FY16 Program Report Card: Adolescent Community Reinforcement Approach-Assertive Continuing Care (ACRA-ACC)

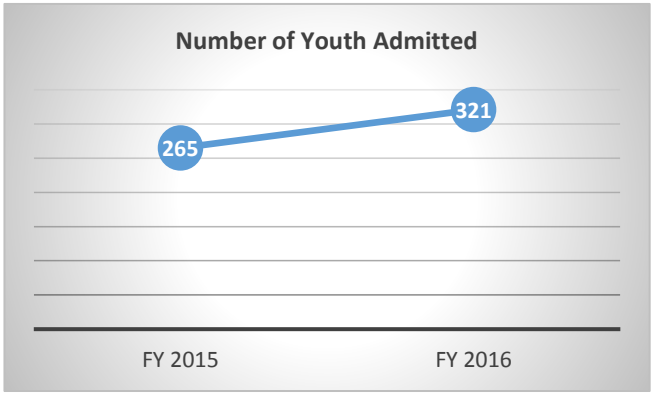
Quality of Life Result: All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

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, Family's Natural Supports, Schools, Community Providers, DCF, Judicial Branch Court Support Services Division

How Much Did We Do?



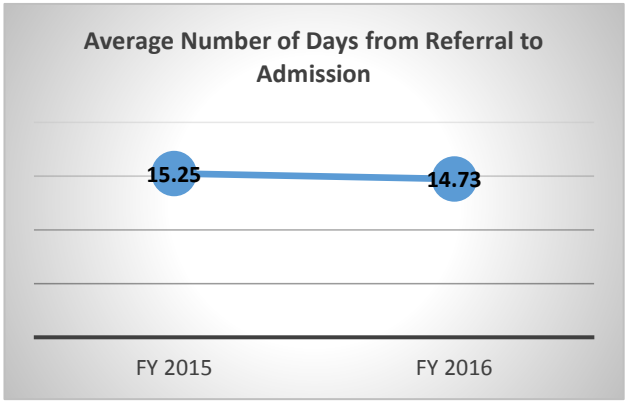
Story Behind the Baseline:
The number of admissions continues to increase due to providers doing extensive outreach to referral sources such as: DCF, Juvenile Probation, Youth Service Bureaus, schools, among others. Statewide capacity at any given time is 216.

There was a 30% increase of admissions for Hispanic youth, a 4% decrease for Caucasian youth, and a 15% decrease for African American youth between FY 2015 and FY 2016. In FY 2016, 20% (n=63) of youth admitted were African American, 39% (n=126) were Hispanic, 38% (n=122) were Caucasian, and 3% (n=10) identified as Other including 4 youth with no race/ethnicity identified.

Data source PIE

Trend: ▲Yes

How Well Did We Do It?

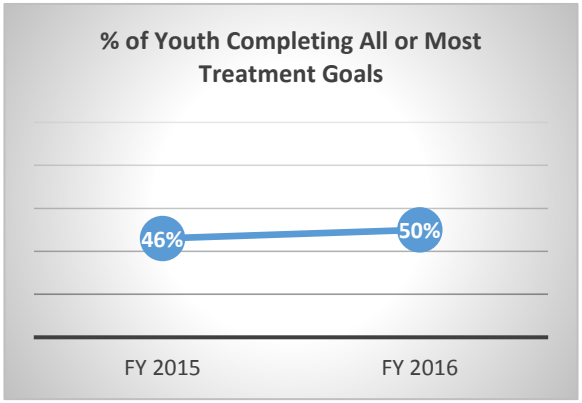


Story Behind the Baseline:
The average number of days between referral and admission has remained stable at around 15 days. The expectation is to have a youth admitted within 14 days from the time the referral is received. Three out of six teams met the 14 day goal. Providers report delays in admission due to parental scheduling and youth motivation to attend leading to re-scheduling of appointments.

Data Source PIE

Trend: ◄► Flat/ No Trend

How Well Did We Do It?



Story Behind the Baseline:
The percentage of youth completing all or most of their treatment goals increased 9% between FY 2015 and FY 2016. 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.

51% (n=37) of African American youth, 45% (n=48) Hispanic youth, 55% (n=63) of Caucasian youth, and 46% (n=7) of youth who identified as Other met all or most of the treatment goals in FY 2016.

Data Source PIE

Trend: ▲Yes

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

Completed: 7/28/16

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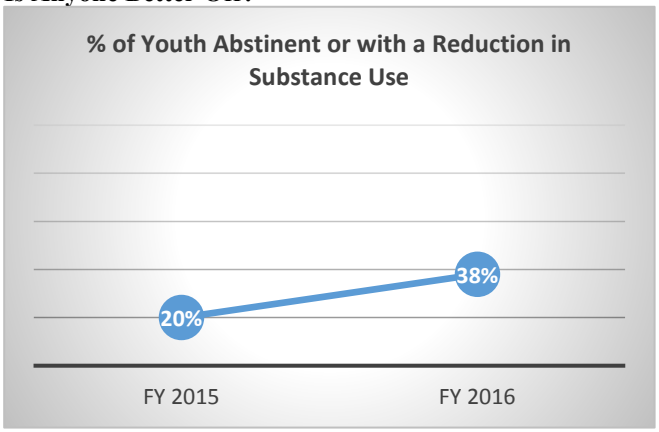
Quality of Life Result: All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

Is Anyone Better Off?



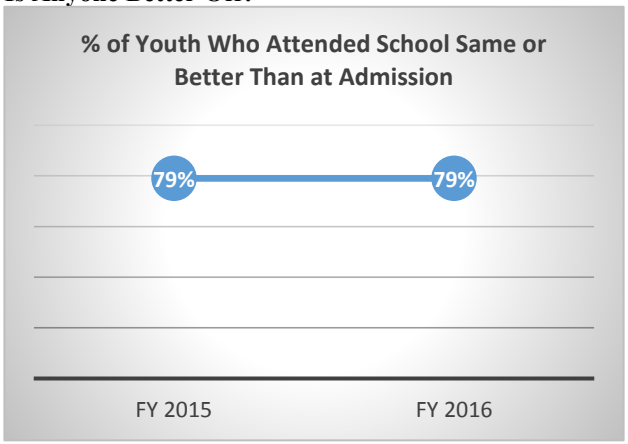
Story Behind the Baseline:

There was a 90% increase in youth abstinence or reduction in use between FY 2015 and FY 2016. 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.

In FY 2016, the most common misused substances included marijuana, alcohol, and tobacco. The program is encountering youth, caregivers, and communities that do not understand the adverse health effects of marijuana and the impact it has on the youth's life, making it very challenging to support long term abstinence or reduction in use. In addition, some youth are using multiple substances. Youth may reduce or stop using one substance but not all.

Data Source PIE
Trend: ▲Yes

Is Anyone Better Off?



Story Behind the Baseline:

The number of youth who attended school the same or better than at admission remained constant. 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:

- Providers will continue with outreach plans including thought the use of Adolescent-Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) in order to screen and identify youth early on. Outreach will also be focused on the younger adolescent.
- Providers will disseminate a youth friendly flyer to schools and youth centers in order to increase community and self-referrals.

To increase completion of goals and engagement:

- While the teams are not funded to deliver all of their services in the community, providers will explore ways to meet the youth at home/community as appropriate and as often as possible.

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:

- Changes to the DCF Provider Information Exchange (PIE) should be considered in order to capture data specific to ACRA-ACC, e.g. length of service of ACRA, length of service of ACC, types of procedures completed, and other discharge measures.
- The contract with the Quality Assurance Provider was amended effective 7/1/16. It will generate additional data points that will be utilized in future reports.

Trend Going in Right Direction? ▲Yes; ▼ No; ◄► Flat/ No Trend
Completed: 7/28/16