FY17 Program Report Card: Adolescent Community Reinforcement Approach-Assertive Continuing Care (ACRA-ACC)

Quality of Life Result: All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

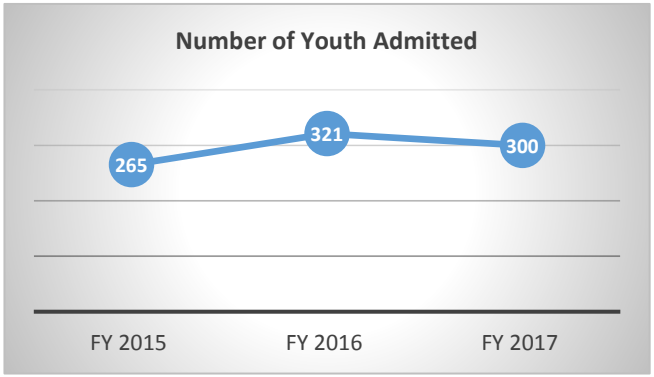
Contribution to the Result: ACRA-ACC is an evidence-based adolescent substance use treatment model which is delivered in a clinic, community, or home based setting to treat the unique needs of the substance using adolescent.

SFY 17 Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
ACRA-ACC	$1,730,227*	$	$164,156	$1,894,383
ACRA-ACC Consultation & Evaluation	$54,400**	$	$	$54,400

* $318,069 and **$15,200 comes from the Judicial Branch Court Support Services Division

Partners: Children/Youth, Family, Family's Natural Supports, Schools, Community Providers, DCF, Judicial Branch Court Support Services Division

How Much Did We Do?



Story Behind the Baseline:

There was a 13% increase in admissions between FY 2015 and FY 2017. However, a 7% decrease between FY 2016 and FY 2017. Staff vacancies and flow of referrals have affected the number of admissions. During the last quarter of FY 2017, most providers worked on specific written plans to increase referrals.

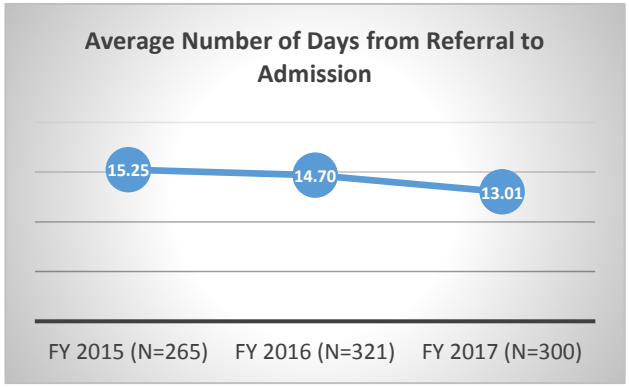
18% (n=55) of youth admitted in FY 2017 were African American, 37% (n=112) were Hispanic, 26% (n=79) were Caucasian, 7% (n=20) identified as Other, and 11% (n=34) did not have race/ethnicity identified.

435 youth were served in FY 2017.

Data source PIE

Trend: ▲Yes

How Well Did We Do It?



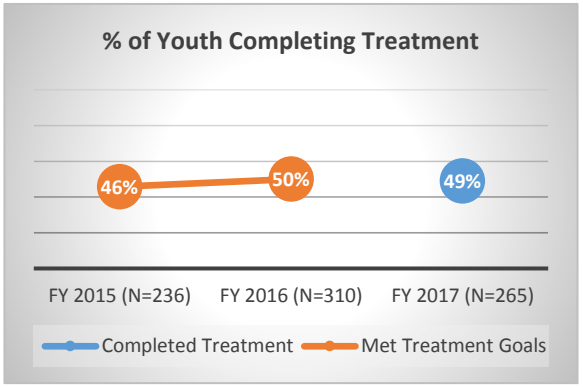
Story Behind the Baseline:

The average number of days between referral and admission decreased 15% between FY 2015 and FY 2017. The expectation is to have a youth admitted within 14 days from the time the referral is received. Three out of six teams met the 14 day goal. Providers report delays in admission due to parental scheduling and youth motivation to attend leading to re-scheduling of appointments.

Data Source PIE

Trend: ▲Yes

How Well Did We Do It?



Story Behind the Baseline:

Prior to FY 2017, there was no category to document completed treatment. Instead met all or most treatment goals was used. Starting in FY 2017 completed treatment and met treatment goals became two separate questions. Starting with FY 2018, the definition of completed treatment will be based on youth completing 8+ procedures in 7+ sessions, per new model standards. To reduce the number of youth who discontinue, providers are meeting with youth and families in the community, as requested. In addition, they are contacting the family multiple times in order to remind them of appointments or to re-engage them in treatment.

Data Source PIE

Trend: ◄► Flat/ No Trend

Trend Going in Right Direction? ▲Yes; ▼ No; ◄► Flat/ No Trend

Completed: 8/11/17

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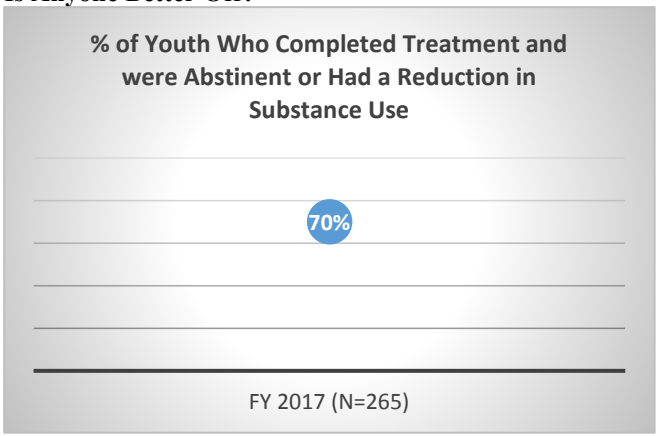
Is Anyone Better Off?



Story Behind the Baseline:

Since changing the discharge reasons to include completed treatment, this data point was re-defined for FY 2017. In addition, during FY 2017, providers made a strong effort to properly document abstinence and reduction in use.

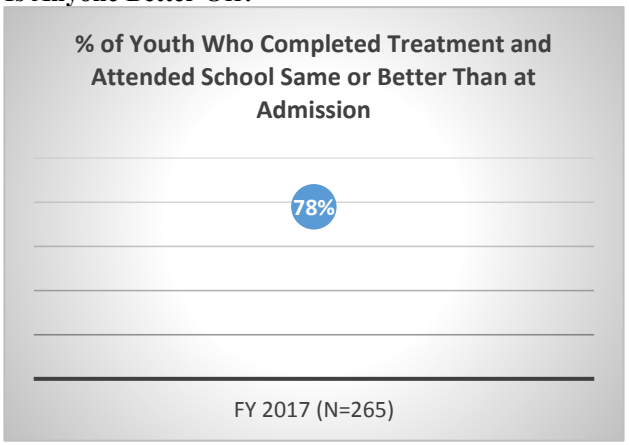
In FY 2017, the most common misused substances included marijuana (89%), alcohol (43%), and nicotine/E-cigarettes (26%). Some youth are using multiple substances. Youth may reduce or stop using one substance but not all.

While the ACRA-ACC model encourages abstinence, reduction in use is also encouraged. Reduction is measured through parental and youth report, as well as drug testing.

Data Source PIE

Trend: ◄► Flat/ No Trend

Is Anyone Better Off?



Story Behind the Baseline:

Since changing the discharge reasons to include completed treatment, this data point was re-defined for FY 2017. One provider had a significant amount of missing data in this field, which may account for a lower percentage in performance. Work is underway with the provider to enter timely and accurate data.

A reason why some youth do not do the same or better at school is because some of them need higher levels of care or mental health treatment. During this period, the therapist is trying to stabilize and connect them with the right treatment rather than to focus directly on school performance.

Data Source PIE

Trend: ◄► Flat/ No Trend

Proposed Actions To Turn the Curve:

To increase admissions:

- Service Development Plans were started by most providers in order to develop a strategy to increase referrals.
- Outreach will be increased with community programs, DCF, CSSD, schools, pediatricians, etc.
- Implementation of the Adolescent-Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) is increasing within community programs, which is expected to increase identification and referrals to treatment.
- Utilization will be discussed at a Clinical and Systems Program Directors meeting in October 2017.

To increase engagement:

- While the teams are not funded to deliver all of their services in the community, providers will meet the youth at home/community, as appropriate and as often as possible.
- The programs are piloting a strategy to increase engagement between the first and next two subsequent appointments.

To increase abstinence/reduction of use:

- Providers will continue to address through the model procedures.

To increase school attendance:

- Therapists will continue to connect with the youth's school.

Data Development Agenda:

- Providers have increased their review of data entry and will continue to ensure accurate and timely entries.
- GAIN annual report will be generated and analyzed.

Trend Going in Right Direction? ▲Yes; ▼ No; ◄► Flat/ No Trend

Completed: 8/11/17