



Application #
FOR NYS OASAS USE ONLY

**Strengthening Treatment Access and Retention
State Implementation (STAR-SI)**

YEAR II PROVIDER APPLICATION

Provider Name: _____

Provider No.: _____

Provider Address: _____

Phone: _____ **FAX:** _____ **E-mail:** _____

Please identify the outpatient chemical dependency program that you are proposing for participation in STAR-SI. *Applicants can select only one site for consideration in this program.*

PRU Name: _____

PRU No.: _____

PRU Address (if different from above): _____

Phone: _____ **FAX:** _____ **E-mail:** _____

Application Contact Person and Title: _____

Phone: _____ **FAX:** _____ **E-mail:** _____

A. Description of Provider Interest and Experience¹

1. Why are you interested in participating in the STAR –SI program?

2. Are there specific access and retention challenges that you currently face that you hope to address through STAR-SI? Please describe these challenges as well as results you hope to achieve.

¹ You may attach additional information if the space allotted is insufficient. However, you will need to limit all attachments to a total of two pages.

3. Past Involvement in Quality Improvement Activities

a. Briefly describe two activities undertaken in the past 3 years by your agency and/or PRU to address quality of services, client outcomes or service system design challenges.

b. Do you currently have a Quality Improvement (QI) Plan and quality committee in your agency? If yes, please describe. Are PRU staff involved in any of these agency QI activities?

c. How will the STAR-SI initiative fit within current QI programs?

4. Selection of Executive Sponsor and Change Project Team Leader

a. Please identify the Executive Sponsor proposed for the STAR-SI program and describe his/her role in your organization. Is this individual able to influence allocation of resources within the OP program? Has this individual participated in previous quality improvement initiatives?

b. The Change Team Leader plays a key role in coordinating the day to day implementation of change team projects and in analyzing results. He/she also interacts with others throughout the organization to share progress and outcomes. Please identify the individual you propose to assume this role, and describe his/her title, duties and past involvement in projects that address improvement of services. Please also discuss his/her leadership skills, i.e. attributes that will enable them to build a cohesive, productive team.

5. Are any *significant* changes currently anticipated in 2007- 2008 that may impact operations at the proposed out-patient site, e.g. moving to new space, launching new grants or programs, program restructuring? If so, please describe.

6. In a few sentences, describe why your organization is well qualified to participate in STAR-SI at this time.

B. Applicant Background Information

1. Check all organizations through which you are licensed or accredited:

	Agency	OP Program
Joint Commission on Accreditation of Healthcare Organizations	_____	_____
Council on Accreditation	_____	_____
Commission on Accreditation of Rehabilitation Facilities	_____	_____
Other _____	_____	_____

2. Description of Applicant OP PRU Staffing

- a. Approximately how many Full time equivalent employees provide administrative and support services? _____
- b. How many CEO's has your provider organization had in the past five years?

1 2 3 4 or more

- c. How long has the current PRU Director served in this role? _____
If he/she has served one year or less, how many Directors have served in this role in the past 5 years? _____
- d. What is the estimated annual rate of staff turnover at the PRU? _____

3. Data Collection

- a. Which of the following data do you currently collect?

_____ First Request for Service Date

_____ Previous Discharge Date

_____ Did the Client Show for First Appointment?

_____ First Assessment Date

_____ Second Assessment Date

_____ Assessment Disposition

_____ Admission Date

_____ Second Date of Service

_____ Third Date of Service

_____ Fourth Date of Service

_____ Discharge Date

_____ Discharge Status (Treatment completion)

- b. Will you be willing to collect each of these elements as a participant of STAR-SI?

C. Internet Access

1. Does staff have easy access to the Internet? ___ Yes ___ No
If yes, ___ High Speed (e.g. T.1/T3, DSL) ___ Low Speed (dial up)
2. What % of staff has internet access at work? ___
3. What % of staff has work-based email addresses? ___

SUBMISSION OF MATERIAL TO NYS OASAS

Please send your completed application to:

Bonnie Primus Cohen
STAR-SI Project Coordinator
NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203-3526

A cover letter signed by your agency director and two copies of the application should be submitted by Friday, August 3, 2007.