities and interventions that can be used by existing (non-funded) grass root organizations, alumni associations clubs, etc. They will allow for fostering collaborative efforts with existing Mental Health Peer Centers to more effectively serve people who have addiction related problems. The Centers will also directly support the development of a strong advocacy movement for addiction services in NYS.

In 2008-09, there are 4 programs funded through 4 providers.

Issues: None

Population Served: Individuals and their families within our prevention and treatment systems, recovery centers, and the up to 80 percent of recovering who have never accessed traditional addiction services.

Performance Measures: Performance and outcome data will be collected and reported to OASAS through a reporting system adopted by the centers.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: NY NY III: Post-Treatment Housing

Rank: High

Mandate: This initiative was established through an Executive Agreement between the State and New York City in November 2005. The following state agencies are participating: Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Alcoholism and Substance Abuse Services (OASAS), and Department of Housing and Community Renewal (DHCR).

Mandated Funding Level: None

Brief Description/History/Background: This homeless housing initiative will provide an additional 9,000 supportive housing units for individuals and families who are living on the streets or in the emergency shelters in New York City, with up to 1,500 units for individuals with a substance abuse issue. The primary goals of the NY/NY III initiative are to prevent homelessness, reduce the period of homelessness, and increase independence. When fully implemented in 2016, the NY/NY III Agreement will represent an approximate investment of more than \$1 billion.

In 2008-09, there are 10 programs funded through 10 providers.

Issues: None

Population Served: 250 units now operational; another 75 units to be operational by January 2009. Homeless single adults who have completed some level of substance abuse treatment, are at risk of street homelessness or sheltered homelessness, and who need long-term supportive housing to sustain sobriety and to achieve independent living. Included are ten programs include programs targeting special populations such as persons receiving medically-assisted treatment (Methadone outpatient services), persons with criminal justice histories, Persons Living with AIDS, women, and young adults.

Performance Measures: The New York City Department of Health and Mental Hygiene have set performance measures that relate to remaining in the housing placement and not returning to the street or shelters. Providers are also expected to maintain a 95 percent occupancy rate at all times.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: NY NY III: Housing for Persons at Risk for Homelessness

Rank: High

Mandate: This initiative was established through an Executive Agreement between the State and New York City in November 2005. The following state agencies are participating: Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Alcoholism and Substance Abuse Services (OASAS), and Department of Housing and Community Renewal (DHCR).

Mandated Funding Level: None

Brief Description/History/Background: This homeless housing initiative will provide an additional 9,000 supportive housing units for individuals and families who are living on the streets or in the emergency shelters in New York City, with up to 1,500 units for individuals with a substance abuse issue. The primary goals of the NY/NY III initiative are to prevent homelessness, reduce the period of homelessness, and increase independence. When fully implemented in 2016, the NY/NY III Agreement will represent an approximate investment of more than \$1 billion.

In 2008-09, there is 1 program funded through 1 provider.

Issues: None

Population Served: 287 units in Scatter-site rental subsidy units are now in operation.

Performance Measures: The New York City Department of Health and Mental Hygiene have set performance measures that relate to remaining in the housing placement and not returning to the street or shelters. Providers are also expected to maintain a 95 percent occupancy rate at all times.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Shelter Plus Care

Rank: High

Mandate: None

Mandated Funding Level: None

Brief Description/History/Background: The Shelter Plus Care Program is part of HUD's Homeless Assistance Program under the McKinney/Vento Act, designed to provide permanent housing to formerly homeless individuals and families with mental disabilities, including substance abuse. This federally funded program provides Rental Subsidies up to HUD Fair Market Rental rates for each given Metropolitan Area or Rural County. These rental rates are revised upwards at the beginning of every Federal Fiscal Year, so that the grant awards from HUD to OASAS that are then passed on to our sponsoring voluntary agencies increase on an annual basis with no cost to the State or the local community.

In 2008-09, there are 50 programs funded through 28 providers.

Population Served: Homeless single adults and homeless families with heads-of-household who are in recovery from addiction. The Shelter Plus Care program has an eligibility requirement from HUD in statute that all singles or families participating in the Program would have begun their current course of substance abuse treatment when they were homeless. An individual or family can be placed into a Shelter Plus Care apartment directly from a residential drug or alcoholism treatment program, as long as that person entered the residential treatment program when he/she was homeless. The second eligibility criterion is that the individual or family be earning less than 200 percent of the Federal Poverty Level.

Issues: None

Performance Measures: OASAS Shelter Plus Care Programs show an over 90 percent rate of continued recovery, an over 90 percent rate of remaining in permanent housing for at least two years, over 85 percent rate of children remaining with parents after return from kinship or formal Foster Care arrangements, and an over 50 percent full-time employment rate.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Vocational Rehabilitation

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Vocational rehabilitation is a process that prepares people for employment by helping them choose a vocational role and function that is consistent with their abilities, achievements, interests, and functioning capacity. The specific goals of a vocational rehabilitation program vary with the needs of the target population. The process includes the following services: vocational testing, assessment, counseling, pre-vocational activities, training, educational services, life skills/employability referrals, job referrals and placement, and post-placement counseling and follow-up. Programs provide these vocational rehabilitation services directly or by referring the client to an appropriate resource.

Research indicates that patients with chemical dependence, receiving vocational rehabilitation and employment services and are employed, become employed, or are receiving employment-related services during treatment, are more successful in treatment and employment than those who receive only treatment or employment services separately. In addition, they also receive a higher average wage than those receiving only treatment services have a lower dependence on public assistance or Medicaid services and are more likely to be tax contributors as opposed to recipients of those services.

OASAS oversees more than 280 Vocational Rehabilitation Part A FTE's (full time equivalents) offering VR and employment services through approximately 140 OASAS-funded providers and 350 Program Reporting Units (PRU's). In addition, OASAS supports 8 Job Placement Part B providers, placing and retaining close to an additional 3,000 clients in employment annually. This represents about 32 percent of all licensed treatment providers in New York State. Almost 40,000 clients are involved in some type of vocational services, i.e. education, training or job preparation, etc. annually. This represents 60 percent of the OASAS clients who are available for employment being involved in some type of vocational rehabilitation and employment service. When combining employment and retention figures, 36 percent of the clients available for vocational and employment services are in employment statewide.

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Issues: Focus needs to continue to be placed on VR and employment services within addiction treatment to improve treatment and recovery outcomes and reduce the dependence on Medicaid and public assistance.

Population Served: All chemical dependence services patients in treatment eligible for vocational rehabilitation, employment and/or job placement services.

Performance Measures: Employment (30-59 Days), Employment Retention (30, 60, 90, 90+ Days), Work Related Activities (WRA), Work Readiness Status (WRS).

Office of Alcoholism and Substance Abuse Services
PROGRAM INFORMATION SHEET

Name of Program: Job Placement Initiative

Rank: Medium

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Vocational rehabilitation focusing on job referrals and placement.

Research indicates that patients with chemical dependence, receiving vocational rehabilitation and employment services and are employed, become employed, or are receiving employment-related services during treatment, are more successful in treatment and employment than those who receive only treatment or employment services separately. In addition, they also receive a higher average wage than those receiving only treatment services, have a lower dependence on public assistance or Medicaid services, and are more likely to be tax contributors as opposed to recipients of those services.

OASAS supports Job Placement Part B program, places and retains close to 3,000 clients in employment annually. This effort is closely related to OASAS' Vocational Rehabilitation efforts which support more than 280 Vocational Rehabilitation Part A FTE's (full time equivalents) offering VR and employment services through approximately 140 OASAS-funded providers and 350 Program Reporting Units (PRU's).

In 2008-09, there are 8 programs funded through 8 providers.

Issues: Focus needs to continue to be placed on VR and employment services within addiction treatment to improve treatment and recovery outcomes and reduce the dependence on Medicaid and public assistance.

Population Served: All chemical dependence services patients in treatment eligible for vocational rehabilitation, employment and/or job placement services.

Performance Measures: Employment (30-59 Days), Employment Retention (30, 60, 90, 90+ Days), Work Related Activities (WRA), Work Readiness Status (WRS).

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Name of Program: Permanent Supportive Housing

Rank: High

Mandate: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Mandated Funding Level: None

Brief Description/History/Background: Safe, affordable housing and stable employment are critical to successful long-term recovery. Housing opportunities combined with appropriate supportive services that meet the needs of individuals who have completed a course of treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need transitional supportive housing to sustain sobriety and achieve independent living. Congregate Housing is a single building for the purposes of providing apartments of a size and character that conforms to applicable state and city laws and regulations. The supportive housing units may be part of a larger building. Scattered Site Housing is apartments for the purposes of housing and serving the tenants who are the recipients of this program.

The services package includes: rental subsidies, case management services not just during daytime hours, but in the evening and on weekends; and employment counseling service (including: custom job development, job coaching, post-employment support groups, and access to skills training geared toward career growth).

Issues: None

Population Served: The target populations are single adults and families in recovery who are homeless or are at risk to homelessness. Program participants may be in formal treatment when they enter this Housing Program; might have completed formal treatment; or never been in such formal treatment.

Performance Measures: The client-based success criteria are the same as for S+C and New York/New York III Program participants --- over 90 percent involved in support services, over 90 percent remaining in permanent housing for at least two years, over 90 percent not experiencing a prolonged relapse episode, over 50 percent full-time employed. For families, the added criterion of at least 90 percent of program participants continuing to care for their children while in the PSH program.

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Name of Program: Statewide Field Operations

Rank: High

Mandate: None

Mandated Funding Level: None

Brief Description/History/Background:

Field Offices continuously strengthen a system of accessible and effective local prevention, intervention, and treatment services through their oversight of program funding and performance review. There are 11 OASAS field offices across the State, divided into Upstate and Downstate districts; the Upstate district includes all 55 counties north of New York City and the Downstate district covers New York City's five boroughs and Long Island's two counties.

Field Office staffs are OASAS' liaison to local governments, funded and non funded providers and the general public. They are expected to be knowledgeable, if not expert, on every area that OASAS touches: prevention, treatment, recovery, certification, regulatory compliance, capital development, resource acquisition, budget management and program performance.

Statewide Field Operations accomplishes its mission by acting in several roles:

- o System development – working with the LGUs and providers, to identify and develop needed services, Field Office staff advise local governments in addressing specific needs and, where feasible, seek to identify resources to meet these needs.
- o Program monitoring and development – conducting program site visits and reviewing, approving and monitoring provider adherence to annual treatment workscopes and prevention workplans, as well as following up with providers and LGUs when items have been flagged in the OASAS Integrated Program Monitoring and Evaluation System (IPMES).
- o Fiscal management – working closely with the LGUs and OASAS' Budget, Financial and Capital Management bureaus to monitor county and provider spending plans and, with those programs that are directly funded by OASAS, reviews and provides guidance on proposed budgets, revenue and expenditures.

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- Program improvement and technical assistance – to improve services and patient outcomes, staff review and monitor grant opportunities, take part in the review of Request for Proposal and Local Planning Supplement applications and link providers to resources both within OASAS (e.g. Quality and Practice Improvement, Technical Assistance Bureau) and outside OASAS to assist in achieving quality improvement and the adoption of best practices.
- Assurance of regulatory compliance – staff respond to regulatory compliance Corrective Action Plans in areas of program services, facility compliance and fiscal management. In addition, they monitor adherence to agreed upon plans and coordinate with the Enforcement Bureau to carry out investigations related to patient care and regulatory abuses.
- Cross-systems collaboration – promoting cooperation with other systems, including local social services districts and health departments, other state agencies regional offices including Mental Health, Health, Criminal Justice and Children's services.

Issues: None

Population Served: None

Performance Measures: None

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Name of Program: Certification

Rank: High

Mandate:

- MHL § 19.01 – establishes OASAS responsibility to provide an integrated framework to plan, oversee and regulate the state's prevention and treatment network
- MHL §32.05 – establishes OASAS responsibility to issue Operating Certificates for the operation of chemical dependence services in New York State
- 14 NYCRR Part 810 – prospective providers of chemical dependence services are required to obtain an Operating Certificate from OASAS

Mandated Funding Level: None

Brief Description/History/Background:

All chemical dependence treatment services are required by §32.05 MHL to have an Operating Certificate issued by the Commissioner. Operating certificates are issued in accordance with the standards set forth in §32.09 MHL, the procedures articulated in 14 NYCRR Part 810 and programmatic requirements set forth in the regulations governing the specific type of service to be certified.

In calendar year 2007, OASAS issued 684 new, renewed, amended, emergency, and conditional Operating Certificates. During the same period, 204 determinations on applications for new Operating Certificates or changes to existing Operating Certificates were rendered. As of August 1, 2008, 220 Certification Applications are under review and 1,130 Operating Certificates (relating to 1216 certified services) are in effect.

Issues:

OASAS is developing an *Integrated Quality Systems* operating certificate renewal approach, which will establish a more comprehensive review of provider compliance and performance relative to Operating Certificate renewal terms.

Population Served: All chemical dependence providers and patients.

Performance Measures:

Certification Applications are reviewed in accordance with the timeframes set forth in Part 810. New Operating Certificates are issued in accordance with the criteria in Article 32; renewed Operating Certificates are issued in accordance with Part 810.

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Name of Program: Training

Rank: High

Mandate:

- MHL §19.07 – conveys responsibility to OASAS to ensure that persons who abuse or are dependent on alcohol and/or substances and their families are provided with care and treatment, that such care, treatment and rehabilitation is of high quality and effectiveness.
- MHL §19.07 – also requires that OASAS foster programs for the training and development of persons capable of providing chemical dependence and gambling services, including but not limited to, a process of issuing, either directly or through contract, credentials for alcoholism and substance abuse counselors or gambling addiction counselors.
- MHL §19.07 – also requires that OASAS establish minimum qualifications for counselors in all phases of delivery of services to persons and their families who are suffering from alcoholism and/or substance abuse that shall include completion of approved courses of study in alcoholism and substance abuse counseling and/or counseling of compulsive gambling.
- 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)), SAMHSA Substance Abuse Treatment and Prevention Block Grant obligates OASAS, as a condition of receiving Federal funds to provide continuing education for the employees of facilities which provide prevention activities or treatment services.

Mandated Funding Level: None

Brief Description/History/Background:

The Training Unit is responsible for the management and administration of the Agency's program of education and training for professionals who work in the field of addictions in New York State. Through curriculum development, the provision of direct training, administration of a training certification process and management of an educational video library, the Training Unit oversees a statewide educational program that is designed to enhance the knowledge and skills of professionals in the field and support the professional credentials offered by OASAS. To do so, the Training Unit administers: the Agency's Train-the-Trainer (TTT) certification process; the Education and Training certification process; the OASAS On-Line Training Calendar; Addiction Medicine On-Line Educational series; bi-weekly Learning Thursdays educational web casts; the Gene Hester Video Library; and the development and direct delivery of competency-based training programs for workers in the OASAS service delivery system.

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In the last year, the Training Unit: provided and/or managed chemical dependence training that was delivered to 534 addictions professionals; processed and issued more than 7,400 certificates to student completing on-line Addiction Medicine coursework; coordinated the preparation and delivery of Learning Thursday Webinars to a total of 1,118 participants; distributed more than 530 educational videos to community-based agencies; certified 568 educational and training providers; approved 12,883 courses as fulfilling continuing education requirements for OASAS' credentials; posted course schedules on its On-Line Training Calendar 177 approved workshops and 1,343 distance learning courses for 255 registered Education and Training Providers.

Issues: OASAS' Talent Management efforts are high profile efforts that will be closely monitored by the OASAS provider community to see if the agency will fulfill expectations created to make the addictions field a "field of choice." OASAS will be challenged to demonstrate its commitment in this area during a time of increasing fiscal austerity.

Population Served: Approximately 7,000 OASAS credentialed professionals and nearly 20,000 other professionals and direct care staff who work in the OASAS service delivery system. Training initiatives also benefit professionals who work in other systems including: criminal justice; housing; social services; and mental health.

Performance Measures: 2008 Metrics include:

- Expand credentialing course offerings (10,780 in 2007) and student enrollment in Addiction Medicines series (9,300 in 2007) by 10 percent;
- Increase by 20 percent the number (5 in 2007) of education and training providers that offer certificate programs for the CPP/CPS credential;
- Establish four Certified Addictions Registered Nurse (CARN) Chapters in New York State (currently none).
- Through the 26-week Learning Thursday initiative, 22 courses will be offered serving at least 4,400 staff and achieving at least an 80 percent rating the sessions to be good or excellent.

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PROGRAM INFORMATION SHEET

Name of Program: Fiscal Audit and Review

Rank: High

Mandate:

- MHL §32.09 which specifies that no Operating Certificate shall be issued by OASAS unless it is satisfied as to the overall financial condition of applicants through review of audited financial statements, taking into consideration financial resources of the proposed facility and its sources of future revenue.
- Title 19 (NYCRR), Chapter 32, Part 810.7 requires OASAS to determine that the available financial resources and the sources of future revenues are adequate to meet all necessary and proper capital and operating expenses.
- Circular No. A-133 -- Audits of States, Local Governments and Non-Profit Organizations requires OASAS to "Monitor the activities of subrecipients as necessary to ensure that Federal awards are used for authorized purposes in compliance with laws, rules, regulations and the provisions of contracts or grant agreements and that performance goals are achieved."

Mandated Funding Level: N/A

Brief Description/History/Background:

The Fiscal Audit and Review Unit promotes fiscal viability and accountability through: the administration of a fiscal self-assessment process; the conduct of fiscal reviews and audits; fiscal viability reviews during the certification process; and Federally-mandated reviews of certified audits (A-133) of providers.

During the period April 1, 2007 through March 31, 2008 FARU completed 71 fiscal reviews, reviewed 125 A-133 Single Audit Reports and completed 213 Fiscal Viability Reviews.

Issues: None

Population Served: The OASAS funded service provider community is the primary recipient of OASAS fiscal review activity. New York State taxpayers benefit by improvements made in the fiscal accountability of the funded service provider community.

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Performance Measures:

All subrecipients who receive Federal funds above the established Federal threshold submit independent audit (A-133) reports in a timely and compliant manner.

Fiscal viability reviews are completed, as needed, prior to the expiration of the provider's Operating Certificate.

The annual number of fiscal reviews, which is driven in large part by the number of staff auditors in the Fiscal Audit and Review Unit, will exceed 100 per year.

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PROGRAM INFORMATION SHEET

Name of Program: Standards Compliance

Rank: High

Mandate:

- MHL §32.13 – (along with accompanying Section 810.14 of the State Codes, Rules and Regulations) requires regulatory oversight of providers who operate certified chemical dependence services to insure they meet minimum required regulatory standards to protect the health and safety of the patients they serve.

Mandated Funding Level: None

Brief Description/History/Background:

In accord with MHL, regulatory oversight is conducted via unannounced on-site recertification regulatory compliance reviews of providers' services to determine compliance ratings regarding patient case records, service management and facility requirements and general safety. Compliance ratings are utilized to determine Operating Certificate renewal terms. For those providers who attain minimal or noncompliance ratings, and are issued conditional Operating Certificates, technical assistance is offered to afford them an opportunity to improve compliance ratings.

During state fiscal year 2007-08, there were a total of 533 on-site recertification reviews conducted; a total of 695 on-site technical assistance reviews conducted; along with 48 technical assistance workshops focusing on clinical and programmatic compliance issues as they relate to OASAS certified providers.

Issues:

Standards Compliance, in line with a 1999 OASAS issued Local Services Bulletin (LSB), has been responsible for receiving patient death reports from certified providers. However, because Standards Compliance has no available staff resources to routinely review and follow-up on these reports, OASAS has relied upon the Commission on Quality of Care and Advocacy for Persons with Disabilities (which also receives copies of the same reports) to perform this task.

OASAS currently certifies providers which operate drug-free prevention counseling services in community and school-based settings. These providers render a variety of prevention awareness and information and referral services in local communities, with a small portion of their services relating to the provision of prevention counseling services. Given the relatively low risk of potential harm to service recipients, OASAS is currently considering whether these services should require OASAS certification.

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Population Served: A total of 490 OASAS providers are certified statewide to operate 1,216 methadone, inpatient, residential, outpatient and crisis services to meet the needs of New Yorkers who are suffering from the negative effects of alcohol and other drugs.

Performance Measures:

Complete recertification regulatory compliance reviews of all certified providers prior to Operating Certificate expiration.

Conduct technical assistance visits at least three months prior to Operating Certificate expiration for all providers with minimal compliance (conditional one-year operating certificates) and noncompliance (conditional six month operating certificates) ratings.

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Name of Program: Enforcement

Ranking: High

Mandate:

- MHL §32.01 – power to regulate and ensure consistent high quality services;
- MHL §32.05 – power to conduct investigations/inspections;
- MHL §32.13 – power to determine providers' compliance with laws and regulations;
- MHL §19.07(c) -- responsibility for ensuring patients' quality of care and rights;
- MHL §19.21(b) – responsibility to develop, promulgate and enforce treatment standards;
- Public Health Law §32(3) – responsibility to coordinate with Medicaid Inspector General to prevent/detect/investigate Medicaid fraud/abuse; and
- 14 NYCRR §853.20(b) – responsibility to investigate CASAC complaints.

Mandated Funding Level: None

Brief Description/History/Background:

Responsible for ensuring that complaints from providers, patients or the public, as well as referrals from other state and federal control and investigatory agencies, are processed, investigated and addressed in a coordinated manner and in the best interest of patients. Based on investigation findings, works with Counsel's Office to recommend appropriate sanctions and penalties for providers found to be out of compliance with OASAS regulations and State laws, including possible referral to the Office of Medicaid Inspector General (OMIG).

Key functions include: conducting targeted investigations of certified and non-certified programs to identify and document instances of serious and repeated non-compliance, Medicaid fraud/abuse and gross mismanagement; collaborating with other federal and state agencies also charged with addressing waste, fraud and abuse; determining the "clinical necessity" of services provided by chemical dependence programs; responding to questions, concerns and grievances of patients in programs and promoting high quality care by assuring that patients' rights are protected; and conducting investigations of allegations made against Credentialed Alcoholism and Substance Abuse Counselors (CASAC), Credentialed Prevention Professionals (CPP) and Credentialed Prevention Specialists (CPS).

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Issues:

Federal and State efforts to combat Medicaid waste, fraud and abuse will have an increasing impact on chemical dependence providers as Federal Deficit Reduction Act and Medicaid savings targets increase annually. Numerous audit agencies, including the OMIG, Attorney General Medicaid Fraud Control Unit, the U.S. Department of Health and Human Services Office of Inspector General and contracted independent "Medicaid Integrity" private contractors, will all be increasing efforts to recoup Medicaid dollars, and reviews of behavioral health services will be conducted to identify possible overpayments or fraudulent billings.

Violations of patients' rights, including instances of sexual misconduct and other critical incidents, represent a serious and growing issue that impacts the health, safety and quality of care in the chemical dependence treatment system. Especially as program funding and staff levels decline, efforts to monitor patient care issues and enforce patient rights regulations and standards become even more critical.

Population Served: Chemically dependent patients and treatment providers.

Performance Measures:

Annual totals for 2007:

- Completed 15 comprehensive investigations, of which 6 included clinical/medical necessity reviews for OMIG and 5 additional referrals to OMIG;
- Completed over 1,100 patient complaint actions/follow-ups; and
- Completed 16 CASAC/CPD investigations.

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PROGRAM INFORMATION SHEET

Name of Program: Credentialing

Rank: High

Mandate:

- MHL §19.07 – requires that OASAS foster programs for the training and development of persons capable of providing chemical dependence and gambling services, including but not limited to, a process of issuing, either directly or through contract, credentials for alcoholism and substance abuse counselors or gambling addiction counselors...
- MHL §19.07 – also requires that OASAS establish procedures for issuing, directly or through contract, credentials to counselors who meet minimum qualifications and suspend, revoke or annul such credentials for good cause.
- 14 NYCRR Parts 853 – provision is made for the issuance of alcoholism and substance abuse counselor credentials to persons designated as credentialed alcoholism and substance abuse counselors.
- 14 NYCRR Parts 853 – establishes the qualifications standards and process for issuing credentials to prevention professionals and prevention specialists.
- 1198-a of the New York State Vehicle and Traffic Law, in conjunction with section 19.07(g) of the New York State Mental Hygiene Law as added by Chapter 732 of the Laws of 2006 and amended by Chapter 669 of the Laws of 2007 – assigns OASAS responsibility for “credentialing” alcohol and substance professionals to provide screening and assessment services for persons charged with Driving While Intoxicated (DWI) related offenses and to maintain a list of the names and locations of such professionals.

Mandated Funding Level: N/A

Brief Description/History/Background:

The Credentialing Unit is responsible for the management and administration of the Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Credentialed Prevention Professional (CPP) and Credentialed Prevention Specialist (CPS) as outlined in the above referenced Part 853 and 855 Regulations. These credentials are issued to those individuals who meet predetermined standards and pass a written examination. Currently, nearly 7,000 addiction professionals consisting of CASACs, CPPs and CPSs hold a current credential, and nearly 4,000 applications to become credentialed are in process. A total of approximately 900 CASACs, CPPs and CPSs are also eligible to renew their credentials through the late renewal process. CASAC and CPP/CPS certificates must be renewed every three years. During fiscal year 2007–08, nearly 4,000 CASAC and CPP/CPS Renewal Applications were processed by the Credentialing Unit. During the same period, nearly 1,500 new applications were received.

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The Credentialing Unit provides technical assistance regarding the Credentialing process via a toll-free Information Line. During 2007-08, the Unit received approximately 43,000 telephone inquiries. In addition to its Application review responsibilities, the Unit also coordinates and administers written credentialing examinations. Currently, written examinations are administered three times a year in Rochester, Albany and New York City. During 2007-08, examinations were administered to 825 candidates.

The Credentialing Unit also has responsibility for developing and maintaining the list of DWI providers who are capable and available to provide screening and assessments for alcohol and substance abuse and dependence, as required by Mental Hygiene Law section 19.07(g). Currently, there are 481 OASAS certified agencies and 1,521 approved private practitioner locations on the list. The Credentialing Unit manages an average of 140 telephone calls per month, 45 e-mails per month, and provides bi-weekly updated listings to the Office of Court Administration and the Department of Motor Vehicles of all persons capable and available to perform screenings, assessments and treatment.

Issues:

- Given that the credentialing function and maintenance of the DWI list are statutory requirements which are high volume, customer-driven operations, it is essential that the sufficient staff resources be dedicated to effectively perform the functions.
- In the last year, OASAS experienced an 11.5% increase in the number of initial applications due in large part to Talent Management efforts – a trend that is expected to continue.
- With the anticipated promulgation of revised credentialing regulations, OASAS will be administering a new gambling credential, which will further increase the number of new credentialing applications.

Population Served: Persons seeking to become credentialed in New York State as addictions professionals.

Performance Measures: Increase the number of credentialed staff and other qualified health professionals working in the field.

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PROGRAM INFORMATION SHEET

Name of Program: Long Range and Local Services Planning

Rank: High

Mandate: The New York State Mental Hygiene Law (MHL) requires that OASAS "...formulate a statewide comprehensive five-year plan for the provision of all state and local services..." §5.07 (b)(1). Annual plan updates and interim reports are also required §5.07 (b)(3). The MHL also requires that the statewide comprehensive plan "...be formulated from local comprehensive plans developed by each local governmental unit..." §5.07 (b)(1), and that OASAS "...guide and facilitate the process of local planning..." §41.16 (a).

Mandated Funding Level: None

Brief Description/History/Background:

Long Range Planning - The long-range planning function provides an important link between the planning, budgeting and outcome management activities of the agency. In order to ensure that limited State resources are allocated in the most equitable and cost-effective way, OASAS programmatic and funding priorities must be informed by all stakeholders through a comprehensive and inclusive planning process. This process includes working collaboratively with the other mental hygiene agencies through the Inter-Office Coordinating Council (IOCC), other OASAS bureaus on budgeting, outcome management and federal planning, and especially the counties to ensure alignment of state and local goals. The Planning Bureau coordinates all activities related to the development of OASAS planning documents, including public input, collaboration with other OASAS bureaus, counties, and state agencies, and writing, editing, and publishing those documents.

Local Services Planning - OASAS has long conducted a comprehensive data driven and outcomes focused local planning process with all counties. As a result, OASAS has taken the lead in developing an integrated planning process with the other mental hygiene agencies, including the development and maintenance of the Online County Planning System, which is a very efficient and cost effective way for the counties and providers to inform OASAS on local needs and priorities through development and submission of Local Services Plans. Local plans are a critical source of stakeholder input into the OASAS long-range planning and budgeting processes. They provide an efficient means to collect important information that is not collected through any other means to support a variety of State initiatives. Part of this function is to coordinate the development and distribution of planning supplements in a consistent and effective way that ensures funding of quality programming.

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Issues: Local Services Planning - A Memorandum of Understanding (MOU) has been drafted and presented to OMH and OMRDD that seeks financial contributions from them to support the information technology and planning costs associated with continuing to utilize CPS as an integrated mental hygiene planning tool. Continuation of this very efficient and highly successful Web-based application requires that each agency contribute to the required ongoing development and maintenance efforts. This function also provides staff support to the Mental Hygiene Planning Committee of the IOCC.

Population Served: Counties and providers, all OASAS, Federal government (SAMHSA), other State agencies.

Performance Measures:

Long Range:

- Maintain a long range planning process that is informed by data, includes broad stakeholder input, and is coordinated through collaborative efforts with OMH and OMRDD.
- Convene at least one public hearing/forum annually to provide an opportunity for stakeholder comment and input related to the OASAS long range plan.
- Meet with OMH and OMRDD staff on a regular basis to achieve greater communication and collaboration between systems to ensure a more coordinated approach to identifying and addressing cross-system issues.
- Make presentations to groups such as the Inter-Office Coordinating Council, Conference of Local Mental Hygiene Directors, and the Governor's Advisory Council on Alcoholism and Substance Abuse to facilitate stakeholder input on long-range planning issues.
- Create and monitor an electronic mailbox to enable a broader group of stakeholder to provide input on the long-range plan.

Local Services:

- Maintain an active Mental Hygiene Planning Committee to develop plan content and planning resources, provide plan training and technical assistance, and ensure a uniform local services planning process.
- Develop and distribute integrated mental hygiene plan guidelines to all counties and addiction service providers annually.
- Develop and maintain a dynamic user friendly online County Planning System (CPS) for counties, providers and State agency staff.
- Annually survey CPS users on customer satisfaction and incorporate feedback into system improvements.
- Summarize and incorporate priorities identified through the annual local services planning process into OASAS long range planning documents.
- Develop and post to CPS relevant, accurate and timely data resources and plan analyses for local planning and needs assessment efforts.

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Name of Program: Needs Assessment and Outcome Management

Rank: Medium

Mandate: The MHL requires that an operating certificate be issued only after OASAS identifies "...the public need for the chemical dependence services to be established ...taking into consideration local, regional, and statewide need..." §32.09 (a)(1). As a condition for receiving federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding, OASAS must identify statewide and sub-state service needs. The MHL requires annual state (§5.07) and local (§41.16) planning for the purposes of guiding rational program development and requires OASAS to establish data reporting procedures (§19.17) and assess program performance (§19.21) to ensure efficient and high quality services.

Mandated Funding Level: None

Brief Description/History/Background:

One function of the planning bureau is the development and maintenance of the treatment need methodology. The methodology is critically important for local needs assessment and planning efforts and for the Certification Bureau's review of applications for new and expanded service capacity. The methodology is updated annually and Service Need Profiles are updated and distributed semi-annually. The methodology helps to guide the development of treatment resources to ensure the most equitable distribution of services across the state. The planning bureau also coordinates activities of the Statewide Epidemiological Outcomes Workgroup (SEOW), a collaborative interagency effort to review available information on the extent of the substance abuse problem throughout the state and to advise policymakers regarding the nature and extent of substance abuse problems and areas for policy and program development to address these problems. The workgroup is also developing the capacity to report on the National Outcome Measures (NOMS) for prevention.

The planning bureau provides training and technical assistance to OASAS, counties and providers in the identification and adoption of practices designed to improve client outcomes and program effectiveness. These practices include identifying and utilizing data to monitor and document results, establishing learning collaboratives and communities of practice to promote and assist in the adoption of outcomes management, and developing dashboards/scorecards/report cards in management practices.

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Outcomes Management is a new paradigm OASAS is adopting and promoting within the agency and throughout the field. This approach integrates agency management with fiscal and performance metrics to monitor and improve desired outcomes. Anticipated benefits include documentation of improved performance/outcomes, increased clarity and transparency regarding performance, cohesion around a common mission and how to achieve that mission, rational alignment of resources to accomplish the mission and increased innovations.

Issues: As a result of recent significant changes to the addiction service system and the need to have current reliable estimates of service need, the treatment need methodology should be revamped. This is a lengthy and complex undertaking that requires research, statistical analyses, input and consensus building with professionals in the field, and development and maintenance of the methodology and county-level Service Need Profiles.

Population Served: OASAS Executive, Certification, Field Office, Fiscal and Planning staff, county planners and providers for development of new or expanded treatment services or adoption of outcomes management, Federal Government.

Performance Measures:

- Update the full need methodology once a year.
- Update the service need profile semi-annually.
- Production of OASAS Agency and Division level dashboards.
- Initiation of regional implementation groups of providers and counties for outcomes management.
- Customer satisfaction surveys.

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PROGRAM INFORMATION SHEET

Name of Program: Epidemiology, Ethnography and Need Methodology

Rank: High

Mandate: OASAS "shall survey and analyze the state's needs...in accordance with section 5.07..." (MHL 19.09) The commissioner shall direct and carry on basic clinical, *epidemiological*, social science, evaluative, and *statistical research* in chemical abuse and dependence either individually or in conjunction with other agencies, public private, and, within the amounts made available by appropriation therefore, develop pilot programs..." (MHL 19.17(d)) In addition, OASAS is required to address epidemiology and needs assessment as a requirement of the SAPT Block Grant.

Mandated Funding Level: OASAS was awarded and is currently working under a federal contract totaling \$200,000 annually to support its epidemiological and needs assessment efforts as part of the State Epidemiological Outcomes Workgroup program.

Brief Description/History/Background:

The purpose of this program is to inform prevention, treatment and recovery policy making, planning and program development at the state and local levels through epidemiological surveys, ethnographic street studies*, statistical indicator systems, monitoring of trends, and other needs assessment methods.

OASAS collects original data and intelligence as well as using information collected by the federal government and other agencies. Three basic methodologies are used to "triangulate" substance use and gambling problems in the state: (1) epidemiological surveys including household, school, and special population surveys; (2) ethnographic street studies, special investigations, and other qualitative methods; and (3) statistical indicators representing both substance use and gambling problems. OASAS participates in a number of information sharing programs with federal agencies including the National Institute on Drug Abuse, the Office of National Drug Control Policy, the Drug Enforcement Agency, and the Substance Abuse and Mental Health Services Administration. Projects and activities include the following:

- o Respond to requests for epidemiological information, especially as related to executive policy issues;
- o Produce and disseminate analytical reports based on surveys conducted for general and special populations;
- o Conduct studies and monitor community drug activity using Street Ethnographic methods including the Community Availability Study;
- o Develop methods and statistics estimating the prevalence of substance use disorders and problem gambling at the state and county levels to be used in planning, prioritizing and reviewing proposals for developing treatment services;

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- Respond to drug use and public health emergencies (such as the Fentanyl alert) and investigate the availability of new drugs or new patterns of use;
- Develop special methods (e.g., "secret shopper") in response to policy issues, utilizing street ethnography field staff;
- Convene the State Epidemiological Outcomes Workgroup (SEOW) under a SAMHSA contract, including developing, analyzing and utilizing National Outcome Measures (NOMs) for Prevention services;
- Produce an annual State Epidemiological Profile that integrates data from numerous sources including state and local agencies in order to examine trends in substance use and gambling risks, behaviors, problems and consequences;
- Produce and disseminate an annual Community Epidemiological Profile incorporating the latest available statistics at the county and regional levels including indicators from the PRISMS risk and protective factor indicators used in county and provider-level prevention services planning;
- Monitor substance-related problems in the vicinity of treatment programs to support policy initiatives such as the transformation of methadone treatment services and to respond to public concerns; and
- Participate in collaborative epidemiological efforts at the national, state and local levels including the NIDA-sponsored Community Epidemiological Work Group.

Issues: None

Population Served: This program serves: (1) persons-in-need by assessing the nature and extent of need in the community so that OASAS and local governments can develop and allocate resources in an effective, efficient and equitable manner; (2) federal, state, local government policy makers, planners and managers, service providers in the fields of alcohol abuse, substance abuse, gambling problems and general health, law enforcement personnel, school personnel and other researchers in the addictions field; and (3) the general public concerned about problems in their community.

Performance Measures:

- Use of epidemiological data to support policy making, planning and program development;
- Studies completed;
- Reports and presentations made;
- Responses to requests for information and analysis;
- Production of annual State Epidemiological Profile and annual Community Epidemiological Profile; and
- Fulfillment of SAMHSA SEOW contract deliverables.

*Please see Street Ethnography (Street Studies) Program Information Sheet

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Name of Program: Practice Improvement

Rank: High

Mandate: OASAS "shall advise and assist the governor in *improving services* and developing policies..." (MHL 19.07(b)) OASAS is responsible for seeing that "treatment and rehabilitation is of *high quality and effectiveness...*" (MHL 19.07(c)) "The commissioner shall direct and carry on basic *clinical*, epidemiological, social science, evaluative, and statistical *research* in chemical abuse and dependence either individually or in *conjunction with other agencies*, public private, and, within the amounts made available by appropriation therefore, *develop pilot programs*. In pursuance of the foregoing and notwithstanding any other provision of law, the office may establish, direct, and carry on experimental *pilot clinical programs providing for early intervention and for treatment* of chemical abuse and dependence...." (MHL 19.17(d))

Under the Substance Abuse Prevention and Treatment Block Grant (\$115 million), OASAS is required to measure and manage performance against SAMHSA's National Outcome Measures (NOMs) which include access, retention and adoption of evidence-based practices. Also under the Block Grant, OASAS is required to direct an "independent peer review" process for service providers.

Mandated Funding Level: This program has been awarded and currently directs 3 federal grants/contracts totaling \$250,000 annually (administered through the Research Foundation for Mental Hygiene, Inc.) to develop and test new methods for improving the outcome and efficiency of services through adoption of evidence-based practices.

Brief Description/History/Background:

This program seeks to improve consumer level outcomes by increasing the quality and effectiveness of prevention, treatment and recovery services through the adoption of evidence-based practices and processes (EBPs). This program employs nationally recognized models for implementing change in service systems. OASAS develops resources and capacity to provide training and technical assistance to providers for adoption of selected EBPs, including motivational interviewing (MI), cognitive-behavioral therapy (CBT), screening for co-occurring mental conditions (MMS), medication-assisted treatment (MAT) and process improvement (NIATx). OASAS engages providers in planning for and developing this practice improvement program, and recruits providers to participate in specific projects. Projects and activities of this program include:

1. Leading the team of OASAS staff and providers charged with increasing adoption of EBPs;
2. Developing guidelines and tool kits to facilitate implementation and sustained adoption of selected EBPs;

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3. Sponsoring learning collaboratives and training for providers and trainers, and providing technical assistance to providers implementing EBPs;
4. Periodically surveying providers to determine the extent of adoption of EBPs and developing follow-up methods to validate implementation measures and assess fidelity to selected EBP protocols;
5. Directing the Strengthening Treatment Access and Retention—State Infrastructure (STAR-SI) project funded by the Robert Wood Johnson Foundation (RWJF) to implement rapid-cycle change and measurement models to improve processes affecting the quality of care received;
6. Directing the New York component of the Network for Improvement of Addiction Treatment (NIATx) study sponsored by NIDA under contract with the University of Wisconsin;
7. Recruiting providers to increase participation in the OASAS STAR-QI system which enables providers to (a) collect information to measure access and retention and (b) monitor their performance on a weekly or monthly basis as part of their efforts to improve the quality of their services;
8. Directing “independent peer review” (IPR) through a contract with the Association of Substance Abuse Providers, Inc., as required under the SAPT Block, and enhancing the IPR by focusing on EBPs;
9. Directing the State Infrastructure to Improve Practice NIDA grant, including engaging additional providers in testing contingency management (CM) in different types of treatment services; and
10. Participating in national and regional meetings to disseminate findings and strategies and learn new methods and strategies.

Issues: None

Population Served:

The program serves: persons-in-need and service programs by providing direction and resources for improving outcomes and efficiency through adoption of evidence-based practices; and federal, state and local government policy makers, planners and managers as well as program directors and clinical supervisors by developing, testing and disseminating methods for changing how services are delivered.

Performance Measures:

1. Increase by 20 percent the number of treatment providers implementing targeted EBPs.
2. Increase by 10 percent the number of prevention programs implementing evidence-based programs and strategies.
3. Double participation in NIATx process improvement and the STAR-QI information system.

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Name of Program: Research and Development

Rank: Medium

Mandate:

OASAS is "charged with responsibility for assuring the development of comprehensive plans, programs and services in the areas of *research*, prevention, and training..." (MHL 19.07(a)) OASAS "shall advise and assist the governor in *improving services and developing policies...*" (MHL 19.07(b)) "The commissioner shall direct and carry on basic *clinical*, epidemiological, social science, *evaluative*, and *statistical research* in chemical abuse and dependence either *individually or in conjunction with other agencies, public private*, and, within the amounts made available by appropriation therefore, *develop pilot programs*. In pursuance of the foregoing and notwithstanding any other provision of law, the office may establish, direct, and carry on experimental pilot clinical programs providing for *early intervention and for treatment* of chemical abuse and dependence...." (MHL 19.17(d))

Mandated Funding Level:

This program has been awarded and currently directs 2 federal grants totaling \$500,000 annually (administered through the Research Foundation for Mental Hygiene, Inc.) to develop and test new service models for reaching persons-in-need.

Brief Description/History/Background:

The purpose of this program is to promote and/or conduct research and development projects that address policy issues and development needs in the addictions field through (1) development of OASAS' Research and Development agenda, (2) collaboration with sponsors, researchers, policy makers and service providers, and (3) direction of and/or participation in collaborative research and development projects.

This program pursues an agenda based on OASAS "destinations" and priorities which include integration of *recovery* into the service system and addressing tobacco use. OASAS consults regarding priorities at the national level with NIDA, NIAAA, SAMHSA and other research and development sponsors and collaborates with academic and research institutes, including the SUNY schools of Social Welfare and Public Health. OASAS seeks to conduct and/or collaborate in research that tests policy and service delivery models, such as, Screening, Brief Intervention and Referral to Treatment (SBIRT) in public health venues.

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This program currently directs two SAMHSA grants demonstrating models for increasing access to care, one in Asian American Communities and the other for persons at risk for or with HIV infection. The program seeks to contribute to the development of evidence-based practices and program models (EBPs).

Issues: None

Population Served:

This program serves: persons-in-need through grant-funded services; federal, state and local government policy makers, planners and managers through developing and testing service models that improve patient outcomes.

Performance Measures:

- OASAS and provider participation in collaborative research and development consistent with OASAS' research and development (R&D) agenda;
- Grant-specific performance measures;
- Submission of program models for national recognition.

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Name of Program: Street Ethnography (Street Studies)

Rank: Low

Mandate: Contributes to the epidemiological efforts mandated under Sections 19.09 and 19.17 of the Mental Hygiene Law.

Mandated Funding Level: None

Brief Description/History/Background:

Street Ethnography, as part of OASAS' Epidemiological efforts, seeks to: provide early identification, assessment and monitoring of substance use behaviors and problems in communities; investigate and monitor neighborhood conditions that are of programmatic and/or public concern; and (3) design and carry out studies based on its unique capabilities.

The Street Ethnography provides OASAS with a unique capacity to conduct research studies and investigations. Street Studies field staff typically collects data through unobtrusive observation and engaging in conversations in which the subjects are unaware that they are being interviewed.

Issues: While this function provides worthwhile information on substance use behaviors and problems in our communities, there are other ways that this function could be conducted by other means.

Population Served: This program serves: (1) persons-in-need by assessing the nature and extent of need in the community so that OASAS and local governments can develop and allocate resources in an effective, efficient and equitable manner; (2) federal, state, local government policy makers, planners and managers, service providers in the fields of alcohol abuse, substance abuse, gambling problems and general health, law enforcement personnel, school personnel and other researchers in the addictions field; and (3) the general public concerned about problems in their community.

Performance Measures:

- o Uses of epidemiological data to support policy making, planning and program development;
- o Studies completed;
- o Reports and presentations made;
- o Responses to requests for information and analysis; and
- o Collaborations engaged in.

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Name of Program: Federal Policy

Rank: Medium

Mandate: §19.09 of the Mental Hygiene Law: "(2) The office shall be the authority, when designated by the governor, to supervise and administer financial or technical assistance as the designee under a state plan or as may be required by federal legislation making such assistance available for programs or activities in alcoholism, alcohol abuse, substance abuse, substance dependence, and chemical dependence, and other areas under its jurisdiction and control."

Mandated Funding Level: None

Brief Description/History/Background: Working with other OASAS staff, State agencies (as required), National Association of State Alcohol and Drug Abuse Directors (NASADAD), Governor's Washington Office and Federal partners, the Federal Policy function identifies Federal laws, regulations and policies that affect OASAS' ability to plan for and provide quality prevention, treatment and recovery services.

Issues: Current issues related to this core function include: reauthorization of the Federal Substance Abuse and Mental Health Services Administration (the main source of Federal funding for OASAS and its providers); implementation of screening and brief intervention services in healthcare settings, with payment authorized under the Federal Medicaid and Medicare programs; parity in coverage for treatment of substance use disorders; prevention and treatment services to active military personnel and to veterans and their families; Federal funding, following a disaster, to prevent and, where the need is related to the disaster, treat substance use problems; and regulatory changes to eliminate Medicaid coverage for services previously authorized under this program.

Population Served: This function serves as support to the Commissioner, national organizations and the Governor's Washington Office in assuring that New York's prevention, treatment and recovery services are aligned with and influence Federal policy.

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Performance Measures: Increase influence on national policy and practice through participation in the NASADAD board and public policy committee; provide meaningful information that is used by OASAS staff and providers to improve prevention, treatment, recovery services by identifying news, regulations and other Federal notices, requesting relevant data, disseminating information and preparing responses, as appropriate; coordinate technical assistance requests and identify opportunities for Federal support of New York program efforts; assure that New York's interests and concerns are articulated and interests are protected on the Federal level by developing priority position papers and coordinating within the agency and with the Governor's Office.

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Name of Program: Grants Management

Rank: High

Mandate: §19.28 of the Mental Hygiene Law: "Receipt and disbursement of federal funds. (a) The commissioner may receive, use, or distribute federal financial or technical assistance to support construction of facilities, research, staffing, or other programs or activities for alcoholism, substance abuse, or chemical dependence services, appropriated under federal legislation or regulations or under other federal legislation or regulations which provide assistance to the mentally disabled, including but not limited to vocational rehabilitation programs, alcoholism programs, substance abuse programs, poverty programs, or special programs for children or the aged. (b) The commissioner may promulgate rules and regulations relating to the commissioner's powers and duties to implement any provision of state or federal law involving the receipt, use or disbursement of federal financial or technical assistance.... (d) Subject to the rules and regulations of the commissioner, any funds made available to the office by the United States or by another state agency as a federal allotment to be administered by the office may be disbursed by it to a local government, voluntary nonprofit agency, educational agency, or other entity properly authorized to receive funds in fulfillment of the purposes of appropriate federal or state legislation for the provision of services, construction of facilities, research, staffing, training or related programs or activities."

There are also Federal mandates, some of which are applied to all grants (e.g., restriction on amount that may be paid for any grant employee) or that are specific to the individual grant. The two largest grants that OASAS receives are the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Safe and Drug Free Schools and Communities (SDFSC).

Regulations and law pertaining to the SAPT Block Grant include: Public Law 102-321: Block Grants for Prevention and Treatment of Substance Abuse (US Code, Part B, Subpart II and Subpart III); Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.45, 96.51, and 96.120-121); Tobacco Regulation for the Substance Abuse Prevention and Treatment Block Grant (45 CFR 96.130); Charitable Choice Provisions Final Rule (42 CFR Part 54 and 54a) and the PHS Act as amended by P.L. 106-310. In addition, award conditions may be placed on any notice of funding and these terms and conditions govern the programming of the grant award.

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Regulations and law pertaining to SDFSC include: Elementary and Secondary Education Act of 1965, as amended, Title IV, Part A, Subpart 1, Secs. 4112-4113, 4116; 20 U.S.C. 7111-7113, 7116; Education Department General Administrative Regulations (EDGAR), based on Title 34 Code of Federal Regulations Parts 74-86 and 97-99.

The statutory authority for the EUDL Block Grant Program may be found within Section 504 of the Juvenile Justice and Delinquency Prevention Act, 42 U.S.C. 5783.

Mandated Funding Level: The SAPT Block Grant and SDFSC are allocated to States based on statutory funding formulae; the Enforcing the Underage Drinking Laws (EUDL) Block Grant is provided to States at an amount that is the same for each State.

For the SAPT Block Grant, the Maintenance of Effort (MOE) requirement for State funding is a rolling two year average and is currently at \$335.8 million. Failure to maintain this level of funding results in a dollar for dollar reduction in the SAPT Block Grant award. Other SAPT Block Grant MOE requirements (no statutory penalty, but the grant award is subject to SAMHSA's approval of application) include: State spending of at least \$18 million for treatment and wrap around services to pregnant women and women with dependent children; State spending for early HIV intervention services must total at least \$4.5 million annually; and State spending of at least \$324,000 for tuberculosis services to individuals in treatment for their substance use.

Set aside requirements against the SAPT include at least 20 percent for primary prevention and five percent for early HIV intervention services.

Congress has delegated the authority to administer the EUDL Program to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), one of five program bureaus in the Office of Justice Programs (OJP). From fiscal years (FYs) 1998 to 2006, Congress appropriated \$25 million annually to OJJDP for its EUDL program.

Brief Description/History/Background:

SAPT Block Grant: Since 1992, the SAPT Block Grant has been funding State substance abuse prevention and treatment services through a Federal funding formula. In New York, the SAPT Block Grant is \$115.1 million annually and is the single largest source of Federal funding for substance abuse prevention and treatment services. OASAS uses the SAPT, in conjunction with State Aid, to support counties and providers (directly or through contract with counties).

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Funds are advanced to counties and providers monthly. Unlike some block grants, States are required to annually apply for new funding; the application contains a report on prior year spending, current efforts, and intended efforts and, separately, a report on efforts to stop sales of tobacco products to minors (40 percent penalty against the SAPT if successful tobacco sales to minors exceed 20 percent).

Programmatic requirements include the priority admission of pregnant women and intravenous substance abusers. Services for pregnant women and women with dependent children must include primary medical care, pediatric care, gender specific treatment, therapeutic interventions, case management and transportation. Additionally, States are required to conduct an independent peer review of five percent of the treatment providers funded from the SAPT.

The SAPT Block Grant may not be used to: provide inpatient hospital services; make cash payments to intended recipients of health services; purchase or improve land, purchase, construct, or permanently improve any building or other facility; satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; provide financial assistance to any entity other than a public or nonprofit private entity; provide individuals with hypodermic needles or syringes for illegal drug use; or provide services (beyond a stipulated amount) within State or local correctional facilities.

SDFSC Grant: The Federal Safe and Drug Free Schools and Communities (SDFSC) grant directly targets youth in grades K–12 with education, prevention and intervention services. Up to 20 percent of SDFSC may be programmed by the Governor; the remaining SDFSC funding must be administered by the State Educational Agency, with the majority of that funding (at least 97 percent) required to be allocated, under a statutory formula, to local educational agencies throughout the State. In New York, OASAS administers the Governor's portion, which is appropriated as part of OASAS Aid to Localities budget and totaled nearly \$4.5 million in 2008. OASAS uses SDFSC to support a portion of the funded prevention programs, with 15 providers receiving SDFSC funding in 2008-09.

EUDL Block Grant: The EUDL Program allocates block grants for every State and the District of Columbia to enforce State laws prohibiting the sale of alcoholic beverages to minors and to prevent the purchase or consumption of alcoholic beverages by minors.

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There are a number of discretionary grants and contracts that Grants Management also is responsible for including FASD, ISAAC, SOMMS, SEOW, STAR-SI. Many of these grants/contracts are received by the Research Foundation for Mental Hygiene, Inc., a nonprofit membership corporation that can serve as fiscal agent for OASAS on a grant.

Issues:

Although SDFSC is the Federal government's primary grant initiative to prevent alcohol and drug use by school-aged children, New York's award has been cut by over 40 percent since 2000 and, under President Bush's proposed 2009 budget, New York's SDFSC would be further reduced by almost 75 percent against the 2008 level. OASAS continues to work, together with other States and SED, to forestall further reductions to this critical resource for prevention services to youth.

In Federal 2009, the House Appropriations Committee voted to fund the EUDL program at \$25 million but the Senate Appropriations Committee included no funds for this program, although it is expected that Senator Robert Byrd (D-WV), a powerful member of the Senate will work to restore the funds.

The Federal Substance Abuse and Mental Health Services (SAMHSA) is up for reauthorization and this legislation will additionally include service and funding requirements (e.g., set asides and maintenance of effort), appropriation authority and the formula governing the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The SAPT Block Grant statutory formula allocates funding to States based on: (a) need for services; (b) cost of providing services; and (c) State's ability to pay for services. In Federal 2008, New York received \$115.1 million from the SAPT Block Grant (approximately 7 percent of the total available to all States); the SAPT Block Grant is used to fund prevention and treatment services throughout the State, including a State Operated Addiction Treatment Center.

State purchasing power under the SAPT Block Grant has steadily eroded as, for the last five years, funding has been essentially flat; New York has steadily lost ground under the statutory formula that currently governs the SAPT Block Grant allocation. Further erosion of the SAPT Block Grant's purchasing power, particularly in the face of State budget constraints, would have an impact on service delivery and OASAS' ability to administer the grant and monitor program performance.

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Population Served: The SAPT Block Grant is available only to States and territories. It serves people in need of treatment, those who need intervention such that they do not require treatment and general prevention programming that serves our schools and communities. Treatment services include inpatient, outpatient, residential and support services (such as medication, case management, and other supports needed to maintain a person once they return to the community). SDFSC-Governor's portion supports prevention programming for children and at risk youth; EUDL Block Grant supports States in reducing underage drinking.

Performance Measures: Identify mission-related funding opportunities to OASAS, Local Government Units and the provider community from Federal and State government, foundations and other entities and draft for posting on the OASAS Web Site; coordinate technical assistance requests and identify opportunities for SAMHSA to support New York's program efforts; assure that New York's interests and concerns are articulated and interests are protected on the Federal level by coordinating within the agency and with the Governor's Office; coordinate the preparation and submission of the annual SAPT Block Grant and Synar Report; ensure timely, accurate and appropriate grant management of Federal grant awards received by OASAS; coordinate OASAS comments for local service provider application for Federal assistance (Public Health System Impact Statements) so appropriate letters can be sent to Federal Government/Programs for grant recommendation; ensure that New York State's tobacco control efforts are appropriately recognized and acknowledged at the Federal level.

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Name of Program: Program Performance Monitoring and Data Reporting

Rank: High

Mandate: This function supports statutory requirements identified in the Mental Hygiene Law sections 19.07(c), 19.17(e) and (g) and 19.21(d) which require OASAS to develop effective care, to establish reporting procedures, and to establish program performance standards and assess program performance.

Mandated Funding Level: None

Brief Description/History/Background: This function manages the OASAS performance measurement system and seeks to assure that the data used to make policy decisions are as timely and accurate as possible. Projects include:

Performance Measurement Systems (IPMES/Workscopes)
Data Reporting and Integrity Monitoring and Technical Assistance (DIME, CVS)
CDS/IPMES/Workscope Training
PARIS Outcome Study
PARIS Help Desk
SOMMS Web-Based Training Modules

Issues: None

Population Served: Field Office staff, LGUs, program staff, Executive staff and staff in other Divisions/Bureaus/Units.

Performance Measures:

Increase the use of CDS/IPMES/Workscope data by Field Office staff to assess and improve program performance.

Increase the percentage of programs receiving CDS/IPMES/Workscope training that improve their CDS/MSD reporting.

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Name of Program: Data Management

Rank: High

Mandate: This function supports statutory requirements identified in the Mental Hygiene Law sections 19.17(d), (e) and (g) which require OASAS to conduct statistical research, gather and maintain statistical records and establish information policy and data reporting procedures. The federal Block Grant requires New York State to collect and report TEDS and NOMs data.

Mandated Funding Level: None

Brief Description/History/Background: This function is responsible for providing data to support agency decision-making. Data are also provided to convey to the Governor's office, to members of the legislature and to the general public. Data are provided to the federal government to satisfy Block Grant requirements. In addition, staff utilize the data warehouse to provide data to OASAS, county and program staff in their efforts monitor trends and document need. Projects include:

- County Profiles
- National Outcome Measures (NOMs)
- OASAS Data Warehouse
- Treatment Episode Data System (TEDS)

Issues: None

Population Served: Executive staff, LGUs, SAMHSA, Governor's Office, the Legislature, staff in other OASAS Divisions/Bureaus/Units and program staff.

Performance Measures:

Increase the use of performance data by OASAS and provider staff to improve service access, quality of services, effectiveness of services and cost-efficiency.

Increase the number of subject matter experts and project managers satisfied with data and data analysis.

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Name of Program: Project Evaluation

Rank: High

Mandate: Statutory requirements identified in the Mental Hygiene Law sections 19.15(f)(2) and 19.17(d) require OASAS to conduct statistical analysis of special programs and evaluate their effectiveness.

Mandated Funding Level: 40 percent of the OASAS SAPT Block Grant (i.e., \$46 million) is at risk if New York State fails to meet its Synar performance targets.

Brief Description/History/Background: This function provides information to staff in other OASAS Divisions/Bureaus/Units concerning the effectiveness of various program efforts or projects initiated by the agency that seek to improve client health and safety. Some of these projects are federally mandated (e.g., Synar), others are the evaluation components of federal or foundation grants or contracts (e.g., FASD). All serve to inform OASAS policy decisions. Projects include:

MATS Evaluation
CASA MATS Evaluation (Federal grant)
Synar Survey
Learning Thursdays Evaluation
Off-Site Demo Evaluation
FASD Evaluation (Federal Contract)
Tobacco Regulation Impact Analysis

Issues: None

Population Served: Staff in other OASAS Divisions/Bureaus/Units, LGUs and program staff.

Performance Measures: Increase the use of data supplied to subject matter experts and project managers to improve project performance.

Increase the number of subject matter experts and project managers satisfied with data and data analysis supplied.

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Name of Program: Program Improvement

Rank: Medium

Mandate: This function supports statutory requirements identified in the Mental Hygiene Law sections 19.07(c) and 19.17(d) that requires OASAS to assure that the services provided by its licensed programs are of high quality and requires that OASAS evaluate the effectiveness of special projects.

Mandated Funding Level: None

Brief Description/History/Background: This function provides assistance to OASAS-certified and funded providers to improve program services that target client health and safety by adopting best or evidence-based practices. Some of these projects are funded by federal or foundation grants or contracts (e.g., Star-SI). Projects include:

- o Best Practices Focused Implementation Study
- o NIATx 200 (Federal Grant)
- o STAR-SI (Foundation Grant)

Issues: None

Population Served: Program and OASAS Treatment and Field Office staff.

Performance Measures: Increase the use of data to improve project performance.

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Name of Program: Facility Evaluation and Inspection

Rank: High

Mandate: Enforcement of OASAS Regulation 814, Physical Plant Standards

Mandated Funding Level: None

Brief Description/History/Background:

The Facilities Evaluation and Inspection Unit:

- conducts the required safety and physical plant inspections of about 1,700 OASAS certified locations;
- monitors the timely completion of corrective action plans;
- conducts emergency inspections;
- provides technical assistance to service providers on non-OASAS capital funded construction projects;
- completes the appropriate review and filings for OASAS compliance with the State Environmental Quality Review Act (SEQRA) for all capital projects and certification applications;
- prepares the OASAS annual report required by the Department of Environmental Conservation; and
- reviews the State's drafts of Local Waterfront Revitalization & Review Plans and prepares Commissioner's response.

Issues: None

Population Served: All certified OASAS programs

Performance Measures: Inspections are completed in a timely manner and corrective action plans are submitted and signed off.

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Name of Program: Executive Office

Rank: High

Mandate: Headed by a Commissioner appointed by the Governor.

Mandated Funding Level: None

Brief Description/History/Background: The Commissioner's Office provides the overall direction for OASAS and establishes the Agency's mission and framework for accomplishing that mission. The Commissioner's Office provides general policy and direction while the Executive Deputy Commissioner's Office provides oversight of the agency's day-to-day operations.

In addition to the Executive Deputy Commissioner, the Commissioner's Office is comprised of a Chief of Staff who provides management assistance and three Secretaries who provide support services for the Commissioner, Executive Deputy Commissioner, and Chief of Staff. Along with overall direction and direct reporting by the Executive Team who manage individual divisions and offices, the Commissioner's Office oversees Internal Control, Internal Audit, and Affirmative Action Office activity and purview.

The Commissioner's Office interfaces with the Governor, other state, federal and local government officials and over 1,550 service providers and over 100 affiliated councils, consortiums, constituents, and advocacy groups. The Office works in lock step with all Executive Team members to provide direction for their purview over the Divisions and Offices they manage.

Issues: None

Population Served: All New Yorkers, with particular focus on the one out of every seven New Yorkers, or 2.5 million people, who are dealing with a drug, alcohol or gambling addiction.

Performance Measures: None

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Name of Program: Counsel

Rank: High

Mandate: Mental Hygiene Law

Mandated Funding Level: None

Brief Description/History/Background: The Office of Counsel provides in-house counsel and legal support for OASAS, administers all aspects of regulatory development and interpretation, manages OASAS' legislative program, and coordinates governmental liaison activities. The Office supports the processing of provider applications for OASAS certification, and assists in the administration of the ongoing certification of approved providers and credentialing of program staff.

These responsibilities encompass a broad range of legal areas which include the following:

- Legal advice to the Commissioner and OASAS Divisions including issuing legal opinions and providing legal representation in both internal and external forums;
- Development and promulgation of OASAS regulations;
- Analyzing and granting waivers to regulations;
- Development of the OASAS Legislative Agenda;
- Analysis and interpretation of state and federal legislation;
- Review and assistance in development of agency contracts, requests for proposals and memoranda of law;
- In-House Counsel to the OASAS ATCs and Bureaus/Units;
- Confidentiality/HIPPA support;
- Administrative Hearings;
- Litigation support;
- Liaison with OMIG;
- Legal issues relating to Healthcare financing and third party reimbursement;
- Development of Medicaid State Plan;
- Information and Cyber Security legal issues;
- Ethics Officer;
- Procurement Officer;
- Freedom of Information Law Officer;
- Applicant Character Review Committee;
- SAPT Block Grant Review;
- Development and negotiation of Receiverships; and
- Issues relating to real property transactions and bonding including the development of all legal documents and closings.

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Issues: Ongoing need to review and provide advice regarding changes in the laws and regulations as well as the confidentiality of patient information.

Population Served: The work of Counsel's Office serves all patients in the system and the providers that serve those patients in that our work has the ultimate goal of protecting the health and safety of all patients.

Performance Measures: Various statutes and regulations have time-based deadlines for taking action (i.e., FOIL requests, demands for administrative hearings). Developing standards for expeditious administrative hearing process.

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PROGRAM INFORMATION SHEET

Name of Program: Fiscal Administration

Rank: High

Mandate: None

Mandated Funding Level: None

Brief Description/History/Background: Following is an overview of the Fiscal Administration function:

Budget Management is responsible for all OASAS State Operations and Aid to Localities budget activities including preparation of the Agency's annual Budget Request submission to the Governor's Division of the Budget (DOB) in those two areas, and the monitoring and control of annual enacted State Budget appropriations and cash spending plans. Major responsibilities, functions, and tasks of the Bureau include, but are not limited to: analysis, development, and submission of the OASAS annual Budget Request for State Operations and Aid to Localities; development of briefing and analysis materials for Executive Staff, constituency groups, and the public; liaison with the legislative fiscal committees, Division of the Budget, constituent groups, and other State agencies; management of all OASAS revenue accounts; allocation of funding to counties and direct contract providers; and participation in Prospective Budget Reviews with Statewide Field Operations.

Financial Management has as its primary mission/purpose to support the effective and efficient operations of OASAS through the operation of the agency's Financial Management systems which includes processing: OASAS Aid to Localities' Contracts (Direct) and revisions to county Approval Letters (County Allocated); Aid to Localities (Direct Contracts and County Allocated) advance payment calculation and processing, annual expenditure and revenue claims, reconciliation and reimbursement; State Operations Contracts, Purchases, and Payments; Travel Vouchers and Reimbursement; Provider Claims and Payment for their participation in HUD's Shelter Plus Care Program, including drawing down funds from the Federal Government; Fiscal reports of spending (including those required under Federal Grants); and Contract encumbrances and payments for leases and capital construction projects.

Health Care Financing & Third Party Reimbursement is the focal point in OASAS for the development and execution of Medicaid policy, and is the Agency's primary liaison with DOB and the Health Department on Medicaid fiscal issues. The Bureau is comprised of two units:

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- Costing and Revenue Management: This unit identifies and coordinates the development of potential revenue sources and initiatives to support local program operations, monitors Medicaid and other health care revenue sources, conducts service costing analyses and establishes rates and fees for treatment services, administers the Department of Mental Hygiene's Consolidated Fiscal Reporting System as it relates to OASAS, and develops models and methodologies for reimbursement of provider health care expenses.

- Provider relations: This unit provides technical assistance to local providers to address financing and reimbursement issues; it trains provider staff in reimbursement requirements and financial reporting, and provides assistance to provider and local government staff in completing claims.

Issues: None

Population Served: None

Performance Measures: None

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Name of Program: Information Technology

Rank: High

Mandate: Federal Health Insurance Portability and Accountability Act (HIPAA), State Privacy Act, Federal Code of Federal Regulations, Title 42, Parts 2 and 96, State Cyber Security Policy P03-002; Open Meetings Law (OML); Executive Order No. 3 (E.O.3); and NYS Mandatory Technology Standard S07-001 and the required Annual Technology Plan.

Mandated Funding Level: None

Brief Description/History/Background:

Develops and manages the Agency's IT resources to support the Agency's mission. This includes:

- developing and maintaining OASAS' data communication systems of email, internet and blackberry services;
- administering the software and hardware of the Agency's 74 servers and other IT equipment located throughout the Agency's 18 sites that provide data communications, web applications, data storage and backup systems;
- deploying and maintaining Agency employees' PCs, printers and related software;
- managing IT security policies and processes to ensure the privacy of data and protection of systems from viruses, hackers and unauthorized use;
- creating and managing a centralized data warehouse that consolidates program and fiscal information used by OASAS managers and other personnel;
- deploying and maintaining web applications for the collection of federally mandated client information, provider services, fiscal and provider performance information;
- developing and participating in the awarding of bids to outside contractors for technology services required by the Agency. Recent changes in the structure of IT services have included the use of vendor-hosted software and services for patient management services, client billing and management of Agency finances and equipment inventory;
- overseeing the acquisition of IT equipment and software to ensure consistent enterprise standards throughout the Agency;
- evaluating Agency operations and recommending solutions where new technologies could improve workforce productivity;
- representing OASAS in the field of information technology through reporting relationships and other interactions with the Office of Cyber Security and Critical Infrastructure Coordination, the Office for Technology and State Office of the Chief Information Officer; and
- performing the IT security role mandated by the State Cyber Security Policy and HIPAA.

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Issues: Information technology plays an integral role in the delivery of OASAS services through increased workforce productivity, improved decision-making and more effective public access. Automated systems are required to collect and report information to the Federal Government as a mandated condition of the Federal Block Grant, maintain agency patient and financial services, and allow for the basic operations of the agency.

Population Served: Agency employees, State network of treatment and prevention and recovery providers, local and federal governments and the public.

Performance Measures: Several technical performance measures exist, chief among them:

- **Business continuity:** Ensuring full access to communications and other technology services 24 hours a day, seven days a week.
- **Security:** Complying with HIPPA, 42 CFR, State Privacy Act and State Cyber Security and Critical Infrastructure Policy requirements.
- **Improved OASAS operations and services:** Focusing on technology that improves the cost effectiveness and programmatic quality of agency functions and treatment, prevention and recovery services in the State.

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Name of Program: Human Resources Management

Rank: High

Mandate: NYS Department of Civil Service Law; Employee Bargaining Agreements

Mandated Funding Level: None

Brief Description/History/Background:

Human Resources Management coordinates a wide range of activities that support the Agency's human resources/personnel management functions.

Primary activities include:

Staff Acquisition: Identify employment/promotion opportunities; work with the Department of Civil Service (Civil Service) in the development of job-specific examinations; and oversee the recruitment, interviewing and hiring process to ensure that a qualified and diverse workforce is in place to carry out the OASAS mission.

Classification of Positions: Review the duties and functions of a specific job or group of titles, propose job titles and salary levels that fit the assignment and the organizational structure; and develop written justification for submission to Civil Service and the Division of the Budget.

Maintaining/Managing the Workforce: Recognize and reward exemplary employee work performance through the coordination of the Agency's performance evaluation system and OASAS Awards Program. Also, support the Agency's efforts to further labor relations activities and promote good employee conduct by providing guidance to supervisory staff and utilizing the progressive counseling/disciplinary process to address employee performance concerns. Given the demographic trends in the workforce, an increasing emphasis has been placed on succession and workforce planning. This involves tracking age demographics to identify and predict attrition, assessing the impact, as well as assisting in the process of selecting qualified candidates to replace retiring staff.

Payroll Administration: Ensure accurate and timely issuance of bi-weekly paychecks to OASAS employees, taking into consideration appointments, separations, promotions, attendance, leaves of absence, performance advances and awards, etc.

Benefits Administration: Orientation to and administration of: Health Insurance coverage; Income Protection Plan; M/C Life Insurance; Workers' Compensation; and Retirement Plans and Seminars. Assist and inform employees of benefit changes and updates.

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Workplace Learning & Performance: Assess individual and organizational learning requirements in support of OASAS goals; Develop learning and performance strategies to enhance organizational effectiveness; Administer and promote Labor/Management programs; Make available and announce learning opportunities; Research and provide general workplace skills training; Coordinate agency participation in state leadership programs; Partner with state agencies and professional associations for resource sharing; Pursue grant programs to finance agency initiatives; Provide facilitation services to meeting leaders and teams.

Issues: The management of OASAS' human capital is arguably one of our most critical functions since staff form the core from which all Agency activities take place. The acquisition, maintenance and development of staff in an environment of shrinking resources and given an older existing workforce presents significant challenges to the future of the Agency.

Population Served: OASAS workforce.

Performance Measures: Survey staff annually and determine the level of customer satisfaction and opportunities for improvement. The goal would be to increase customer satisfaction, as evidenced by the overall rating each year. (The baseline for the year 2008 was an overall satisfaction rank of 88.9 percent.)

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Name of Program: Management Services and Emergency Management

Rank: High

Mandate: The Bureau activities include responding to mandated reporting requirements including those required by:

- Executive Order 134 Directing State Agencies to Reduce the Environmental Impact of Cleaning of State Facilities;
- Executive Order 142 Directing State Agencies and Authorities to Diversify Transportation Fuel and Heating Oil Supplies Through the Use of Bio-fuels in State Vehicles and Buildings;
- Executive Order No. 111 "Green and Clean" State Buildings and Vehicles Annual Energy Report;
- The Governor's Renewable Electricity Implementation Strategy;
- Semi Annual Fleet report – Due in April and September each year to Budget for inclusion with DOB report;
- Annual Spending Plan – Submitted to Budget in the spring (usually March or April) of each year;
- Recycling Report – Submitted bi-annually in January to OGS;
- AED/PAD Update – Due in April of each year to DOH and OGS; and
- Fixed Asset Verification – Submitted bi-annually in August to OGS.

Mandated Funding Level: None

Brief Description/History/Background:

Office Services and Management Services: Oversees a wide range of activities that support the Agency's overall operations including the receipt and dissemination of Agency goods and services; mail and messenger services; property and lease management; equipment and asset management; fleet management; facility health, safety and security management; maintenance/issuance of OASAS' Administrative Manual items and Local Services Bulletins; records management; and moving services. In addition, it is responsible for managing the Agency's facilities, equipment and supplies, for its Albany and New York City offices, as well as four outlying Field Offices.

Emergency Management: Activities support OASAS' disaster preparedness efforts by creating and maintaining an emergency management and emergency communication infrastructure. The system includes but is not limited to: An All Hazards Disaster Plan; Emergency Preparedness Standard Operating Guidelines; Emergency Executive Call Down List; Emergency Response Team; Emergency Planning Work Group; Ready Emergency Data (RED BOOK); Emergency Web Site (Maintained Off Site); Emergency Department Operation Center (DOC) with back-up sites at OMH.

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Issues: None

Population Served: Support Services for the entire OASAS Staff.

Performance Measures: Survey staff annually and determine the level of customer satisfaction and opportunities for improvement. The goal would be to increase customer satisfaction, as evidenced by the overall rating each year. (The baseline for the year 2008 was an overall satisfaction rank of 93.6 percent.)

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Name of Program: Capital Management

Rank: High

Mandate: None

Mandated Funding Level: In general, Section 19.07 of the Mental Hygiene Law: Office of alcoholism and substance abuse services; scope of responsibilities.

Brief Description/History/Background:

The following is a brief description of tasks associated with the management of capital activities:

- Management of individual State-operated and Community based capital projects including ordering and review of real property and feasibility studies, site reviews, architectural selection, bidding and construction monitoring;
- Management of minor maintenance projects including review of bids, contract monitoring and expenditure approval;
- Guiding providers through the capital process;
- Preparation of specific project submission to Division of the Budget;
- Preparation and management of the capital plan for the State Operated Addiction Treatment Centers;
- Liaison and monitoring of DASNY;
- Review of floor plans against regulations for all certification applications;
- Analysis, development and submission of OASAS' annual Capital Budget Request; and
- Preparation and monitoring of annual cash spending levels.

Issues: None

Population Served: All certified OASAS programs

Performance Measures: None