

A3 Problem Solving |

Clarify the Problem

Retaining chemically dependent individuals in treatment, per their individual treatment plan, is essential to their recovery. The Division of Behavioral Health and Recovery is committed to working with County Governments to improve retention rates of publically funded patients in youth outpatient chemically dependency treatment. Research indicates that remaining in treatment for at least 90 days is associated with positive outcomes, such as reduction in substance use and criminal justice involvement.

Breakdown the Problem

- Retention is challenging with limited funding for outreach and case management for the providers to connect with the patients outside of the office.
- Adolescents are often not participating in treatment without the juvenile justice system, parents, or education system telling them they need to.
- Recovery support services are limited and currently not funded by Medicaid for youth with a primary diagnosis of Substance Use Disorder.

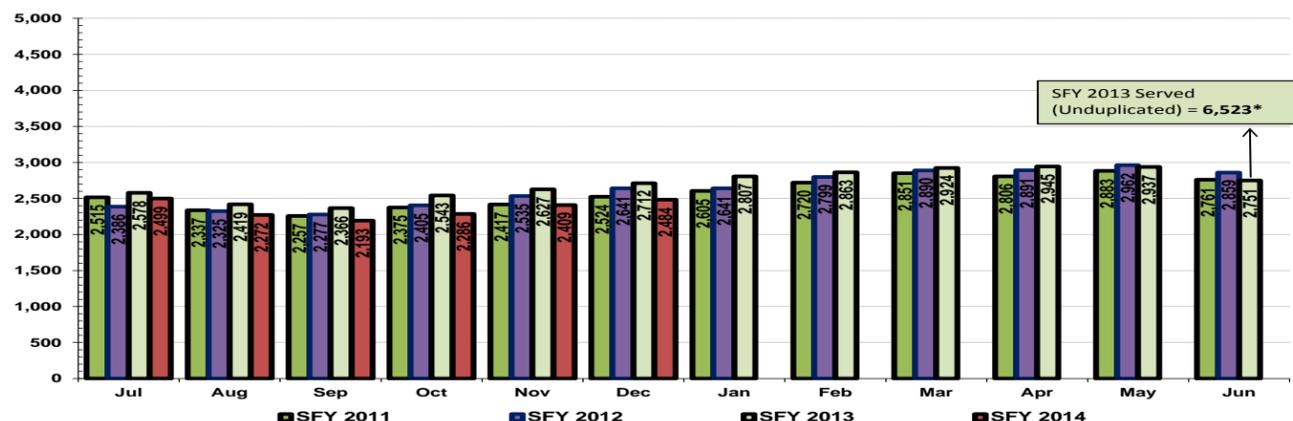
Target Setting

- Increase outpatient chemical dependency retention for youth from the State Fiscal Year 2013 average of 74.2% to 76.2% by June 30, 2015.

Identify Root Cause

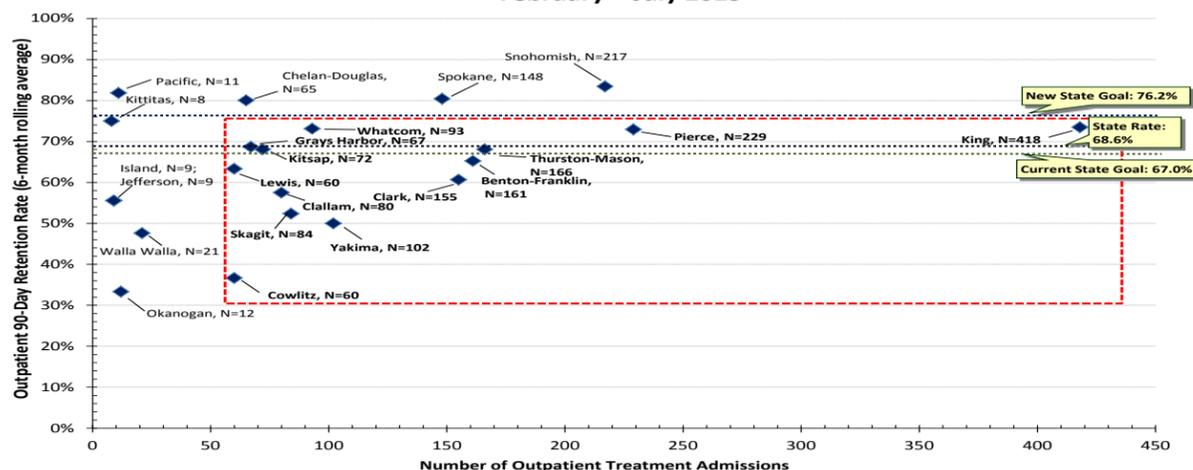
- The treatment system would benefit from support and technical assistance on how to better retain youth in services
- Youth's family –the treatment service system can be difficult to navigate; families/caregivers would benefit from information and education about the youth system

Youth Chemical Dependency Outpatient Caseload: Persons Served between July and June



* "SFY 2013 Served" is an unduplicated count of youth (persons younger than 18 years of age) served in publically-funded outpatient treatment or Opiate Substitution

Youth Outpatient (Contract) Treatment Retention by Governing County February - July 2013



Identify Countermeasures

| Root Cause | Proposed Countermeasure | Feasibility | Cost | Risk | Impact |
|---|---|-------------|------------------|---------------------------------------|---------------------------|
| Youth may not be retained in treatment services | Continue using Performance Based Contracting to improve retention in Youth Outpatient, increase contracted target and add technical assistance tools for use by providers | Good | Low – staff time | Low – no risk to patients or services | High – currently in place |
| Treatment system can be difficult to navigate | Educate parents on resources, treatment options and how to communicate effectively with youth | Good | Low – staff time | Low – represents minimal risk | Med/High |

Action Plan

| ID# | Problem to be solved | Action Item | Lead | Team | Due Date | Status |
|-----|---|---|------------------------------|--------------------------|---------------|----------|
| 1 | Further review of A3 to select countermeasures | Workgroup to review identified countermeasures for feasibility and potential impact | Michael Langer; Tina Burrell | A3 stakeholder workgroup | March 1, 2014 | Complete |
| 2 | Establish implementation of two countermeasures above | Convene workgroup to establish timeline, implementation plan and actual products for implementation | Michael Langer; Tina Burrell | DBHR OBHP Office Staff | May 1, 2014 | |

Evaluate Results Standardize , then Repeat

An action plan for the countermeasures will be determined by May 1, 2014. Selected plans will begin no later than July 1, 2014 to meet the goal by June 30, 2015.