



Andrew M. Cuomo
Governor

Arlene González-Sánchez
Commissioner

New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

**Integrated Program Monitoring and
Evaluation System (IPMES)/Workscope
Objective Attainment System**

18th Edition
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Table of Contents

Conversion of IPMES and Workscopes to a Web-Based Application	3
Integrated Program Monitoring and Evaluation System (IPMES) and Workscope Objective Attainment System (WOAS)	4
Introduction.....	4
Combined IPMES/Workscopes	5
SECTION 1 - Prospective Mandatory Objectives (Workscopes).....	6
SECTION 2 - Integrated Program Monitoring and Evaluation System (IPMES).....	9
SECTION 3 – Program Action Report (PAR)/Deficiency Response Report (DRR).....	12
SECTION 4 – Instructions for Submitting Program Action Report (PAR) or Deficiency Response Report (DRR).....	14
SECTION 5 – IPMES Program Action Report Operational Procedures.....	29
SECTION 6 - Comparison Group Assignments (CGA).....	30
SECTION 7 - Comparison Group Objectives Formulas.....	32

Conversion of IPMES and Workscopes to a Web-Based Application

In May 2011, OASAS converted the Integrated Program Monitoring and Evaluation System (IPMES) and Workscopes to a web-based application within the Client Data System portal. In addition to reducing our carbon footprint and eliminating the costs associated with mailing thousands of reports annually, the electronic Workscopes and Program Action Report submissions reduce program and Field Office staff workload.

This edition of the IPMES/Workscope Objective Attainment System Manual combines the traditional information with the new electronic processes for both providers and OASAS Field Offices.

The IPMES/Workscope application requires that program staff are registered users in order to: 1) receive electronic communications when IPMES and Workscopes are released, and 2) be able to log in to a WPR Inbox to work on any required items. Please note that registering as a WPR User is in addition to any current Client Data System access.

IPMES

All programs (funded and non-funded) will have an IPMES Report showing their performance from the last year of data. Registered WPR Users are notified by e-mail only when the program has one or more deficiency and/or is flagged on IPMES. Program and OASAS staff will then be able to view their reports online, save, or print hard copies. Programs that have performance deficiencies will be required to complete a Program Action Report (PAR) which contains an explanation and proposed corrective action plan. If a program (non-crisis) is not flagged, but is deficient on one or two objectives, it will be required to submit a Deficiency Response Report (DRR) explaining how it will seek to improve program performance in the identified area(s). The completed Program Action Report will be electronically transmitted by the program to the LGU for review and approval. Upon LGU approval, the LGU will electronically submit the PAR to the Field Office for OASAS review and approval. DRRs will be accessible to the LGU and/or the Field Office for informational purposes and will not require electronic approval. All appropriate parties will be notified by e-mail as the PARs move through the electronic review and approval process. They may also be disapproved at any state before final approval and returned electronically for revision. Programs, LGUs and Field Offices also have the capability to electronically monitor the status of submissions and approvals through the Change Log Tab (see Online Program Action Report (PAR) Guidelines, Section 6).

Treatment Data Management and Analysis staff are available to assist with all aspects of the IPMES and Workscope data as well as technical assistance in navigating the electronic system. Please contact this unit via e-mail at DataMgmt@OASAS.ny.gov or by phone at (518) 457-9555.

Integrated Program Monitoring and Evaluation System (IPMES) and Workscope Objective Attainment System (WOAS)

Introduction

The OASAS Integrated Program Monitoring and Evaluation System (IPMES) is designed to monitor treatment program performance and identify areas in which programs appear to be operating below expectations compared to minimum standards and that of similar programs. **It applies to both funded and non-funded OASAS-certified treatment programs.** It is designed to establish and monitor progress towards meeting program performance objectives.

IPMES reports are released to all treatment programs in March (Calendar year/Upstate), June (OASAS Addiction Treatment Centers), or September (NYC). Registered users of the Workscope/Program Action Report (WPR) system receive an automated e-mail advising that a Program Action Report (PAR) is required only if the program is flagged or deficient. Programs have 14 days from release of the PARs to complete and submit their explanation and corrective action electronically to the LGU using the OASAS Applications Client Data System (<https://apps.oasas.ny.gov>). (See Section 3 for approval process diagram and more detail).

In previous years, the Program Profile and Services Inventory (PPSI) was a required activity linked to the IPMES/Workscope process. The PPSI is no longer a part of this process but is still required for all OASAS-certified programs. The PPSI must be reviewed at least annually and, if necessary, updated by every certified treatment program. This activity are to be completed electronically in the OASAS Client Data System Application. **The PPSI review and update should be completed by June 30 of each year and contact information reviewed regularly.**

In addition to the PPSI, programs are required to keep their contact information up-to-date in the Provider Directory System. Instructions may be found at [Update Contact Information](#) .

Combined IPMES/Worksopes

Integrated Program Monitoring and Evaluation System (IPMES) and the Workslope Objective Attainment System (Worksopes) together provide a multidimensional profile of individual chemical dependence treatment programs funded and/or certified by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). IPMES presents information on how a program's (PRU) performance compares with that of similar programs and to OASAS minimum standards.

In addition to providing comparative program data on performance measures, IPMES provides additional data that can be utilized to understand actual program performance and its relationship to that of other programs. These include the OASAS Client Dysfunction Scales (*Average Client Dysfunction* and *% of Clients with High Dysfunction*) and the various demographic data provided (e.g., *% Client Admissions Under Age 19, % Employed or in School at Admission, % with Criminal Justice Status at Admission*).

When a program is flagged on IPMES, programs are required to enter a Program Action Report (PAR) into the online IPMES/Workslope system (WPR). The PAR indicates why a program has been flagged, whether the flagging is actually reflective of program problems, and the steps, if any, the program must take to rectify any problems identified.

SECTION 1 - Prospective Mandatory Objectives (Workscopes)

Following are the definitions for the mandatory objectives. A listing of mandatory objectives by comparison group and a more detailed explanation of how the indices are computed can be found on the Comparison Group Objective Report at the end of Section 1. Required mandatory objectives may vary by program and comparison group since all indices are not appropriate for all types of programs.

Definitions of Mandatory Objectives

Utilization Rate – The percentage of a program’s certified treatment capacity that is utilized. It is calculated by dividing the average daily census by the average monthly capacity. This objective indicates the degree to which your program is functioning at its anticipated capacity.

Units of Service to be Delivered – For Part 822 programs, this is the number of treatment visits to be made by clients during the report year. For residential and inpatient rehabilitation, this is measured in total number of patient days.

This objective indicates the degree to which your program is providing the appropriate amount of services to clients. Performance on this index is not currently considered for flagging purposes.

Units of Service Per Full-Time Equivalent (FTE) Direct Care Staff – The average number of units of service provided to clients for the report year divided by the average FTE direct-care staff member. This is based on the total number of units of service (visits or patient days) for the report year divided by the average number of end-of-month FTE direct-care staff. This objective provides information on the direct-care staff workload.

Client to Direct Care Staff Ratio – For Part 822 programs, the average monthly number of unique persons treated divided by the average end-of-month direct-care staff FTEs. For inpatient and residential programs, the average daily census divided by the average end-of-month direct-care staff FTEs. This objective provides information on the workload of direct-care staff. This index is a ratio. The number is the number of clients per staff. It is not a percentage. **% With Discontinued Use**-The percentage of clients who, for at least 30 days prior to discharge, have discontinued their use of all substances. For opioid treatment clinics, use is assessed 30 days prior to the current OTAU report. This discontinued use must be documented in the client record. This objective provides information on the program’s ability to get clients to discontinue use of drugs and alcohol. **[NOTE: This calculation excludes early dropouts and, therefore, is based only on those clients who remain in the program for at least one month and/or completed the program.]**

% Maintaining FT or Improving Employment-Related Status - The percentage of clients discharged (**length of stay three months or longer**) who make any of the following changes from admission (PAS-44N) to discharge (PAS-45N). For opioid treatment clinics, changes are assessed between admission and the current Opioid Treatment Annual Update (formerly MCAS Report). This objective provides information on the program’s ability to improve the employment-related status of its clients. Clients who improve their status by enrolling in school or training programs may also be counted as a positive depending on their status at admission.

[NOTE: This calculation is based only on those clients who remain in the program for at least <u>three</u> months.]	
FROM ADMISSION	TO DISCHARGE
<ul style="list-style-type: none"> Any employment status 	<ul style="list-style-type: none"> Employed FT
<ul style="list-style-type: none"> Unemployed or Not in the Labor Force (due to): child care issues, retired, inmate, disabled, or “other” WEP, Not Employed/Able to Work, Currently unable to work/mandated treatment 	<ul style="list-style-type: none"> Employed FT or PT or Not in the Labor Force (due to): student/training
<ul style="list-style-type: none"> Not in the Labor Force (due to): student/training 	<ul style="list-style-type: none"> Employed FT or PT

1-Week Retention Rate – The percentage of discharged clients that either remained in treatment at least one week or completed the program. This objective provides information on a short-term program’s ability to retain clients for at least one week.

1-Month Retention Rate – The percentage of discharged clients that either remained in treatment at least one month or completed the program. This objective provides information on the program’s ability to retain clients for at least one month.

3-Month Retention Rate – The percentage of discharged clients that either remained in treatment at least three months or completed the program. This objective provides information on the program’s ability to retain clients for at least three months. [NOTE: **This calculation excludes early dropouts and, therefore, is based only on those clients who remain in the program for at least one month and/or complete the program.**]

6-Month Retention Rate – The percentage of discharged clients that either remained in treatment for at least six months or who completed the program. For programs with treatment cycles of more than six months, this objective provides information on the programs’ ability to retain clients for a six-month period. [NOTE: **This calculation excludes early dropouts and, therefore, is based only on those clients who remained in the program for at least one month and/or complete the program.**]

1-Year Retention Rate - The percentage of discharged clients that either remained in treatment for at least one year or completed the program within one year. For programs with treatment cycles of more than one year, this objective provides information on their ability to retain clients for a 12-month period. [NOTE: **This calculation excludes early dropouts and, therefore, is based only on those clients who remain in the program for at least one month and/or complete the program.**]

% Completing Program – The percentage of clients discharged who completed the program. (Completed Treatment: All goals met and completed treatment: Half or more goals met). This objective provides information on the ability of relatively short-term programs to get clients to complete their treatment regimen.

% Completing Program or Referred (for other treatment) - The percentage of clients discharged who completed the program or who do not complete the program but are admitted to another chemical dependence treatment program within one month after discharge. This objective provides information on a program’s ability to get clients to either complete their regimen and/or to get them into more appropriate treatment when the current level of treatment is determined to be inappropriate.

% of Program Completers Admitted Into Ambulatory, Intensive Residential and RRSY Treatment – The percentage of discharged clients completing the program who are admitted into an intensive residential, RRSY, or outpatient chemical dependence program within 45 days after being discharged from an inpatient rehabilitation program or are concurrently enrolled.

% of Program Completers Admitted into Ambulatory Treatment – The percentage of discharged clients completing the program who are admitted into an outpatient chemical dependence treatment program within 45 days after being discharged from an intensive residential or RRSY. This objective provides information on the degree to which intensive residential, RRSY, and MTA programs have successfully transitioned their clients into treatment programs of reduced intensity.

% of Program Completers Admitted Into Other Treatment – The percentage of discharged clients completing the program who are admitted into a chemical dependence treatment program within 45 days after being discharged from a chemical dependence crisis program or are concurrently enrolled. This objective provides information on the degree to which medically managed detoxification, medically supervised withdrawal, medically monitored withdrawal, and KEEP programs have successfully transitioned their clients into longer term treatment programs.

% of Discharges Admitted to a Service Other than MMW – The percentage of primary patients discharged in the period who were admitted into another OASAS-certified treatment program, other than a Medically Monitored Withdrawal program, within 14 days after discharge. This objective provides information on the degree to which medically monitored withdrawal programs have successfully transitioned their clients into treatment programs of reduced intensity. (A client is counted if an admission is found within 14 days of discharge, or a concurrent enrollment is found.)

The following objectives are demonstration objectives and not subject to flagging on IPMES:

Individual and Group Counseling Sessions FTE Primary Counselor Per Week – The average number of individual and group counseling sessions provided per week by the average primary counselor. This objective measures the productivity of the program’s primary counselors.

Group to Individual Counseling Ratio – The average number of group counseling sessions provided to a client for every individual counseling session provided. This objective measures the relative amount of individual counseling services provided to the clients.

Patient to Primary Counselor Ratio – The average number of unique persons treated divided by the average number of end-of-month FTE primary counselors. For inpatient and residential programs, the average daily census divided by the average number of end-of month FTE primary counselors. This objective measures the workload of the program’s primary counselors.

The following objectives will be available on the Workscope Detail screen. All data for these measures comes from the Monthly Service Delivery Reports (PAS-48N) if a program is required by OASAS to report vocational items. These objectives are not subject to flagging on IPMES.

% Work-related Activities

% Work-readiness Status

% Employment 30-59 Days

% Retention 60-89 Days

% Retention 90-119 Days

% Retention 120+ Days

SECTION 2 - Integrated Program Monitoring and Evaluation System (IPMES) (All OASAS-certified treatment programs)

For all programs (funded and non-funded), IPMES provides a context for understanding your program's performance by comparing its performance during the profile year to the minimum standards and to that of similar programs. In addition, when available, your program's historical performance (represented by a black line) is provided to allow you to identify trends and significant changes in performance levels. The historical performance of the comparison group (represented by a bar graph) is also presented to provide a context for a program's performance. The graphical data included on each page includes: Program's profile, the minimum standard of the index, lowest and highest values reported by programs in the comparison group; the first quartile or 25th percentile value (i.e. the value below which 25 percent or one-quarter of the comparison group's programs fall); the 40th percentile; median; and 75th percentile.

IPMES is viewed as an evolving system, and OASAS intends to incorporate feedback from its users into the evolutionary process in order to produce a performance system that is as useful as possible.

For IPMES and the Workscope, each program reporting unit (PRU) is considered to be an independent treatment program and a separate IPMES Report (and Workscope) is produced for each. The performance of individual programs is assessed on the Performance Indices Profile relative to other programs of a similar type. Comparison groups were selected based on a judgment that programs in each group were similar enough to each other that fair comparisons between these programs could be made. **Although OASAS recognizes that each program is unique, in most cases, the similarities between programs in a comparison group are much greater than their differences.** Comparison groups are constructed based on program type, the degree of urbanization of the program's location, treatment cycle and/or special populations treated. Finer distinctions are made where information is available and a sufficient number of programs exist to create a group.

Program Identifying Data

The first page of the IPMES Report contains: provider number and name; program number and name; comparison group; programs type; service; program code; OASAS Program Manager; county of location; program address; average daily census; number of admissions and transfers in during the profile year; and number of discharges and transfers out during the profile year. The numerical data are based on program submissions to the OASAS Client Data System. **If these data differ significantly from those maintained by the program, your OASAS Program Manager should be informed.** The top of each page of the IPMES Report also contains identifying information on the program: profile year; provider number and name; program number and name; and comparison group.



Profile Year:	January 1, 2012 - December 31, 2012
Provider:	
Program:	
Comparison Group:	Medically Supervised Outpatient: Upstate Urban

Client Dysfunction Scales: Demographic Performance Impact Measures

Client dysfunction scores are calculated for all clients admitted and transferred into a program during the profile year. The scores consist of factors that are likely sources of difficulty in successfully treating clients and that are available to OASAS through program reporting on the OASAS Client Admission Form (PAS-44N). The purpose of presenting information on client dysfunction is to allow the user of the IPMES Report to take into account the level of difficulty of treating a program's client mix when assessing the performance of a PRU relative to that of others in its comparison group. For example, a program treating unusually dysfunctional clients might not expect to have as high a retention rate as one treating clients who, on average, have fewer of these problems. However, there is not a one-to-one relationship between high client dysfunction and poor program performance. Some programs with clients that are highly dysfunctional operate at high performance levels. The client dysfunction scales are presented as additional factors to consider when trying to understand and anticipate program performance level. **Client dysfunction indices are not utilized for flagging a program's performance.**

Graphic information describing the level of dysfunction found in clients admitted into a program are presented for two indices: first, as the *Average Client Dysfunction*, which is the average number of dysfunction indicators identified for each of these clients, and second, the *% of Clients with High Dysfunction*, defined as the percentage of clients who were identified as having four or more of these indicators.

The indicators used in calculating the client dysfunction scales are:

- **Unemployment** - For those 19 or older at admission, *Unemployed, looking for work; Unemployed, not looking for work; Not in labor force-other; Not employed/able to engage in work.*
- **Lack of Educational Achievement** - For those 19 or older at admission, less than *High School Diploma* or *GED*. For those 18 or under at admission, less than *High School Diploma* or *GED* and not in school at admission.
- **Income Difficulties** - *Primary Income Source at Admission is SSI/SSDI or SSA, TANF or Safety Net Assistance.*
- **Living Arrangement Difficulties** - For those under 19 at admission, *Living alone* or *Living with Non-related Persons.*
- **Homelessness** - At admission, homeless, living in an institution or living in a single resident occupancy establishment.
- **Any Current Criminal Justice Status.**
- **Any Current Mental Illness or History of Treatment for Same.**
- **Drug Injection** - Reporting at admission of injection of primary, secondary or tertiary substance of abuse.
- **Multiple Prior Treatment Episodes** - Having three or more prior treatment episodes.
- **Multiple Use of Substances** - Reported use of any combination of heroin, cocaine or alcohol.

Performance Indices Profile

Program Performance indices represent the areas of performance used by OASAS as direct measures of contract compliance and/or indirect measures of patient outcome. They are equivalent to the Prospective Mandatory Objectives (see Section 1). Following the graphic data are pages outlining each index and the data source used for the calculation. The indices consist of program and staff workload, retention, admission/discharge improvement in performance and appropriate continuity of client treatment. To the extent practical, programs are evaluated on indices most relevant to them and their comparison group. **Note: For non-ambulatory programs, all performance index calculations involving number of days in treatment exclude the day of discharge unless the discharge occurs on the first day of treatment. For ambulatory programs, the day of discharge is included.**

Demographic Indices Profile

These indices represent descriptive information provided by clients upon admission into a program. **Demographic indices are not utilized for flagging a program's performance.** They are provided in IPMES to allow programs, OASAS Field Office staff and the LGU to better understand factors that may impact program performance. In addition, demographic information may reveal changing client population characteristics and assist programs in allocating resources to areas of need. As with other IPMES indices, demographic data are presented with accompanying comparison group distributions and within an historical context. The demographic indices included in IPMES are as follows:

- % Client Admissions Under Age 19
- % High School Graduates or GED at Admission
- % Employed or in School at Admission
- % Wage/Salary Primary Income at Admission
- % Black Admissions
- % Hispanic Admissions
- % Female Admissions
- % of Admissions Significant Other
- % With Prior AOD Treatment at Admission
- % With Criminal Justice Involvement at Admission
- % MICA Admissions
- % With Other Major Physical Health Conditions
- % Homeless at Admission
- % With Medicaid Primary Payment Source
- % With Medicaid Managed Care Primary Payment Source
- % With Tobacco Use
- % With Foreign Language Primary
- % With Addiction Medication
- % Symptomatic
- % With 1 Week or Less Pickup Schedule
- Average Methadone Dose
- % With Cocaine Primary at Admission
- % With Cocaine Secondary at Admission
- % With Heroin Primary at Admission
- % With Heroin Secondary at Admission
- % With Use by Injection at Admission
- % With Alcohol Primary at Admission
- % With Marijuana Primary at Admission

SECTION 3 – Program Action Report (PAR)/Deficiency Response Report (DRR)
(All OASAS-certified treatment programs)

Any program that fails to meet a minimum standard or falls below the 25th percentile of its comparison group (where no standard exists) must complete and submit a Program Action Report (PAR) or Deficiency Response Report (DRR). The PAR/DRR provides the program with an opportunity to explain its performance.

A PAR is required if a non-crisis program is deficient on three or more indices; a DRR is required if a non-crisis program is deficient on only one or two indices. A program that is required to complete a DRR is not considered flagged and once the DRR is submitted, it is automatically approved and no further action is necessary.

An explanation and corrective action plan for each deficiency must be completed. The explanation should be as brief as possible. If you cannot explain the program's performance or are not certain of the cause of a deficiency, do not fabricate an explanation. Simply indicate that you cannot readily explain the performance. In your proposed corrective action plan, however, you must indicate how you will determine the possible factors that are contributing to your inability to meet or exceed a minimum standard or 25th percentile.

The OASAS Application Client Data System provides many data reports that can be used to determine why there is a deficiency. In addition, there are tutorials available to assist in identifying which reports would be most helpful. It is suggested that the Reports Course and Clinicians Course be reviewed by all treatment Program Directors and their clinical staff. Being familiar with the data will readily help you identify if a possible reporting problem exists rather than a systemic issue with the program's operation.

Treatment Data Management and Analysis staff are available to assist in identifying data issues as are OASAS Field Office Staff.

The proposed corrective action should also be concise, realistic and attainable within the program's existing resources. For funded programs, if the problem is a serious one that cannot be addressed without additional resources, this should be discussed with the LGU and OASAS Field Office Program Manager.

DUE DATE

IPMES Reports are released to **all treatment programs** on or about the 15th of March (Calendar Year/Upstate), June (OASAS Addiction Treatment Centers), or September (NYC). Registered users of the Workscope/Program Action Report (WPR) system receive an automated e-mail advising that a Program Action Report (PAR) is required – only IF PROGRAM IS FLAGGED or DEFICIENT. Programs have 14 days from release of the PARs to complete and submit their explanation and corrective action electronically to the LGU using the OASAS Applications Client Data System (<https://apps.oasas.ny.gov>).

Sample Program Action Report

Program Action Report Details - Mozilla Firefox

http://happy2.rt.oasas.state.ny.us

Program Action Report Details

OASAS
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Program Action Report Details

Provider: 99998 - Brighter Tomorrows, Inc.
 Program: 61609 - Brighter Tomorrow - CD Inpat Rehab
 Evaluation Year Flagged: Calendar Year 1997
 PAR State: Approved

Details | **Change Log**

Explanation?	Corrective Action?	Objective Deficiency
Yes	Yes	Program Reporting Consistency
Yes	Yes	CDS: PA548 % (Admissions)
Yes	Yes	CDS: PA548 % (Discharges)

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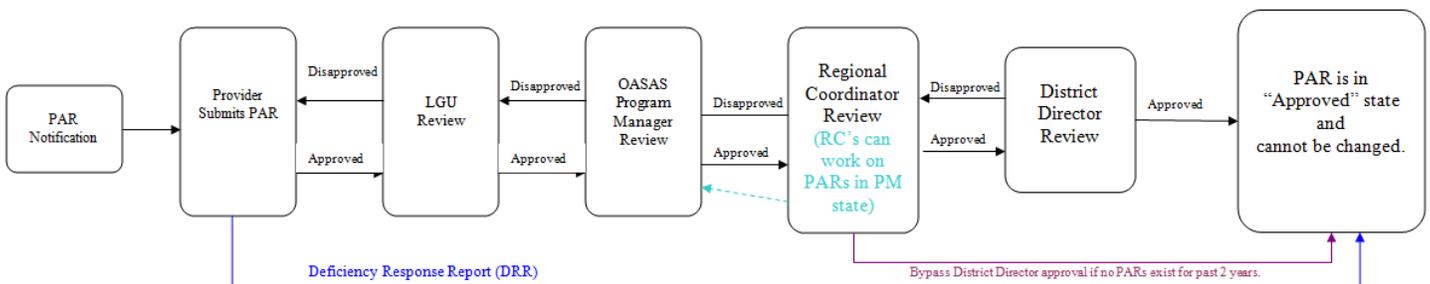
Done

Callout 1: A separate browser window opens that lists all the indices for which the program is deficient and needs to respond.

Callout 2: If no Explanation or Corrective Action has been entered yet, it will say "No" under Explanation and/or Corrective Action.

Instructions for navigating, completing and submitting a Program Action Report or Deficiency Response Report can be found in Section 6.

Approval Process Diagram



SECTION 4 – Instructions for Submitting Program Action Report (PAR) or Deficiency Response Report (DRR)

These instructions may also be accessed at [Online PAR Instructions](#).

SECTION 5 – IPMES Program Action Report Operational Procedures

- Step 1** On an annual basis, OASAS will review the criteria for determining the level of IPMES performance required to “flag” a program for Field Office follow-up. Currently, programs are flagged on IPMES if their performance falls below the minimum standard or within the bottom 25th percentile (where no standard exists) on at least three of the IPMES indices or on one index for Crisis Services.
- Step 2** If a program is flagged on IPMES or is deficient, OASAS initiates a Program Action Report (PAR) or Deficiency Response Report (DRR) electronically. Registered users of the Workscope/Program Action Report (WPR) system will receive e-mail notification that either a PAR or DRR is due. If a non-crisis program is deficient in less than three indices, a Deficiency Response Report (DRR) will be created. Crisis programs are flagged on one or more deficiencies and must complete a PAR.
- Step 3** The PAR/DRR is completed by the program and submitted electronically. A DRR is automatically approved and all parties notified of the approval. A PAR is transmitted electronically to the LGU for approval.
- Step 4** If the LGU determines the PAR is acceptable, approval is indicated. If the LGU determines the PAR is not acceptable, disapproval is indicated and the PAR is returned to the program’s WPR Inbox electronically. The program must make any required changes and resubmit the PAR.
- Step 5** If the resubmitted PAR is acceptable to the LGU, approval is indicated and the PAR moves to OASAS for review and approval. The approval process continues within OASAS or the PAR may be disapproved by OASAS and the process indicated in Step 4 repeats.
- Step 6** Quarterly progress on Mandatory Objectives should be monitored throughout the year utilizing the Program Performance Report on the OASAS web-based system to minimize deficiencies for the following year.

The OASAS Program Manager is ultimately responsible for tracking program progress until fully approved.

ONLINE PROGRAM ACTION REPORT (PAR) GUIDELINES



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Addiction Services for Prevention, Treatment, Recovery

Program Action Report (PAR)

- After reviewing your IPMES Report, you will go to the WPR Inbox to search for and work on the PARs if you were deficient in one or more mandatory objectives. The WPR Inbox is accessed by logging in to https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS and through the Applications tab and IPMES/Workscope sub tab.
- PAR fields will be created automatically for each IPMES index for which a program is deficient. There are “normal” PARs and Deficiency Response Reports (DRR).
- Programs missing Monthly Service Delivery Reports are automatically flagged and a PAR is required along with necessary approvals.
- If a program is not “officially” flagged on 3 or more indices, a Deficiency Response Report (DRR) is required. A DRR is created for each program that fails to meet a minimum standard, or falls below the 25th percentile of its comparison group. The provider will enter an explanation and corrective action which will be posted electronically. No approvals are required for DRRs.
- PARs will be entered online by provider staff and approved electronically by the appropriate individuals (County/LGU and/or OASAS).
- The following pages will illustrate how to do the PAR. Please note that you must be using Windows Internet Explorer 8.0 or a later or Firefox, pop-up blockers must be disabled, and you may need to work in compatibility mode.

Program Action Report (PAR)

After logging in, click **Applications**, then **IPMES/Workscope**. Run your IPMES Report to review your deficiencies and whether or not you were flagged.

Click on **WPR Inbox**. If you do not see the WPR Inbox or IPMES Reports, you must first request access (see Troubleshooting page).

Workscope / PAR Application

- [WPR Inbox](#)
- [Workscope Inquiry](#)
- [PAR Inquiry](#)

Workscope / PAR Reports

- [Program Performance Report](#)
- [Workscope State Report](#)
- [Workscope Report](#)
- [PAR State Report](#)
- [PAR Report](#)
- [Comparison Group Objectives Report](#)
- [Comparison Group Program Assignment Report](#)

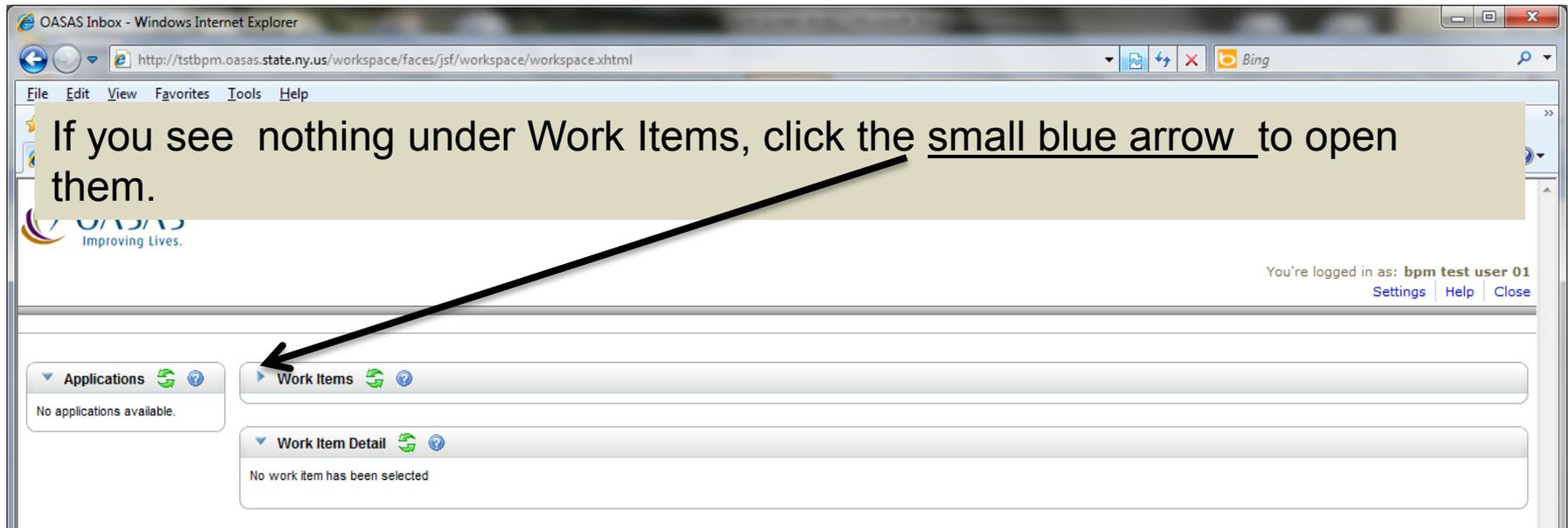
IPMES Reports

- [IPMES Report](#)

Workscope / PAR Guidelines

- [Workscope Guidelines](#)
- [PAR Guidelines](#)
- [Workscope / PAR Application Limitations](#)
- [Workscope Process Diagram](#)
- [Program Action Report Process Diagram](#)
- [Release Notes](#)

WPR Inbox – selections closed



OASAS Inbox - Windows Internet Explorer

http://tstbpm.oasas.state.ny.us/workspace/faces/jsf/workspace/workspace.xhtml

If you see nothing under Work Items, click the small blue arrow to open them.

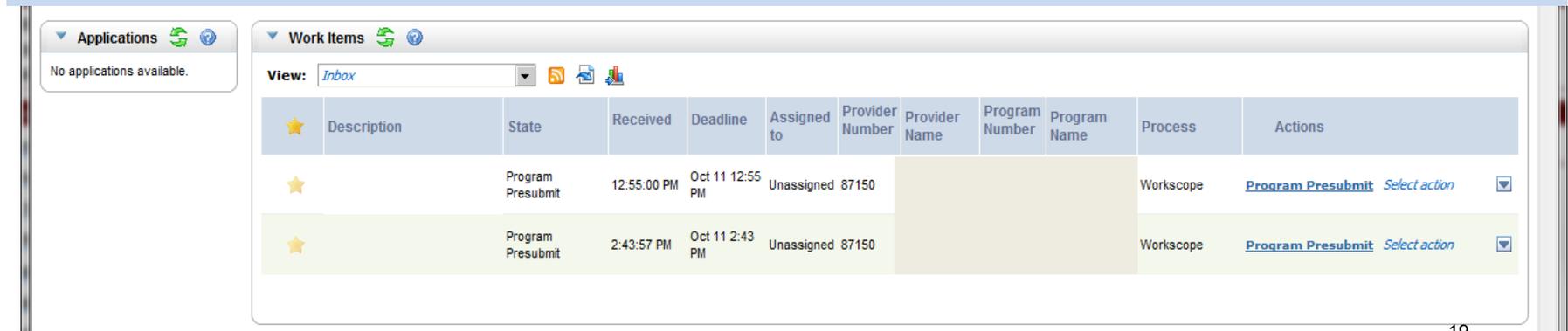
You're logged in as: bpm test user 01
[Settings](#) [Help](#) [Close](#)

Applications No applications available.

Work Items

Work Item Detail No work item has been selected

Once you click the blue arrow, your Work Item area will look like the screen below. Program Presubmit will be an underlined link under “Actions” which you can click on. Please do not assign a PAR to yourself or anyone else.



Applications No applications available.

Work Items

View: *Inbox*

★	Description	State	Received	Deadline	Assigned to	Provider Number	Provider Name	Program Number	Program Name	Process	Actions
★		Program Presubmit	12:55:00 PM	Oct 11 12:55 PM	Unassigned	87150				Workscope	<u>Program Presubmit</u> Select action
★		Program Presubmit	2:43:57 PM	Oct 11 2:43 PM	Unassigned	87150				Workscope	<u>Program Presubmit</u> Select action

Program Action Report (PAR)

This screen shows the WPR Inbox and all the PARs and Workscopes waiting to be worked on.

The Process column tells you whether the item listed is a PAR or a Workscope. Normally you will see one or the other. This example shows both.

To work on a specific item, click on Program Presubmit under Actions.

Work Items  

View:    Show filters

★	Description	State	Received	Deadline	Assigned to	Provider Number	Provider Name	Program Number	Program Name	Process	Actions
★	Program Presubmit	Program Presubmit	Sep 8 1:45 PM	Sep 15 1:45 PM	Unassigned	99998	Brighter Tomorrows, Inc.	60401	Brighter Tomorrows - MMTP CI	PAR	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	60638	Brighter Tomorrow's - CD OP	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	61687	Brighter Tomorrow's - CD OP	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	61947	Brighter Tomorrow's - CD OP Re	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	61945	Brighter Tomorrow's - CD OP Re	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	61944	Brighter Tomorrow's - CD OP R	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	60820	Brighter Tomorrow - MgdMgd Det	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	60401	Brighter Tomorrow's - MMTP CI	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:06 PM	Sep 15 10:06 PM	Unassigned	99998	Brighter Tomorrows, Inc.	61258	Brighter Tomorrow - Med Monit	Workscope	Program Presubmit <i>Select action</i> 
★	Program Presubmit	Program Presubmit	Sep 8 10:07 PM	Sep 15 10:07 PM	Unassigned	99998	Brighter Tomorrows, Inc.	61378	Brighter Tomorrow's - CD OP	Workscope	Program Presubmit <i>Select action</i> 

⏪ 1-10 of 12 ⏩

Work Item Detail  

No work item has been selected

The State column shows you the state of the item. In this example, these are all in the Program Presubmit state...meaning they have not been submitted for approval to the LGU or OASAS.

Program Action Report (PAR)

The Details tab lists all the indices for which the program is deficient and needs to respond.

If no Explanation or Corrective Action has been entered yet, it will say "No" under Explanation and/or Corrective Action. The example below already has data entered.

To view the PAR field, click on the arrow to the left of each item.

Program Action Report Details

Provider: 99998 - Bright
Program: 61609 - Bright
Evaluation Year Flagged: Calendar Year 1997
PAR State: Approved

Details

Explanation?	Corrective Action?	Objective Deficiency
Yes	Yes	Program Reporting Consistency
Yes	Yes	CDS: PA548 % (Admissions)
Yes	Yes	CDS: PA548 % (Discharges)

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Program Action Report (PAR)

Once you click the arrow, a text box opens so you can work on the item or view what has been entered.

Click the arrow next to each one to either enter or read each explanation and corrective action. If you have many deficiencies, you may need to close some of the text boxes before you can work on the bottom half of the list. Closing the text boxes will not result in your losing the data. You may click Save at any time.

Program Action Report Details

OASAS
Improving Lives.

Program Action Report Details

Provider 99998 - Bri
Program 61609 - Bri
Evaluation Year Flagged Calendar Y
PAR State Approved

Save Back Submit

Details Change Log

Explanation?	Corrective Action?	Objective Deficiency
▽	Yes	Program Reporting Consistency

Explanation Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes.

Corrective Action The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors .

▷ Yes	Yes	CDS: PA548 % (Admissions)
▷ Yes	Yes	CDS: PA548 % (Discharges)

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Done

Program Action Report (PAR)

There are separate Explanation and Corrective Action text boxes for every index that was deficient. The Explanation and Corrective Action should reflect that you have reviewed your performance data and determined whether there have been reporting errors or systemic issues within the program.

There must be a Corrective Action and Explanation for each deficient index, or you will not be able to submit the PAR. (You may click Save and come back to submit the PAR at a later time.)

Provider 99998 - Brighter Tomorrows, Inc.
Program 61609 - Brighter Tomorrow - CD Inpat Rehab
Evaluation Year Flagged Calendar Year 1997
PAR State Approved

Please Save before clicking Submit

Save Back Submit

Explanation?	Corrective Action?	Objective Deficiency
Yes	Yes	Program Reporting Consistency
Explanation Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes.	Corrective Action The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors.	
Yes	Yes	CDS: PAS48 % (Admissions)
Explanation Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes.	Corrective Action The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors.	
Yes	Yes	CDS: PAS48 % (Discharges)
Explanation Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes.	Corrective Action The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors.	

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After you have entered the Explanation and Corrective Action for each, click Save.

If you attempt to submit the PAR without first saving it, you will get a message reminding you to save first.

Program Action Report (PAR)

Program Action Report Details - Mozilla Firefox

Program Action Report Details

OASAS
Improving Lives.

Program Action Report Details Training

Information
Program Action Report changes saved Successfully!

Provider 99998 - Brighter Tomorrows, Inc.
Program 61609 - Brighter Tomorrow - CD Inpat Rehab
Evaluation Year Flagged Calendar Year 1997
PAR State Approved

Save Back Submit

Details Change Log

Explanation?	Corrective Action?	Objective Deficiency
Yes	Yes	Program Reporting Consistency
Explanation Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes.	Corrective Action	The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors.
Yes	Yes	CDS: PA548 % (Admissions)
Explanation Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes.	Corrective Action	The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors.
Yes	Yes	CDS: PA548 % (Discharges)
Explanation Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes.	Corrective Action	The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors.

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Done

Program Action Report (PAR)

The screenshot shows the OASAS (Office of Alcoholism and Substance Abuse Services) web application. The main page is titled "Program Action Report Details" and displays the following information:

- Provider: 99998 - Brighter Tomorrow
- Program: 61609 - Brighter Tomorrow - CD Inpat Rehab
- Evaluation Year Flagged: Calendar Year 1997
- PAR State: Approved

Below this information are sections for "Explanation" and "Corrective Action". The "Explanation" section contains the text: "Inadequacy problems in staffing, staff deployment, training and usage resulted in less than desirable outcomes." The "Corrective Action" section contains the text: "The program developed a corrective action plan to resolve the flagged items and particularly addressing and correcting the causal reasons for Client Reporting Errors." There are also buttons for "Save", "Back", and "Submit".

A dialog box titled "Submit program action report" is overlaid on the page. It contains the following text:

Submit program action report

You are about to submit this program action report for approval. You will not be able to make changes after clicking OK.

Click OK to complete the submission or click Cancel to return to the program action report page.

The dialog box has "OK" and "Cancel" buttons. An arrow points from the dialog box to the "Submit" button on the main page.

PAR Inquiry

Program Action Report Details

Provider 99998-Brighter Tomorrows, Inc.
Program 1411 - Brighter Tomorrows - CD Comm Res
Evaluation Year Flagged Calendar Year 2009
PAR State Program Manager Reviewing

IPMES Flagged for Past 2 Years

Change Log

Explanation?	Corrective Action?	Objective Deficiency
Y	Y	Targeted Units of Service Delivered - Outpatient
Y	Y	Client/Direct Care Staff Ratio - Outpatient
Y	Y	3-Month Retention Rate
Y	Y	6-Month Retention Rate

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Once you submit the PAR for approval, you will only be able to see the details by choosing the PAR Inquiry option. The Program Action Report Details will show you the state the PAR is in and if your program was flagged in the previous two years.

Click on the arrows to view each Explanation and Corrective Action.

The Change Log tab will show various transactions that have been made and by whom as well as reason for disapproval, if disapproved. They are created electronically and cannot be edited by users.

Troubleshooting

Q: I do not have WPR Inbox on my screen and I am not receiving any e-mails.

A: You must complete an OASAS External Request for Access , Form IRM-15 , to get WPR access. The form can be found through this link <http://www.oasas.ny.gov/mis/forms/irm-15.pdf>. Request the Workscope Objective Attainment – data entry in Section #4. Access will be granted in approximately 7-10 days and you would receive future e-mails.

Q: My WPR Inbox has an item to work on but I do not see Program Presubmit under the Actions column.

A: If Program Presubmit is missing, this means that someone may have assigned the item to themselves which locks it to their desk. They must unassign it for others to view it or work on it.

Q: My WPR Inbox opens but I see “Fetching Data” and nothing happens.

A: Please check to see you are using the correct browser (IE 8 or 9 or Firefox). Disable pop-up blockers. Refresh the page. IE 9 or IE 10 may need to be used in compatibility mode. This is done by clicking the icon directly to the right of the url address or by choosing “Tools” and adding the website https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS to the compatibility view settings.

Q: My WPR Inbox has an item but under the Actions column it says “No Items Found.”

A: This means that someone else has that item open and is working on it. Once they close out of their WPR Inbox, you should be able to see the item and work on it.



Q: I worked on my Program Action Report (PAR) but need another’s approval before I submit it. How do I send it to them?

A: Save the PAR but do not submit it. Anyone who is a registered WPR User would then be able to go to their WPR Inbox and open it up. Another option is to view it through PAR Inquiry. You may also run a PAR Report which is a pdf and can be printed or e-mailed easily.

Q: I have more than one log-in (e.g. one as LGU, one as provider). When I log out as LGU and log in as provider, the LGU WPR Inbox is still there.

A: Close all browsers. Log in again. If this does not work, go to File, New Session to open a new browser session.

Q: My WPR Inbox shows “No Processes Found.”

A: File an Issue and Problem Report.

Q: I made an error on my PAR. How do I get it back to make changes?

A: Check the status of the PAR through PAR Inquiry. You will then need to reach out to that person (OASAS or LGU) and ask them to disapprove it back to you. The PAR needs to be disapproved all the way back to your WPR Inbox. The other option is to ask the next level of approval to make the change for you.

Q: I tried to submit my PAR but got an error message that says “explanation and corrective action required.”

A: This error message means that you did not complete both the explanation and corrective action text boxes before submitting.

Issues and Problems

If the IPMES/Workscope system does not seem to be working as it should and you get error messages that you do not understand, review the Troubleshooting page. If your question is not answered or you are still unable to resolve your issue, you are requested to file an Issue and Problem Report.

To file an Issue and Problem Report, close out of the IPMES/Workscope tab. From any of the other links (Client Data System, Provider Directory System, or Monthly Service Delivery) you can click on the “Help” tab. See following slide.

Note: Do not use the “Help” link within the IPMES/Workscopes system.

Filing an Issue and Problem (bug) Report

OASAS Applications - Windows Internet Explorer

http://oasasapps.oasas.state.ny.us/portal/page/portal/OASAS_APPS/Applications

New York State State Agencies

August 25, 2011 - Welcome Mr. Provider [Manage Account](#) Home Logout

Home Applications IPMES/Workscope Help

Applications and reports open in a separate browser and require pop-ups to be all

Issue and Problem Report

Save New Close

* Application :

* Page Title :

Page ID :

(on right side of entry screens, e.g., "H1_A1_A2")

* Type :

* Date Found : 04/14/2011

* Reported By : USER1

* Contact Name : Jane Provider

* Contact Email :

(used for correspondence)

* Contact Phone No. :

Provider Name & Program (PRU) No. :

* Entered By :

* Short Description :

* Full Description :

(include steps to recreate)

File With Screenshot : Browse...

Save New Close

IPMES Reports

IPMES Report

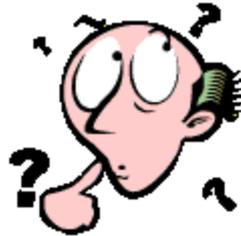
29

Trusted sites | Protected Mode: Off

100%

Click on Help tab.
Fill out Issue and Problem Report. Be as specific as possible in the Full Description section.
Click Save.
OASAS will respond directly to you .

Who Should You Call?



Interpreting IPMES, data reports, CDS, MSD or WPR	Treatment Data Management and Analysis Unit at DataMgmt@oasas.ny.gov or (518) 457-9555
Technical assistance with computer navigation in CDS, MSD, PDS	Provider Help Desk (518)485-2379
Glitches or errors in OASAS applications	Provider Help Desk (518) 485-2379
Questions about implications of performance or corrective action steps	Your OASAS Program Manager

SECTION 6 - Comparison Group Assignments (CGA)

Comparison Groups for Chemical Dependence Programs																											
<p>Medically Supervised Outpatient: Women¹</p> <p>Medically Supervised Outpatient: Adolescent²</p> <p>Medically Supervised Outpatient: MICA w/TrCs ≤ 12 months⁵</p> <p>Medically Supervised Outpatient: MICA w/TrCs > 12 months⁵</p> <p>Medically Supervised Outpatient: NYC w/TrCs ≤ 12 months^{3,4}</p> <p>Medically Supervised Outpatient: NYC w/TrCs > 12 months^{3,4}</p> <p>Medically Supervised Outpatient: Suburban NYC w/TrCs ≤ 12 months^{3,4}</p> <p>Medically Supervised Outpatient: Suburban NYC w/TrCs > 12 months^{3,4}</p> <p>Medically Supervised Outpatient: Upstate Urban⁴</p> <p>Medically Supervised Outpatient: Upstate Non-Urban⁴</p> <p>Outpatient Rehabilitation: NYC</p> <p>Outpatient Rehabilitation: Suburban NYC</p> <p>Outpatient Rehabilitation: Upstate</p> <p>Outpatient Rehabilitation: Adolescent</p> <p>Outpatient Rehabilitation: MICA</p> <p>Medically Managed Detox.</p> <p>Medically Supervised Withdrawal I/R</p> <p>Medically Monitored Withdrawal: NYC and Suburban NYC</p> <p>Medically Monitored Withdrawal: Upstate</p> <p>Inpatient Rehabilitation: NYC⁴</p> <p>Inpatient Rehabilitation: Suburban NYC⁴</p> <p>Inpatient Rehabilitation: Upstate Urban⁴</p> <p>Inpatient Rehabilitation: Upstate Non-Urban⁴</p>	<p>Community Residential: NYC and Suburban NYC⁴</p> <p>Community Residential: Upstate Urban⁴</p> <p>Community Residential: Upstate Non-Urban⁴</p> <p>Supportive Living</p> <p>Methadone Treatment Clinic: OASAS-Funded Non-NYC⁴</p> <p>Methadone Treatment Clinic: OASAS-Funded NYC⁴</p> <p>Methadone Treatment Clinic: Non-Funded</p> <p>Methadone Treatment Clinic:-MTA</p> <p>Methadone –Residential Rehabilitation-MTA</p> <p>Key Extended Entry Program (KEEP)</p> <p>Intensive Residential programs: w/TrCs ≤ 12 months³</p> <p>Intensive Residential programs: w/TrCs > 12 months³</p> <p>Intensive Residential: Women¹</p> <p>Intensive Residential: Children in Residence^{1/6}</p> <p>Residential Rehabilitation Services for Youth</p>																										
<p style="text-align: center;">⁴ Urbanization Breakdown by County:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>New York City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Upstate Urban</u></th> </tr> </thead> <tbody> <tr> <td>- Bronx</td> <td>- Albany</td> </tr> <tr> <td>- Kings</td> <td>- Broome</td> </tr> <tr> <td>- New York</td> <td>- Erie</td> </tr> <tr> <td>- Queens</td> <td>- Monroe</td> </tr> <tr> <td>- Richmond</td> <td>- Niagara</td> </tr> <tr> <td></td> <td>- Oneida</td> </tr> <tr> <td></td> <td>- Onondaga</td> </tr> <tr> <td><u>NYC Suburban Ring</u></td> <td>- Rensselaer</td> </tr> <tr> <td>- Nassau</td> <td>- Schenectady</td> </tr> <tr> <td>- Rockland</td> <td></td> </tr> <tr> <td>- Suffolk</td> <td style="text-align: left; border-bottom: 1px solid black;"><u>Upstate Non-Urban</u></td> </tr> <tr> <td>- Westchester</td> <td>- balance of counties</td> </tr> </tbody> </table>	<u>New York City</u>	<u>Upstate Urban</u>	- Bronx	- Albany	- Kings	- Broome	- New York	- Erie	- Queens	- Monroe	- Richmond	- Niagara		- Oneida		- Onondaga	<u>NYC Suburban Ring</u>	- Rensselaer	- Nassau	- Schenectady	- Rockland		- Suffolk	<u>Upstate Non-Urban</u>	- Westchester	- balance of counties	<p>¹ 70% or more of admissions for the period are women</p> <p>² 70% or more of admissions for the period are under age 21 years old. NOTE: Being defined as an adolescent program takes precedence over being defined as a women’s or MICA program (i.e., if a program satisfies criteria for both, it is classified as an adolescent program). Being defined as a MICA program takes precedence over being defined as a women’s program.</p> <p>³ TrCs = avg. treatment cycles; based on the median length of stay of patients completing program during the profile year. If no patients completed the program during that year, it is based on completers for the most recent year for which completers can be found.</p> <p>⁴ See list to the left.</p> <p>⁵ 70% or more admissions for the period are MICA (PAS-44N has a "yes" answer to any mental health question.</p> <p>⁶ Program “checks in” children of patients.</p>
<u>New York City</u>	<u>Upstate Urban</u>																										
- Bronx	- Albany																										
- Kings	- Broome																										
- New York	- Erie																										
- Queens	- Monroe																										
- Richmond	- Niagara																										
	- Oneida																										
	- Onondaga																										
<u>NYC Suburban Ring</u>	- Rensselaer																										
- Nassau	- Schenectady																										
- Rockland																											
- Suffolk	<u>Upstate Non-Urban</u>																										
- Westchester	- balance of counties																										

Listing of Programs in Each Comparison Group

Each year, OASAS produces comparison group assignments based on the data that providers report during the previous Evaluation Period.

If you wish to review which programs are assigned to the same comparison group as yours, you should log on to the OASAS Client Data System at <https://apps.oasas.ny.gov>, Applications Tab, IPMES/Workscope sub-tab, Comparison Group Program Assignment Report.

If you are receiving an "internal error" message using Internet Explorer to access OASAS applications, [click here](#).

The screenshot shows the OASAS web application interface. At the top, there is a navigation bar with tabs for Home, Applications (selected), Data Warehouse, Inquiry Reports, and Application Training. Below this is a secondary navigation bar with links for Client Data System, Provider Directory System, Monthly Service Delivery, IPMES/Workscope (selected), and Help. A yellow warning box states: "Applications and reports open in a separate browser and require pop-ups to be allowed for this website. Click the notepad icon next to each report link for details about the report." The main content area is divided into two columns. The left column is titled "Workscope / PAR Reports" and contains a list of report links, with "Comparison Group Program Assignment Report" highlighted in yellow. The right column is titled "Integrated Program Monitoring and Evaluation System (IPMES)" and contains links for "IPMES Report" and "IPMES Report - Test Version".

Choose the most current Evaluation Year and the Comparison Group you are interested in viewing. Click Run (either button).

The screenshot shows the "Comparison Group Program Assignment Report" form. At the top left is the OASAS logo with the tagline "Improving Lives." At the top right is a "Close" button. The form has a "Run" button in the top right corner. The form fields are: "Output Type" (dropdown menu set to PDF), "Evaluation Year" (dropdown menu set to 2015), "Select Only One" section with "Provider" (text input), "OR Program Manager" (dropdown menu), "OR Administrative Region" (dropdown menu), "OR District" (dropdown menu), and "OR LGU" (dropdown menu). Below this is the "Select By" section with "Comparison Group" (dropdown menu set to "Community Residence: Upstate Urban"), "Voc Programs Only" (checkbox), and "Page Header Note" (text input). At the bottom of the form is another "Run" button and a "Close" button. At the very bottom of the page is the text: "Office of Alcoholism and Substance Abuse Services, New York State. All rights reserved."

SECTION 7 - Comparison Group Objectives Formulas

The following Comparison Group Objectives Report lists each comparison group and the mandatory objectives that each group will be evaluated on at the end of a full year of data collection.

The report shows the minimum standard value for each objective if one exists and the formula that OASAS uses to calculate performance. For those objectives that have no set minimum standard, the 40th percentile is shown and will be underlined (see examples below).

Minimum Standard:

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

40th Percentile:

Objective : Client to Direct Care Staff Ratio

Value : 15.41 **Regulatory Maximum :** 35

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Report Options

Evaluation Year : 2015

Comparison Group :

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Medically Supervised Outpatient: SubNYC TrC<=12 Mo

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1000 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 18.98 **Regulatory Maximum :** 35

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: SubNYC TrC<=12 Mo

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 10 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 3.2 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 22 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: SubNYC TrC<=12 Mo

Objective : % Employment 30-59 Days

Value : 9 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Medically Supervised Outpatient: Women

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 10 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 1.1 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 15 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Medically Supervised Outpatient: Adolescent

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times \left[\frac{\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}}{\text{Number of Clients who were discharged in the period} - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))} \right]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 9 **Regulatory Maximum :**

Performance Formula : $\frac{\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}}{\text{Average end of month primary counselor FTEs on payroll}}$

Objective : Group to Individual Counseling Ratio

Value : .5 **Regulatory Maximum :**

Performance Formula : $\frac{\text{Number of Group Counseling Sessions reported for Clients discharged in the period}}{\text{Number of Individual counseling sessions reported for Clients discharged in the period}}$

Objective : Patient to Primary Counselor Ratio

Value : 11 **Regulatory Maximum :**

Performance Formula : $\frac{\text{Average number of unique Clients}}{\text{Average End of Month Primary Counselors on payroll}}$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: NYC TrC <= 12 Mo

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 14 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 2.1 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 23 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 18 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: NYC TrC <= 12 Mo

Objective : % Employment 30-59 Days

Value : 6 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Medically Supervised Outpatient: NYC TrC > 12 Mo

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1000 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 14.96 **Regulatory Maximum :** 35

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Medically Supervised Outpatient: NYC TrC > 12 Mo

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 17 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 1 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 18 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 18 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: NYC TrC > 12 Mo

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 6 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Medically Supervised Outpatient: SubNYC TrC >12 Mo

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 11 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 1.4 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 22 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: SubNYC TrC >12 Mo

Objective : % Work-readiness Status

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 9 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Medically Supervised Outpatient: Upstate Non-Urban

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1000 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 21.39 **Regulatory Maximum :** 35

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Medically Supervised Outpatient: Upstate Non-Urban

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 12 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 2 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 24 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 8 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: Upstate Non-Urban

Objective : % Employment 30-59 Days

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 15 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 15 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 15 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Medically Supervised Outpatient: Upstate Urban

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 12 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 2 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 24 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Medically Supervised Outpatient: Upstate Urban

Objective : % Employment 30-59 Days

Value : 6 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : $[(\text{month 1 30-59 days} + \text{month 2 30-59 days} + \text{month 3 30-59 days}) / \text{Total Available Clients}] * 100$

Objective : % Retention 60-89 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : $[(\text{month 1 60-89 days} + \text{month 2 60-89 days} + \text{month 3 60-89 days}) / \text{Total Available Clients}] * 100$

Objective : % Retention 90-119 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : $[(\text{month 1 90-119 days} + \text{month 2 90-119 days} + \text{month 3 1 90-119days}) / \text{Total Available Clients}] * 100$

Objective : % Retention 120 + Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**
Performance Formula : $[(\text{month 1 120+ days} + \text{month 2 120+ days} + \text{month 3 120+ days}) / \text{Total Available Clients}] * 100$

Comparison Group : Medically Managed Detox

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**
Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Client to Direct Care Staff Ratio

Value : .63 **Regulatory Maximum :** 10
Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Completing Program & Admitted to Other Treatment

Value : 40 **Regulatory Maximum :**
Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into another NYS OASAS Certified Chemical Dependence treatment program other than a Crisis or KEEP program within 45 days after discharge}) + (\text{Number of Primary Clients already on census in another program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program} + \text{Number of Primary Clients who completed observation only})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Medically Supervised Withdrawal (I/R)

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Client to Direct Care Staff Ratio

Value : .78 **Regulatory Maximum :** 10

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors + Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Completing Program & Admitted to Other Treatment

Value : 64 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into another NYS OASAS Certified Chemical Dependence treatment program other than a Crisis or KEEP program within 45 days after discharge}) + (\text{Number of Primary Clients already on census in another program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program} + \text{Number of Primary Clients who completed observation only})$

Comparison Group : Medically Monitored Withdrawal: NYC & Suburban NYC

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Client to Direct Care Staff Ratio

Value : 1.04 **Regulatory Maximum :** 10

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors + Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Completing Program & Admitted to Other Treatment

Value : 49 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into another NYS OASAS Certified Chemical Dependence treatment program other than a Crisis or KEEP program within 45 days after discharge}) + (\text{Number of Primary Clients already on census in another program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program} + \text{Number of Primary Clients who completed observation only})$

Objective : % Discharges Admitted to a Service Other than MMW

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients discharged in the period who were admitted into another NYS OASAS Certified Chemical Dependence treatment program, other than a Medically Monitored Withdrawal program, within 14 days after discharge}) + (\text{Number of Primary Clients already on census in another non-Medically Monitored Withdrawal program prior to discharge})) / (\text{Number of Primary Clients discharged in the period})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Medically Monitored Withdrawal: Upstate

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Client to Direct Care Staff Ratio

Value : 1.18 **Regulatory Maximum :** 10

Performance Formula : $\text{Total Patient Days} / \text{Average} (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents}) \times 1 / \text{Number of DayS program was operational}$

Objective : % Completing Program & Admitted to Other Treatment

Value : 67 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into another NYS OASAS Certified Chemical Dependence treatment program other than a Crisis or KEEP program within 45 days after discharge}) + (\text{Number of Primary Clients already on census in another program prior to discharge})) / ((\text{Number of Primary Clients discharged in the period who completed the program} + \text{Number of Primary Clients who completed observation only}))$

Objective : % Discharges Admitted to a Service Other than MMW

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients discharged in the period who were admitted into another NYS OASAS Certified Chemical Dependence treatment program, other than a Medically Monitored Withdrawal program, within 14 days after discharge}) + (\text{Number of Primary Clients already on census in another non-Medically Monitored Withdrawal program prior to discharge})) / (\text{Number of Primary Clients discharged in the period})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Inpatient Rehabilitation: NYC

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 1.04 **Regulatory Maximum :** 8

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors + Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 89 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Week Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program}) + (\text{Number of Clients who did not complete the program but had a length of stay of ONE WEEK or longer}) / \text{Number of Clients discharged in the period}$

Objective : % Completing Program

Value : 60 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program}) / (\text{Number of Clients who were discharged in the period} - \text{Number of Clients Arrested} - \text{Number of Clients Incarcerated} - \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution})$

Objective : % Completers Admitted in Ambulatory, IR or RRSY

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS Certified Chemical Dependence ambulatory, Intensive Residential, or Residential Rehabilitation Services for Youth program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in ambulatory, intensive residential or RRSY program prior to discharge}))) / \text{Number of Primary Clients discharged in a the period who completed the program}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Inpatient Rehabilitation: NYC

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 8 **Regulatory Maximum :**

Performance Formula : (Average number of brief individual counseling sessions by primary counselors per week + average number of normative individual counseling sessions by primary counselors per week + average number of group counseling sessions by primary counselors per week) / Average end of month primary counselor FTEs on payroll

Objective : Patient to Primary Counselor Ratio

Value : 8 **Regulatory Maximum :**

Performance Formula : Average number of unique Clients / Average End of Month Primary Counselors on payroll

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Inpatient Rehabilitation: Suburban NYC

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 1.53 **Regulatory Maximum :** 8

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors + Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 99 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Week Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program}) + (\text{Number of Clients who did not complete the program but had a length of stay of ONE WEEK or longer}) / \text{Number of Clients discharged in the period}$

Objective : % Completing Program

Value : 60 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program}) / (\text{Number of Clients who were discharged in the period} - \text{Number of Clients Arrested} - \text{Number of Clients Incarcerated} - \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution})$

Objective : % Completers Admitted in Ambulatory, IR or RRSY

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS Certified Chemical Dependence ambulatory, Intensive Residential, or Residential Rehabilitation Services for Youth program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in ambulatory, intensive residential or RRSY program prior to discharge}))) / \text{Number of Primary Clients discharged in a the period who completed the program}$

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Comparison Group : Inpatient Rehabilitation: Suburban NYC

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 13 **Regulatory Maximum :**

Performance Formula : (Average number of brief individual counseling sessions by primary counselors per week + average number of normative individual counseling sessions by primary counselors per week + average number of group counseling sessions by primary counselors per week) / Average end of month primary counselor FTEs on payroll

Objective : Patient to Primary Counselor Ratio

Value : 16 **Regulatory Maximum :**

Performance Formula : Average number of unique Clients / Average End of Month Primary Counselors on payroll

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Inpatient Rehabilitation: Upstate Urban

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 1.33 **Regulatory Maximum :** 8

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors + Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 98 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Week Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program}) + (\text{Number of Clients who did not complete the program but had a length of stay of ONE WEEK or longer}) / \text{Number of Clients discharged in the period}$

Objective : % Completing Program

Value : 60 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program}) / (\text{Number of Clients who were discharged in the period} - \text{Number of Clients Arrested} - \text{Number of Clients Incarcerated} - \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution})$

Objective : % Completers Admitted in Ambulatory, IR or RRSY

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS Certified Chemical Dependence ambulatory, Intensive Residential, or Residential Rehabilitation Services for Youth program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in ambulatory, intensive residential or RRSY program prior to discharge}))) / \text{Number of Primary Clients discharged in a the period who completed the program}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Inpatient Rehabilitation: Upstate Urban

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 12 **Regulatory Maximum :**

Performance Formula : (Average number of brief individual counseling sessions by primary counselors per week + average number of normative individual counseling sessions by primary counselors per week + average number of group counseling sessions by primary counselors per week) / Average end of month primary counselor FTEs on payroll

Objective : Patient to Primary Counselor Ratio

Value : 10 **Regulatory Maximum :**

Performance Formula : Average number of unique Clients / Average End of Month Primary Counselors on payroll

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Comparison Group : Inpatient Rehabilitation: Upstate Non-Urban

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 1.24 **Regulatory Maximum :** 8

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors + Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 98 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Week Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program}) + (\text{Number of Clients who did not complete the program but had a length of stay of ONE WEEK or longer}) / \text{Number of Clients discharged in the period}$

Objective : % Completing Program

Value : 60 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program}) / (\text{Number of Clients who were discharged in the period} - \text{Number of Clients Arrested} - \text{Number of Clients Incarcerated} - \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution})$

Objective : % Completers Admitted in Ambulatory, IR or RRSY

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS Certified Chemical Dependence ambulatory, Intensive Residential, or Residential Rehabilitation Services for Youth program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in ambulatory, intensive residential or RRSY program prior to discharge}))) / \text{Number of Primary Clients discharged in a the period who completed the program}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Inpatient Rehabilitation: Upstate Non-Urban

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 11 **Regulatory Maximum :**

Performance Formula : (Average number of brief individual counseling sessions by primary counselors per week + average number of normative individual counseling sessions by primary counselors per week + average number of group counseling sessions by primary counselors per week) / Average end of month primary counselor FTEs on payroll

Objective : Patient to Primary Counselor Ratio

Value : 8 **Regulatory Maximum :**

Performance Formula : Average number of unique Clients / Average End of Month Primary Counselors on payroll

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Community Residence: NYC & Suburban NYC

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 4.75 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Maintained or Improved Employment Status

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 7 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 9 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
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WPRRPALL201
03/30/2015 11:46

Comparison Group : Community Residence: NYC & Suburban NYC

Objective : % Work-related Activities

Value : 52 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Related Activities Total + month 2 Work-Related Activities + month 3 Work-Related Activities) / Total Available Clients] * 100

Objective : % Work-readiness Status

Value : 16 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Community Residence: Upstate Urban

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 3.61 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Maintained or Improved Employment Status

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 6 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 7 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
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Comparison Group : Community Residence: Upstate Urban

Objective : % Work-related Activities

Value : 52 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Related Activities Total + month 2 Work-Related Activities + month 3 Work-Related Activities) / Total Available Clients] * 100

Objective : % Work-readiness Status

Value : 16 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Community Residence: Upstate Non-Urban

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 4.95 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 7 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 8 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Community Residence: Upstate Non-Urban

Objective : % Work-related Activities

Value : 52 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Related Activities Total + month 2 Work-Related Activities + month 3 Work-Related Activities) / Total Available Clients] * 100

Objective : % Work-readiness Status

Value : 16 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Supportive Living

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : Client to Direct Care Staff Ratio

Value : 8.34 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average (Sum of the monthly End of Month Primary Counselors + Sum of the monthly Other Direct Care staff Full Time Equivalents)} \times 1 / \text{Number of DayS program was operational}$

Objective : % Maintained or Improved Employment Status

Value : 47 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015

WPRRPALL201
 03/30/2015 11:46

Comparison Group : Supportive Living

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 10 **Regulatory Maximum :**

Performance Formula : (Average number of brief individual counseling sessions by primary counselors per week + average number of normative individual counseling sessions by primary counselors per week + average number of group counseling sessions by primary counselors per week) / Average end of month primary counselor FTEs on payroll

Objective : Patient to Primary Counselor Ratio

Value : 12 **Regulatory Maximum :**

Performance Formula : Average number of unique Clients / Average End of Month Primary Counselors on payroll

Objective : % Work-related Activities

Value : 48 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Related Activities Total + month 2 Work-Related Activities + month 3 Work-Related Activities) / Total Available Clients] * 100

Objective : % Work-readiness Status

Value : 17 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 15 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 18 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 18 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 18 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Long-Term Residential CDY

Objective : % Completing Program or Referred

Value : **Regulatory Maximum :**

Performance Formula : $100 \times \left[\frac{\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}}{\text{Number of Clients who were discharged in the period} - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))} \right]$

Objective : % Completing Program & Admitted to Ambulatory

Value : **Regulatory Maximum :**

Performance Formula : $100 \times \left(\frac{\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS certified chemical dependence treatment ambulatory program within 45 days after discharge} + \text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions} + \text{Number of Primary Clients already on census in an ambulatory program prior to discharge}}{\text{Number of Primary Clients discharged in the period who completed the program}} \right)$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : **Regulatory Maximum :**

Performance Formula : $\frac{\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}}{\text{Average end of month primary counselor FTEs on payroll}}$

Objective : Patient to Primary Counselor Ratio

Value : **Regulatory Maximum :**

Performance Formula : $\frac{\text{Average number of unique Clients}}{\text{Average End of Month Primary Counselors on payroll}}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Methadone Treatment Clinic: OASAS-Funded, Non-NYC

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1141 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 23.69 **Regulatory Maximum :** 50

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use (MCAS)

Value : 79 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who reported no usage of any substance for which the frequency of use was reported on Methadone Client Annual Status reports completed in the period} / \text{Number of Primary Clients with Methadone Client Annual Status reports completed in the period})$

Objective : % Maintained or Improved Employment Status (MCAS)

Value : 56 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who at the current year's Methadone Client Annual Status report had an employment status reflecting a maintenance of Full Time employment or an improvement from the employment related status at admission} / \text{Number of Primary Clients with a current year's Methadone Client Annual Status report})$

Objective : 1-Month Retention Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Methadone Treatment Clinic: OASAS-Funded, Non-NYC

Objective : 3-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 13 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 43 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Methadone Treatment Clinic: OASAS-Funded, Non-NYC

Objective : % Employment 30-59 Days

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015

WPRRPALL201
03/30/2015 11:46

Comparison Group : Methadone Treatment Clinic: OASAS-Funded, NYC

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1451 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 26.25 **Regulatory Maximum :** 50

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use (MCAS)

Value : 76 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who reported no usage of any substance for which the frequency of use was reported on Methadone Client Annual Status reports completed in the period} / \text{Number of Primary Clients with Methadone Client Annual Status reports completed in the period})$

Objective : % Maintained or Improved Employment Status (MCAS)

Value : 22 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who at the current year's Methadone Client Annual Status report had an employment status reflecting a maintenance of Full Time employment or an improvement from the employment related status at admission} / \text{Number of Primary Clients with a current year's Methadone Client Annual Status report})$

Objective : 1-Month Retention Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRR-PALL201
03/30/2015 11:46

Comparison Group : Methadone Treatment Clinic: OASAS-Funded, NYC

Objective : 3-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 12 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 51 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Methadone Treatment Clinic: OASAS-Funded, NYC

Objective : % Employment 30-59 Days

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Methadone Treatment Clinic : Non-Funded

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1332 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 25.99 **Regulatory Maximum :** 50

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use (MCAS)

Value : 73 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who reported no usage of any substance for which the frequency of use was reported on Methadone Client Annual Status reports completed in the period} / \text{Number of Primary Clients with Methadone Client Annual Status reports completed in the period})$

Objective : % Maintained or Improved Employment Status (MCAS)

Value : 27 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who at the current year's Methadone Client Annual Status report had an employment status reflecting a maintenance of Full Time employment or an improvement from the employment related status at admission} / \text{Number of Primary Clients with a current year's Methadone Client Annual Status report})$

Objective : 1-Month Retention Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Methadone Treatment Clinic : Non-Funded

Objective : 3-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 14 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 49 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Methadone Treatment Clinic: KEEP

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1102 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 51.55 **Regulatory Maximum :** 50

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 22 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Month Retention Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Methadone Treatment Clinic: KEEP

Objective : % Completing Program

Value : 50 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program}) / (\text{Number of Clients who were discharged in the period} - \text{Number of Clients Arrested} - \text{Number of Clients Incarcerated} - \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution})$

Objective : % Completing Program & Admitted to Other Treatment

Value : 100 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into another NYS OASAS Certified Chemical Dependence treatment program other than a Crisis or KEEP program within 45 days after discharge}) + (\text{Number of Primary Clients already on census in another program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program} + \text{Number of Primary Clients who completed observation only})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 8 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 52 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

Objective : % Employment 30-59 Days

Value : 9 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 30-59 days} + \text{month 2 30-59 days} + \text{month 3 30-59 days}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
 Evaluation Year 2015

WPRRPALL201
 03/30/2015 11:46

Comparison Group : Methadone Treatment Clinic: KEEP

Objective : % Retention 60-89 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Intensive Residential: TrC <= 12 Mo

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 2393 **Regulatory Maximum :**

Performance Formula : $\text{Sum of monthly Patient Days delivered} / (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the Other Direct Care staff Full Time Equivalents})$

Objective : Client to Direct Care Staff Ratio

Value : 6.56 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average} (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents}) \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Intensive Residential: TrC <= 12 Mo

Objective : 3-Month Retention Rate

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 50 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 45 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : % Completing Program & Admitted to Ambulatory

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS certified chemical dependence treatment ambulatory program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in an ambulatory program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 14 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 14 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 24 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015

WPRRPALL201
 03/30/2015 11:46

Comparison Group : Intensive Residential: TrC <= 12 Mo

Objective : % Work-readiness Status

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 9 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015

WPRRPALL201
03/30/2015 11:46

Comparison Group : Intensive Residential: TrC>12 Mo

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 2519 **Regulatory Maximum :**

Performance Formula : $\text{Sum of monthly Patient Days delivered} / (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the Other Direct Care staff Full Time Equivalents})$

Objective : Client to Direct Care Staff Ratio

Value : 6.9 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average} (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents}) \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Intensive Residential: TrC>12 Mo

Objective : 3-Month Retention Rate

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 50 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 45 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : % Completing Program & Admitted to Ambulatory

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS certified chemical dependence treatment ambulatory program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in an ambulatory program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 12 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Intensive Residential: TrC>12 Mo

Objective : Patient to Primary Counselor Ratio

Value : 14 **Regulatory Maximum :**

Performance Formula : Average number of unique Clients / Average End of Month Primary Counselors on payroll

Objective : % Work-related Activities

Value : 24 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Related Activities Total + month 2 Work-Related Activities + month 3 Work-Related Activities) / Total Available Clients] * 100

Objective : % Work-readiness Status

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 9 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Intensive Residential: Women

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1988 **Regulatory Maximum :**

Performance Formula : $\text{Sum of monthly Patient Days delivered} / (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the Other Direct Care staff Full Time Equivalents})$

Objective : Client to Direct Care Staff Ratio

Value : 5.45 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average} (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents}) \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Intensive Residential: Women

Objective : 6-Month Retention Rate

Value : 50 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 45 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : % Completing Program & Admitted to Ambulatory

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS certified chemical dependence treatment ambulatory program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in an ambulatory program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 13 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 11 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 26 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Intensive Residential: Women

Objective : % Work-readiness Status

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 9 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Methadone Treatment Clinic: MTA

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : **Regulatory Maximum :** 50

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Methadone Treatment Clinic: MTA

Objective : 3-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : % Completers Admitted in Ambulatory, IR or RRSY

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS Certified Chemical Dependence ambulatory, Intensive Residential, or Residential Rehabilitation Services for Youth program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in ambulatory, intensive residential or RRSY program prior to discharge}))/ \text{Number of Primary Clients discharged in a the period who completed the program})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Methadone Treatment Clinic: MTA

Objective : Patient to Primary Counselor Ratio

Value : **Regulatory Maximum :**

Performance Formula : Average number of unique Clients / Average End of Month Primary Counselors on payroll

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Methadone Residential Rehabilitation: MTA

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 5605 **Regulatory Maximum :**

Performance Formula : $\text{Sum of monthly Patient Days delivered} / (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the Other Direct Care staff Full Time Equivalents})$

Objective : Client to Direct Care Staff Ratio

Value : 15.36 **Regulatory Maximum :** 50

Performance Formula : $\text{Total Patient Days} / \text{Average} (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents}) \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRR/PALL201
03/30/2015 11:46

Comparison Group : Methadone Residential Rehabilitation: MTA

Objective : 3-Month Retention Rate

Value : 85 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 6-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : % Completers Admitted in Ambulatory, IR or RRSY

Value : 66 **Regulatory Maximum :**

Performance Formula : $100 \times (((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS Certified Chemical Dependence ambulatory, Intensive Residential, or Residential Rehabilitation Services for Youth program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in ambulatory, intensive residential or RRSY program prior to discharge})) / \text{Number of Primary Clients discharged in a the period who completed the program})$

Objective : Patient to Primary Counselor Ratio

Value : 21 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 16 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 7 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Methadone Residential Rehabilitation: MTA

Objective : % Employment 30-59 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 30-59 days} + \text{month 2 30-59 days} + \text{month 3 30-59 days}) / \text{Total Available Clients}] * 100$

Objective : % Retention 60-89 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 60-89 days} + \text{month 2 60-89 days} + \text{month 3 60-89 days}) / \text{Total Available Clients}] * 100$

Objective : % Retention 90-119 Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 90-119 days} + \text{month 2 90-119 days} + \text{month 3 1 90-119days}) / \text{Total Available Clients}] * 100$

Objective : % Retention 120 + Days

Value : 12 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 120+ days} + \text{month 2 120+ days} + \text{month 3 120+ days}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Outpatient Rehabilitation: NYC

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1082 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 8.12 **Regulatory Maximum :** 20

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Outpatient Rehabilitation: NYC

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 30 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 10 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 11.4 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 12 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Outpatient Rehabilitation: NYC

Objective : % Employment 30-59 Days

Value : 6 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Outpatient Rehabilitation: NYC Suburban

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1640 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 13.08 **Regulatory Maximum :** 20

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Outpatient Rehabilitation: NYC Suburban

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 30 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 9 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 13.2 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 16 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Outpatient Rehabilitation: NYC Suburban

Objective : % Employment 30-59 Days

Value : 6 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Outpatient Rehabilitation: Upstate Non-Urban

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1711 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 10.16 **Regulatory Maximum :** 20

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Outpatient Rehabilitation: Upstate Non-Urban

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 30 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 11 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 10.1 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 15 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Readiness Activities Total} + \text{month 2 Work-Readiness Activities} + \text{month 3 Work-Readiness Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRRPALL201
03/30/2015 11:46

Comparison Group : Outpatient Rehabilitation: Upstate Non-Urban

Objective : % Employment 30-59 Days

Value : 6 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 10 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Outpatient Rehabilitation: Adolescent

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 30 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Outpatient Rehabilitation: MICA

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1588 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 11.43 **Regulatory Maximum :** 20

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 55 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Outpatient Rehabilitation: MICA

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 30 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 11 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 10.1 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 17 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

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New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015

WPRRPALL201
03/30/2015 11:46

Comparison Group : Intensive Residential: Children in Residence

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1212 **Regulatory Maximum :**

Performance Formula : $\text{Sum of monthly Patient Days delivered} / (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the Other Direct Care staff Full Time Equivalents})$

Objective : Client to Direct Care Staff Ratio

Value : 3.32 **Regulatory Maximum :** 15

Performance Formula : $\text{Total Patient Days} / \text{Average} (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents}) \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Intensive Residential: Children in Residence

Objective : 6-Month Retention Rate

Value : 50 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 45 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : % Completing Program & Admitted to Ambulatory

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS certified chemical dependence treatment ambulatory program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in an ambulatory program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 9 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 10 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 26 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

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**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRR-PALL201
03/30/2015 11:46

Comparison Group : Intensive Residential: Children in Residence

Objective : % Work-readiness Status

Value : 11 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 9 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

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Comparison Group : Medically Supervised Outpatient: MICA TrC <= 12 Mo

Objective : Targeted Units of Service Delivered - Outpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Visits delivered} / \text{Visits targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 1000 **Regulatory Maximum :**

Performance Formula : $(\text{Sum of the monthly Units of Service delivered} * 12 \text{ months} / 3 \text{ months}) / (\text{Sum of the monthly end of month primary counselor FTEs on payroll} + \text{Sum of the monthly end of month non-primary counselor FTEs on payroll} + \text{Sum of the monthly other direct care FTEs on payroll}) / 3 \text{ months}$

Objective : Client to Direct Care Staff Ratio

Value : 18.35 **Regulatory Maximum :** 35

Performance Formula : $(\text{Average beginning of month census} + \text{Average monthly admissions}) / (\text{Average end of month primary counselor FTEs on payroll} + \text{Average end of month non-primary counselor FTEs on payroll} + \text{Average end of month other direct care FTEs on payroll})$

Objective : % Discontinued Use

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : % Maintained or Improved Employment Status

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients discharged from the program in the period who had a length of stay of 3 months or longer whose employment status at discharge reflected a maintenance of Full Time employment or an improvement in employment related status compared to employment related status at admission} / \text{Number of Primary Clients discharged from the program in the period with a length of stay of 3 months or longer})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 65 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Medically Supervised Outpatient: MICA TrC <= 12 Mo

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 15 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 2.3 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 25 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



Comparison Group : Medically Supervised Outpatient: MICA TrC >12 Mo

Objective : 6-Month Retention Rate

Value : 40 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 25 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 13 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Group to Individual Counseling Ratio

Value : 2.7 **Regulatory Maximum :**

Performance Formula : $\text{Number of Group Counseling Sessions reported for Clients discharged in the period} / \text{Number of Individual counseling sessions reported for Clients discharged in the period}$

Objective : Patient to Primary Counselor Ratio

Value : 20 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

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Comparison Group : Residential Rehabilitation Services for Youth

Objective : Utilization Rate

Value : 90 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Average Daily Census for the period} / \text{Average Monthly Capacity for the period})$

Objective : Targeted Units of Service Delivered - Inpatient

Value : **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Patient Days delivered} / \text{Patient Days targeted to be delivered})$

Objective : UOS per FTE Direct Care Staff

Value : 618 **Regulatory Maximum :**

Performance Formula : $\text{Sum of monthly Patient Days delivered} / (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the Other Direct Care staff Full Time Equivalents})$

Objective : Client to Direct Care Staff Ratio

Value : 1.69 **Regulatory Maximum :** 8

Performance Formula : $\text{Total Patient Days} / \text{Average} (\text{Sum of the monthly End of Month Primary Counselors} + \text{Sum of the monthly Other Direct Care staff Full Time Equivalents}) \times 1 / \text{Number of DayS program was operational}$

Objective : % Discontinued Use

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Primary Clients who completed the program and at discharge reported no usage of any admission substance or of different substances reported at discharge} + \text{Number of Primary Clients who did not complete the program but had a length of stay in the program of 1 month or longer and at discharge reported no usage of any admission substance or of different substances reported at discharge}) / (\text{Number of Primary Clients who completed the program} + \text{Number of Primary Clients who did not complete the program but had a length of stay of one month or longer at discharge})$

Objective : 1-Month Retention Rate

Value : 75 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer}) / \text{Number of Clients discharged in the period}$

Objective : 3-Month Retention Rate

Value : 70 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of THREE MONTHS or longer}) / (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.

Comparison Group : Residential Rehabilitation Services for Youth

Objective : 6-Month Retention Rate

Value : 50 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of SIX MONTHS or longer}) / (\text{Number of Clients discharged who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : 1-Year Retention Rate

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times (\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE YEAR or longer}) / (\text{Number of Clients discharged in the period who completed the program} + \text{Number of Clients who did not complete the program but had a length of stay of ONE MONTH or longer})$

Objective : % Completing Program or Referred

Value : 45 **Regulatory Maximum :**

Performance Formula : $100 \times [(\text{Number of Clients who completed the program} + \text{Number of Clients who did not complete the program but were admitted to another NYS OASAS certified CD treatment program within 45 days after discharge}) / (\text{Number of Clients who were discharged in the period}) - ((\text{Number of Clients Arrested} + \text{Number of Clients Incarcerated} + \text{Number of Clients who did not complete the program and were referred to a Mental Health program or Health Institution}))]$

Objective : % Completing Program & Admitted to Ambulatory

Value : 35 **Regulatory Maximum :**

Performance Formula : $100 \times ((\text{Number of Primary Clients who completed the program and were admitted into a NYS OASAS certified chemical dependence treatment ambulatory program within 45 days after discharge}) + (\text{Number of Primary Clients referred to Mental Health programs} + \text{Number of Primary Clients referred to Health Institutions}) + (\text{Number of Primary Clients already on census in an ambulatory program prior to discharge})) / (\text{Number of Primary Clients discharged in the period who completed the program})$

Objective : Indiv & Group Cnslng Sessions/FTE Counselor/Week

Value : 11 **Regulatory Maximum :**

Performance Formula : $(\text{Average number of brief individual counseling sessions by primary counselors per week} + \text{average number of normative individual counseling sessions by primary counselors per week} + \text{average number of group counseling sessions by primary counselors per week}) / \text{Average end of month primary counselor FTEs on payroll}$

Objective : Patient to Primary Counselor Ratio

Value : 8 **Regulatory Maximum :**

Performance Formula : $\text{Average number of unique Clients} / \text{Average End of Month Primary Counselors on payroll}$

Objective : % Work-related Activities

Value : 13 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : $[(\text{month 1 Work-Related Activities Total} + \text{month 2 Work-Related Activities} + \text{month 3 Work-Related Activities}) / \text{Total Available Clients}] * 100$

A Value that is underlined indicates that the field is a 40th percentile, not a minimum standard.



**New York State Office of Alcoholism and Substance Abuse Services
Comparison Group Objectives report
Evaluation Year 2015**

WPRR-PALL201
03/30/2015 11:46

Comparison Group : Residential Rehabilitation Services for Youth

Objective : % Work-readiness Status

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 Work-Readiness Activities Total + month 2 Work-Readiness Activities + month 3 Work-Readiness Activities) / Total Available Clients] * 100

Objective : % Employment 30-59 Days

Value : 5 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 30-59 days + month 2 30-59 days + month 3 30-59 days) / Total Available Clients] * 100

Objective : % Retention 60-89 Days

Value : 8 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 60-89 days + month 2 60-89 days + month 3 60-89 days) / Total Available Clients] * 100

Objective : % Retention 90-119 Days

Value : 8 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 90-119 days + month 2 90-119 days + month 3 1 90-119days) / Total Available Clients] * 100

Objective : % Retention 120 + Days

Value : 8 **Regulatory Maximum :** **Vocational Objective**

Performance Formula : [(month 1 120+ days + month 2 120+ days + month 3 120+ days) / Total Available Clients] * 100

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