



Advent has existed since 1987 – opened it's first residential facility for adolescent SUDs

Outpatient has developed in the last 13 years to be a provider

We passionately seek to provide high-quality treatment services to the youth of Santa Clara County who are disadvantaged, underserved, most at-risk, and who would otherwise not have access to this quality of services

We spent many years operating at a deficit, utilizing Medi-Cal funding and internal fundraising to make ends meet so that we could live out this passion

Treatment Volume & Access

- 2 clinics in Morgan Hill and South San Jose
- 4 school-based treatment groups at 3 schools in the SCCOE Alternative Education system
- 1 school-based treatment group at Fremont Union High School District
- Self refer, DADS referred, School referred
- In 2014, we served 149 youth and their families through across multiple modalities

-In CY 2014 we served 149 youth and their families – 13-20 years old

-65% Latino, 25% Caucasian, 17% African-American, 3% Asian, and 2% Native American

-40% are native Spanish speakers (many bi-lingual)

-70% are bi-cultural

-Operate 50-90 minute groups up to 5 days a week as determined by Assessment, individual sessions as needed and family collateral session are emphasized.

-Individualized treatment planning, discharge planning, and relapse prevention and response planning

Appropriateness for Treatment

- Assessment Tools:
 - ASAM, Health Screen Questionnaire
- Referrals from DADS (and probation via DADS), self-referred, and school-referred
- System needs to better identify and/or motivate youth in need of services that are not probation mandated

-To participate in treatment - medical-necessity. Meaning their use achieves a diagnosable substance use disorder.

-M.D. reviews Health Screen Questionnaire, Assessment (w/ Diagnosis), Treatment Plan

Treatment Defined

- An attempt by a trained clinician to motivate clients toward positive life-changes as defined by the client's personal milieu by leveraging their strengths - utilizing practices that have been shown to be effective via research across a wide spectrum of cultures, ethnicities, spiritual beliefs, economic states, legal statuses, and sexual identities.

Levels of Service

- Advent is composed of:
 - Adolescent SUD Residential Services
 - The Nest
 - Adolescent Residential Recovery for the Sexually Exploited
 - Step Up! - Adolescent SUD Outpatient Services
 - w/ Treatment Liaison Services
 - Insights - School-Based Mental Health Counseling
 - Prevention -
 - Too Good For Drugs, Strengthening Families
 - Community Sliding-Scale Counseling Center

-IOP versus OP

-Our MH offerings

-Flexible care based on client need

External Support Services

- While not in on-site programming, youth access such services via:
 - Advent referral to other community agencies or county system
 - Parent or probation collaboration
 - Utilization of medical benefits

Referral process

Opportunities and Challenges

- Opportunities –
 - Because we fundraise we are able to provide some services that fall in the “gaps”
 - County contracts allow us access to serve a broader and more diverse group in great need
- Challenges –
 - Inequitable funding limits staff retention and breadth of services we can provide
 - Primary modality required by awarded contracts isn’t developmentally ideal for all clientele

-One issue that concerns us, is the inequitable reimbursement rates between MH and SUD contracts

-Many qualified and effective staff that we spent a great deal of time developing, have voiced to us that they would like to stay at Advent, but cannot afford to and take jobs with more lucrative mental health providers

-This is ultimately a loss for the youth in our programs, and it is costly to our organization to have greater training overhead than our competitors who have larger contracts for programs of comparable clinical quality

-It also limits what supplementary services we can provide to our underprivileged clients – transportation, pro-social activities, job placement, etc

-Group is the primary contracted group modality.

-While it is the most cost-effective - we work with clients that generally have many trust issues, trauma, and are developmentally unprepared to share or hear something that is deep and painful – and potentially sets them apart from their peers

-With adolescents - group services are more appropriate with clients that are more

advanced in treatment and have developed sober social skills, have processed some of their trauma, are more likely to be sober or have reduced use, and have greater insight.

Pre-Post Testing

- Clients/parents are given pre/post/quarterly surveys to evaluate subjective efficacy
- CalOMS and internal data tracking is our means of objective evaluation

Last years surveys, 90% of client and parent respondents in our program said substance use problems improved "some" or "a lot"

-7 Challenges Surveys, Quarterly Surveys, and Monthly 2 question survey

