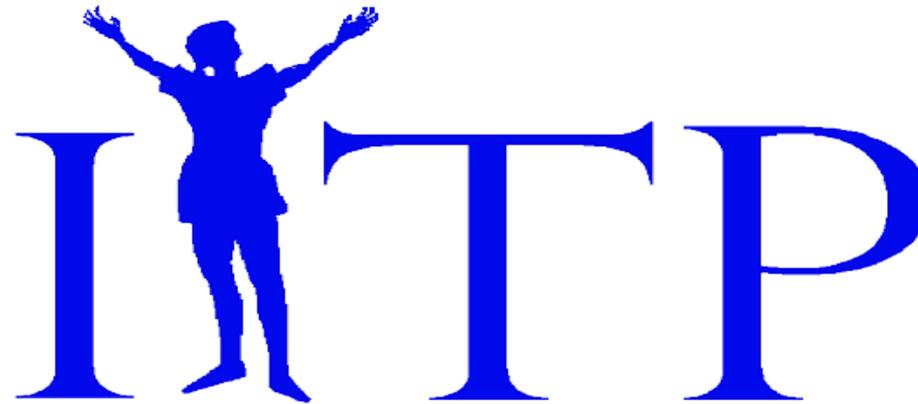




IDAHO DEPARTMENT OF
HEALTH & WELFARE
Division of Behavioral Health



Idaho Youth Treatment Program

THE IDAHO YOUTH TREATMENT PROGRAM (IYTP)

- The Idaho Youth Treatment Program is an Adolescent Community Reinforcement Approach (A-CRA) treatment project through a SAMHSA grant for Transitional Aged Youth (TAY), aged 18-24 years old, addressing Substance Use Disorders and co-occurring disorders.
- 4 year award totaling \$ 3,800,000.
 - year 1- \$ 950,000
 - year 2- \$ 950,000
 - year 3- \$ 950,000
 - year 4- \$ 950,000

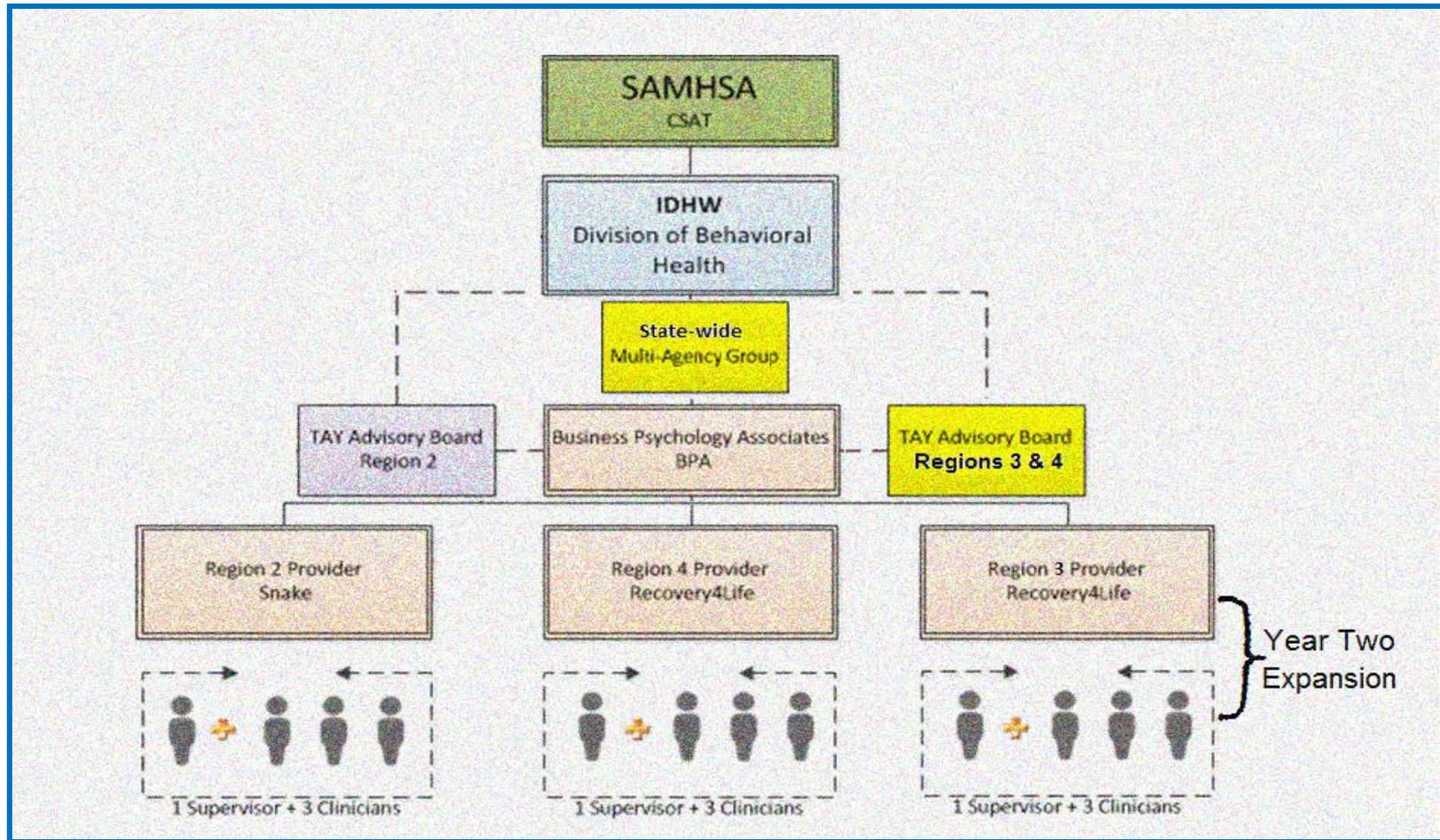


IYTP PROJECT BUDGET

Function/Entity	Budget Allocation
Grant Administration:	
Personnel/Fringe/Travel	\$ 104,020.00
Contract-training	\$ 127,936.00
Contract-treatment	\$ 665,000.00 (for 3 regions)*
Cost- Data/IT Infrastructure	\$ 42,750.00
Indirect	\$ 10,294.00
Total	\$ 950,000.00



ORGANIZATIONAL STRUCTURE:



TIMELINE: (COMPLETED ACTIVITIES)

❖ Preparation:

- ✓ Division of Behavioral Health (DBH) received notice of SAMHSA grant award.
- ✓ DBH developed and disseminated Request for Proposal (RFP) for Region 2 and Region 4.
- ✓ DBH interviewed and selected Project Coordinator
- ✓ DBH received and evaluated RFP applications
- ✓ Finalized contracts for Regions 2 & 4: Business Psychology Associates
- ✓ Finalized contract for A-CRA training: Chestnut Health Services
- ✓ All contracts in place and local providers established for Regions 2 & 4
- ✓ Memorandums of Understanding for community stakeholders completed



TIMELINE: (ACTIVITIES COMPLETED & IN-PROCESS)

❖ Implementation:

- ✓ Coordinate site visits to providers in Region 2 and Region 4
- ✓ Expansion into Region 3- year two of the grant.
- ✓ Regional providers hire 3 clinicians and 1 supervisor
- ✓ Coordinate regional provider A-CRA training with Chestnut
- ✓ Coordinate regional providers' data managers training on GAIN
- ✓ Regional providers recruit for TAY advisory boards
- ✓ Establish and coordinate regional multi-agency advisory groups
- ✓ Regional providers recruit eligible TAY for participation in treatment
- ✓ Begin collecting data from WITS, monthly reports, GPRA and GAIN



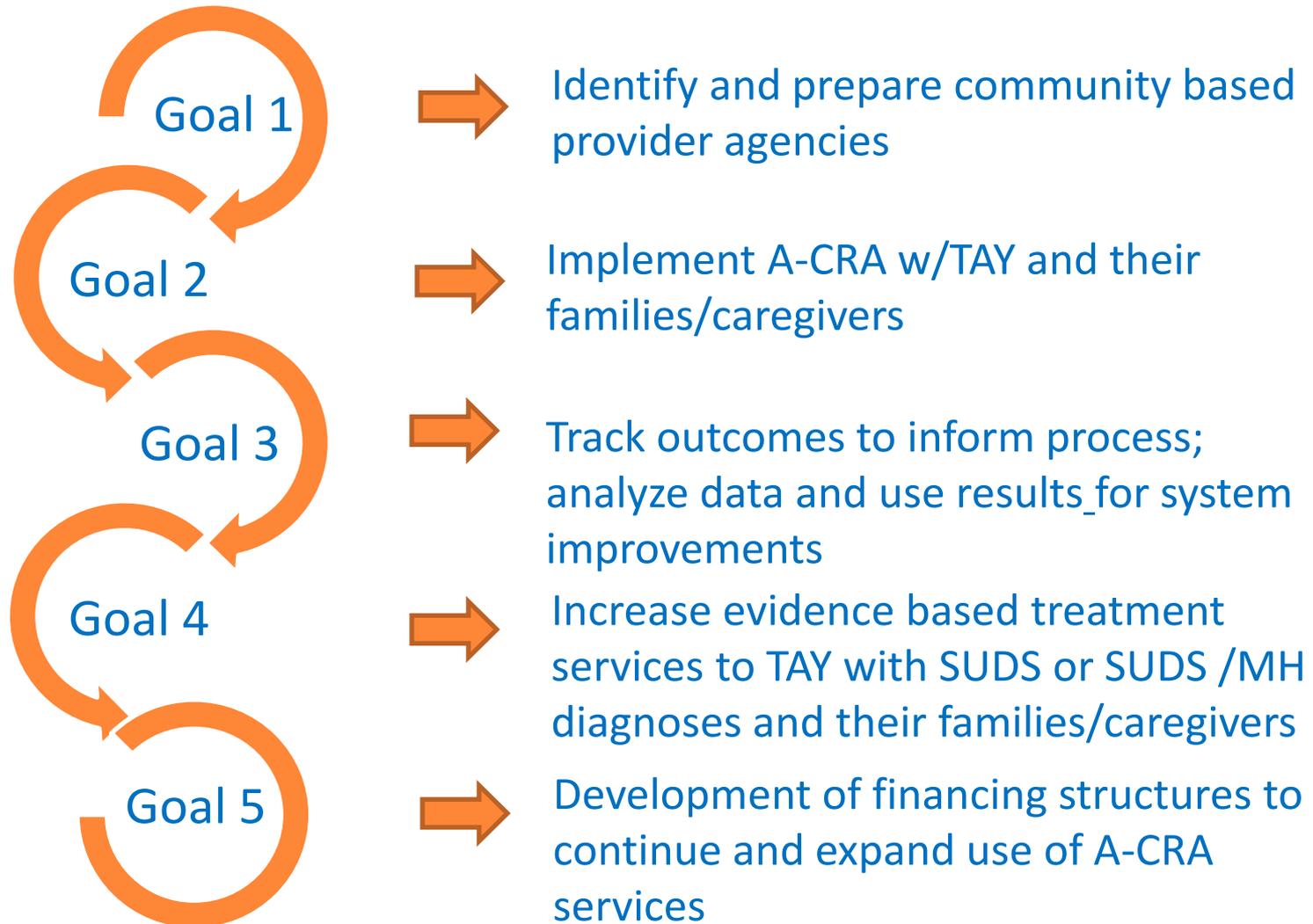
TIMELINE: (FUTURE ACTIVITIES)

❖ Evaluation & Sustainability:

- ✓ Evaluate feedback, data and outcomes for revisions of strategies, policies and practices, (as needed), as well as establishing best practices
- ✓ Report information from data evaluation back to TAY advisory board, multi-agency advisory group, mental health boards and RACs.
- ✓ Begin expansion of A-CRA treatment activities into other IDHW regions; Years Two, Three and Four- expansion into 2 new regions
- ✓ Begin financial mapping implementation for post-grant period sustainability, and continuation of treatment services and A-CRA training at local level.



EVIDENCE BASED SERVICE PRACTICE



PROPOSED EVIDENCE-BASED SERVICE/PRACTICE:

GOAL ONE

- Identify and prepare community based provider agencies to implement A-CRA with transitional aged youth with SUD/co-occurring diagnoses and their families/caregivers.



PROPOSED EVIDENCE-BASED SERVICE/PRACTICE:

GOAL TWO

- Implement A-CRA w/TAY and their families/caregivers in Region 2 and Region 4.



PROPOSED EVIDENCE-BASED SERVICE/PRACTICE:

GOAL THREE

- Track outcomes to inform process; analyze data and use results for system improvements.



PROPOSED EVIDENCE-BASED SERVICE/PRACTICE:

GOAL FOUR

- Increase evidence based treatment services to TAY with SUDS or SUDS/MH diagnoses and their families/caregivers through system improvements.



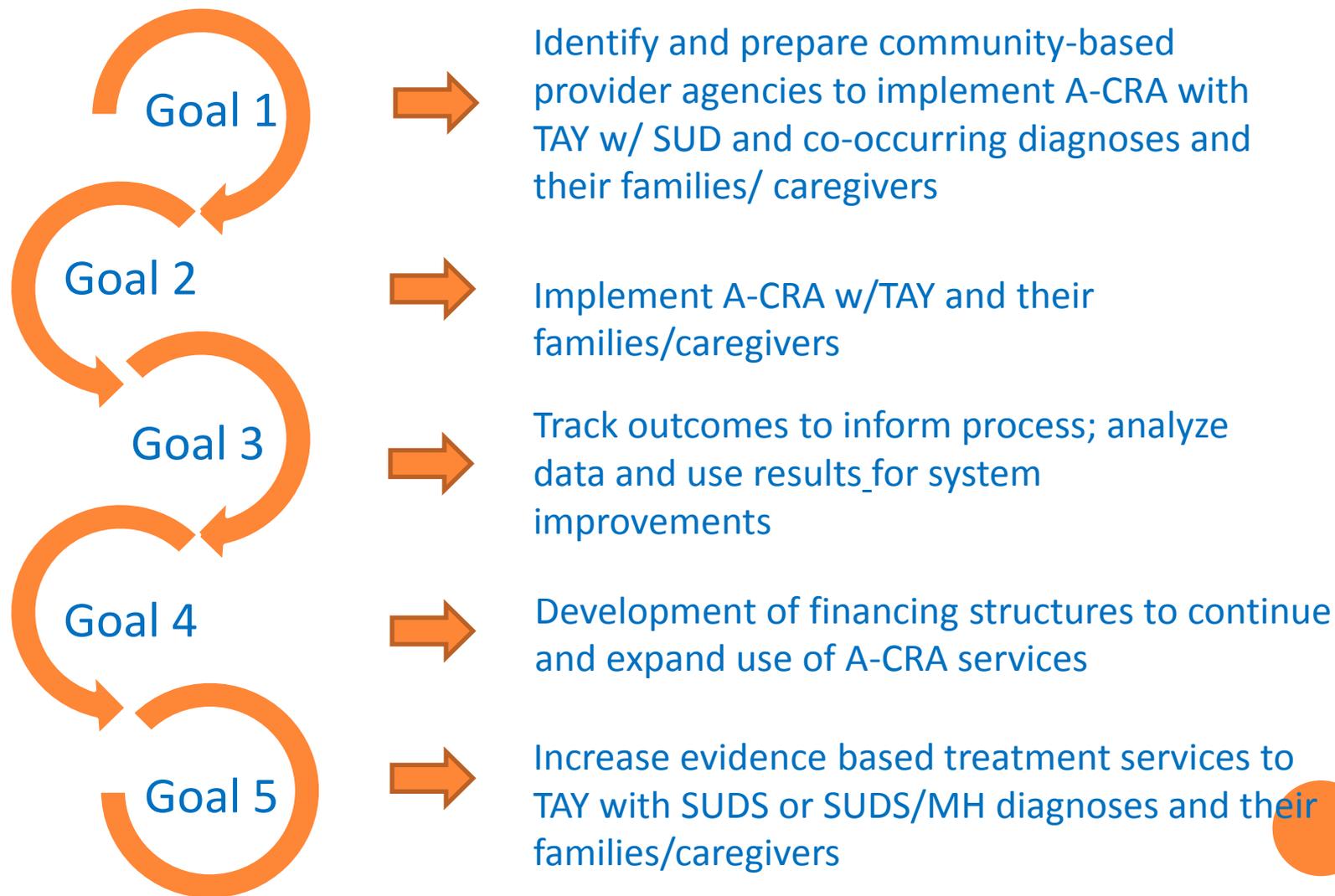
PROPOSED EVIDENCE-BASED SERVICE/PRACTICE:

GOAL FIVE

- Development of financing structures to continue and expand use of A-CRA services with transitional aged youth and their families/caregivers after grant funding ends.



PROPOSED IMPLEMENTATION APPROACH



FOR MORE INFORMATION:

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Our partners:





And now A-CRA...



ADOLESCENT COMMUNITY REINFORCEMENT APPROACH

A-CRA

Robert J Meyers, PhD.
Jane Ellen Smith, PhD.

University of New Mexico
and
Chestnut Health Systems

If punishment worked, there would
be few, if any, alcoholics or drug
addicts

What is the goal of CRA/A-CRA?

“...to rearrange the vocational, family, and social reinforcers of the alcoholic such that time-out from these reinforcers would occur if he began to drink” (Hunt & Azrin, 1973)

A-CRA's General Goals

Goals: sessions with clients.

- Abstinence
- Participation in pro-social activities.
- Positive relationships with families.
- Positive relationships with peers.

Goals: sessions with caregivers.

- Motivate their participation
- Promote the clients abstinence
- Provide information about effective caregiving

A-CRA Session Structure

- 10 individual sessions with the adolescent
- 4 sessions with the caregiver
 - 2 individual sessions with the caregiver
 - 2 sessions with the caregiver and the adolescent and the caregiver
- In the office or home and community

A-CRA Induction: First Session

- Build rapport, build rapport, build rapport
- Stay client-focused
- Use positive reinforcement
- Provide an overview of the basic A-CRA objectives
- Begin to establish “reinforcers” (motivators)

A-CRA Induction (cont'd)

- Set positive expectations
- Explain that treatment is time limited
- Discuss several A-CRA procedures relevant to client's situation
- Emphasize independence/self-reliance
- Clarify assessment information from GAIN or other assessment tool

Positive Reinforcer

- What is a reinforcer?
(something that encourages a behavior)
- How do I find one?
- Does everyone have reinforcers?
- How can I use them to help?
(as a motivator to continue abstinence)

Clearing Up Common Misconceptions About A-CRA

- A-CRA is much more than being “nice” to clients.
- Even though A-CRA therapists do not use “confrontation”, they do:
 - set limits and boundaries
 - Provide negative consequences for problem behaviors at times.

**So, What can clients expect in
their first session?**

Over view of A-CRA

- Describe basic objectives (help find healthy, reinforcing lifestyle)
- Outline several procedures (communication skills, problem solving etc.)
- Set positive expectations.
- Describe duration of treatment.
- Start identifying reinforcers.

How about a checklist of topics that are covered in the A-CRA sessions?

- Functional Analysis of Substance use.
We examine the antecedents and consequences of a behavior. We get a “roadmap” of the clients use.

We also identify two kinds of behavior;

- problem behaviors and
- healthy, fun behaviors

Treatment Planning

- Ask the client what he or she wants.
- Use a Positive approach.
- Keep in mind the client's reinforcers.

Happiness Scale

- Allows clients to see how satisfied they are in different areas of their life.
- Identifies areas that client may want to address in treatment.
- Monitors progress over time.

Communication Training

- Why work on communication?
 - Clients are more likely to get what they want.
 - Positive communication is “contagious”.
 - Will open doors to more satisfaction in other areas of their life.
 - Positive communication is the foundation for other A-CRA procedures.

Other Topics Include

- Functional Analysis of Pro-Social Behavior.
- Problem Solving Skills
- Relapse Prevention
- Job Finding Skills
- Caregiver Communication Skills
- And other topics