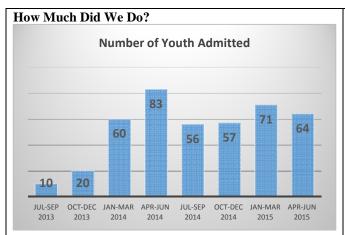
# FY15 Program Report Card: Adolescent Community Reinforcement Approach-Assertive Continuing Care (ACRA-ACC)

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 16 Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
ACRA-ACC	\$1,742,313	\$	\$352,226	\$2,094,539
ACRA-ACC Consultation & Evaluation	\$73,325	\$	\$	\$73,325

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

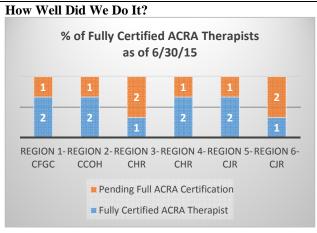


### **Story Behind the Baseline:**

ACRA-ACC was a new program that began accepting cases after July 2013 (5 teams) with the  $6^{th}$  team accepting referrals in February 2015. There were 139 youth active in ACRA-ACC as of June 30, 2015. The statewide capacity is 216 with each team having capacity for 36 youth at a time. Utilization as of June 30, 2015 was 64% with providers slightly or moderately below capacity.

The number of incoming referrals have fluctuated and so additional plans to outreach to schools, doctors, hospitals, probation, and DCF are being developed at a statewide level.

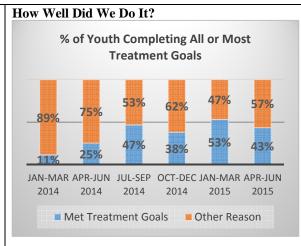
Flat/No Trend



### **Story Behind the Baseline:**

Each team is composed of 3 therapists and a supervisor. All have been trained in ACRA by model developers or by already certified supervisors. Each therapist has to achieve competency in 9 core procedures (basic certification) followed an additional 10 procedures to become fully certified. All therapists have achieved basic certification, and all supervisors are certified as ACRA supervisors. All therapists pending full certification are on target within their deadlines.





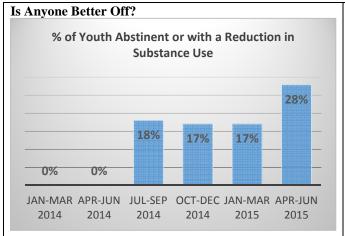
## **Story Behind the Baseline:**

As ACRA-ACC becomes fully established and therapists become fully certified, the number of youth meeting all or most treatment goals will increase. Since its inception, this performance measure has increased almost 300%.

Trend: **▲** Yes

# FY15 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.

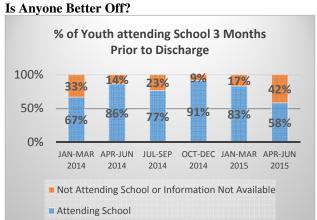


#### **Story Behind the Baseline:**

The number of youth abstinent or reducing their substance use will increase as therapists become fully certified in ACRA. The therapists will be able to better understand, support, and treat the youth and their caregivers.

The data had a large amount of information left blank which might have increased the percentages.

Marijuana is one of the most used substances by youth. The program is encountering youth, caregivers, and communities that do not understand the adverse health effects and the impact it has on the youth's life, making it very challenging to support long term abstinence or reduction in use.



#### **Story Behind the Baseline:**

The number of youth attending school at the time of discharge has fluctuated. Therapists continue to become more experienced in delivering ACRA-ACC and better connected to the communities.

## **Proposed Actions To Turn the Curve:**

- A statewide referral form was created to simply the referral process (Spring 2015) and will continue to be disseminated (ongoing).
- A practice guide has been drafted and reviewed (to be released late Summer 2015)
- A youth friendly flyer will be developed for statewide dissemination to schools or youth centers (as requested) to increase self-referrals (early Fall 2015)
- A statewide outreach plan will be developed to increase the communities' knowledge of the program (Fall 2015)
- Therapists will be fully certified (early Winter 2015).
- A continuous quality improvement plan will developed (late Fall 2015).

# Data Development Agenda:

- Performance measures were modified after consultation with model developers and a review of current data systems (effective July 2015).
- Data elements found in the Provider Information Exchange database will be refined and documented (Fall 2015).
- The GAIN Q3 and EBTx.org databases will be utilized in the analysis of performance measures (Summer 2015).
- Data will be analyzed by race/ethnicity.

Trend: ▲Yes Trend: ◀▶ Flat/ No Trend