Connecticut Renaissance: Our History and Approach to Treatment

Our Residential Substance Abuse Treatment Facility has been in operation since 1971. This facility is licensed by the State of Connecticut and serves 32 clients. The program is designed to provide intensive daily programming in a highly structured environment to clients who have been assessed and diagnosed as individuals who are significantly impaired, and require this level of structure and support. A comprehensive evaluation is conducted on admission which assesses the following: drug history and drug treatment history, psychiatric history and psychiatric treatment history, family information, living arrangements, social relationships, legal status, medical history, education and employment history, financial status, mental status, and an assessment of treatment needs. This assessment is computerized and ties into a variety of outcome measures. This assessment is utilized throughout all of our programs. In 2001, an additional 50-bed residential drug treatment program was opened, Renaissance West.

In October 1997 Connecticut Renaissance was awarded a contract with the former Office of Alternative Sanctions to provide Juvenile Outpatient Mental Health and Substance Abuse Treatment Services and has since gone through substantial growth. Our Adolescent Behavioral Healthcare Program provides treatment to adolescents and their families with substance abuse and addiction problems, psychiatric disorders, and/or co-existing substance abuse and psychiatric disorders.

The adolescent program serves adolescents and their families referred through the Juvenile Court System from Norwalk and Stamford. The length of the program is six months. The age group treated is between 10–16 years old both male and female.

The content of the program includes: psychotherapy, group counseling, family therapy, peer counseling, recreational activities and community service. Studies have shown that the adolescents in this population needing services present with the following problems: drug and alcohol use/abuse, defiant disorders, conduct disorders, depression, aggression, general emotional problems, ADHD, suicidality, dysfunctional family relations, issues related to sexual victimization, issues related to abuse, sexual acting out and medication related issues. Programming occurs after school and includes individual counseling, family therapy and groups focused on drug education, social issues, self-esteem, anger management, and positive goal setting. Clients are also scheduled for tutoring and recreational activities. This combination of counseling services and supportive activities is essential in ensuring an improved prognosis and successful recovery.
The two Community Release Programs are geared toward assisting incarcerated status individuals reintegrate into the community. These programs are highly structured environments that provide assistance and guidance to inmates. Each individual admitted into these programs undergoes a comprehensive screening evaluation to assess program readiness, treatment planning needs, and risk management issues. All clients in these programs are referred via the regional Department of Correction Units, have community release or transition supervision status and a minimum of four months remaining on their sentence.

Programming begins with a mandatory 30-day intensive treatment component during which the client is oriented to program, DOC regulations, group and individual therapy and establishment of their program and aftercare goals. Following the intensive portion of the program and with staff approval, the client advances to the work release phase of the program. The client begins to enter the community with close supervision to pursue educational and vocational goals while continuing with group and individual counseling.

The ultimate goal of these programs is that upon discharge the client will have a demonstrated working knowledge in the areas of financial management, employment ethics, health education, community based resources, educational issues, appropriate usage of family, group, and individual counseling and adherence to their legal obligation.

Connecticut Renaissance, Inc. has a very extensive outcome management system, which measures the accomplishments of program objectives for the purpose of continuous quality improvement. This is achieved through a variety of different measures, which assess effectiveness, efficiency and customer satisfaction with the ultimate goal of improving the functioning of our client population. The outcome management system includes all persons served by the agency including the persons that we intended to serve. The results of our outcome monitoring system are the evidence of the effectiveness of our programs.

The purpose of Continuous Quality Improvement at Connecticut Renaissance, Inc. is to ensure the delivery of optimal patient care at the most appropriate level of care in the most cost-effective fashion, while maintaining efficient and effective use of agency resources and also to be consistent with the agency goals of continually improving clinical outcomes and customer satisfaction. This is carried out through a planned systematic agency wide approach to quality improvement.

The Board of Directors of Connecticut Renaissance, Inc. bears ultimate responsibility for assuring quality client care services at the most appropriate level of care while maintaining efficient and effective use of agency resources. The Board of Directors delegates responsibility for developing, implementing and maintaining a comprehensive program to the agency administration. All activities with direct or indirect impact on client care shall be reviewed under the Quality Improvement Program with oversight by the Quality Council.

The Quality Council is a multidisciplinary council composed of key members from all programs and departments identified with quality improvement responsibilities throughout the agency. Quality Council is the centralizing or coordinating committee for all agency CQI activities. The Quality Council meets monthly at a regularly scheduled time and place and may meet more frequently as necessary.

The most intensive effort of the Quality Improvement Program is the formation of a process or project team. A team is formed when a problem is scheduled for resolution, a system or process needs review or development or when a specific mission is to be carried out in line with data results and/or agency needs. Teams are multi-disciplinary groups of people brought together to work on a specific task. Teams are time limited, intensive and focused. A cornerstone of team activity is the collection, review,
and presentation of relevant data, which serves to ensure the integrity of the design, focus, assessment and evaluation of the team’s mission. Team progress and activities are closely monitored by the Quality Council, which serves in an advisory role to the team relative to purpose, structure and function. Teams report to the Quality Council on a monthly basis.

There are several standing Committees that report into Quality Council on a regular basis including the Audit Team and the Outcomes Committee. The Audit Team monitors the timeliness and quality of documentation in the medical record and makes recommendations for improvements. The Outcome Committee ensures that outcome data is collected in a systematic and timely fashion. Three types of outcome measures are monitored across all programs which include effectiveness and efficiency measures as well as customer satisfaction. Effectiveness measures focus on the client’s gains made in treatment such as drug free upon discharge, arrest free while in the program, and increase in functioning to name a few. Efficiency measures monitor the manner in which the program is run such as timeliness of record documentation, timeliness of reporting to funding/referral sources, adherence to policy and procedure. Satisfaction questionnaires are collected quarterly from all clients and their parents. In addition to these measures, sixty days post discharge clients are contacted to ensure that they maintained the gains made in treatment.

Data is aggregated on a monthly basis and presented to the Outcomes Committee quarterly. Based on the findings, the Outcomes Committee shall ask the individual programs for action plans to increase compliance with thresholds or increase satisfaction ratings. Each Program Director is responsible for disseminating information to their staff and obtaining input for corrective actions. The Outcomes Committee submits a report to the Quality Council on a monthly basis with a summary of their findings. The results obtained through the Outcomes Management System are used for program improvement and utilized in management decision-making.

The Director of Quality Improvement in collaboration with the Quality Council coordinates the annual management report for submission to the CEO and the Board of Directors. The annual management report shall be shared with all staff and made available upon request to any customer, funding source or purchaser of service. All agency staff participates in the evaluation of the QI Program. The annual management report addresses to the extent to which the agency programs are meeting or not meeting the established measures for effectiveness, efficiency and customer satisfaction and are used to improve the quality of our programs. Modifications are implemented as needed to assure that the program is effective and efficient in monitoring agency performance.

In addition of measuring the outcomes described above, Renaissance has implemented a Clinical Supervision Team throughout the agency. The goal of this team is to develop adherence measures to all the evidence-based models we utilize throughout the agency. This will ensure that staff deliver the treatment model in a competent fashion and will enable supervision to be focused on the greatest area(s) of need. This will be monitored through reviewing taped sessions as well as attending session. All information gathered will be submitted through the quality improvement process described above in addition to be included in the employee appraisal process.