

# Addressing Substance Use in DCF-licensed Youth Outpatient

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# Presenters

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# Agenda

- Youth Substance Use (national & Connecticut context)
- Youth SUD FOCUS Initiative
- State Fiscal Year 2024 (SFY24) Findings
- Lessons Learned & Next Steps
- Q&A Discussion

# Youth Substance Use Prevalence

## National Landscape

**62% used alcohol** by 12<sup>th</sup> grade<sup>1</sup>

**41% used an illicit substance** by 12<sup>th</sup> grade<sup>1</sup>

**More than 42% had a COD** in the past year<sup>2</sup>

**40% needing SUD treatment received services**<sup>2</sup>

## Connecticut Context

**7.7% had a SUD** in the past year<sup>3</sup>

**SUD rates are 6<sup>th</sup> highest** in the US<sup>3</sup>

# Youth Substance Use Disparities

- LGB adolescents have higher rates of substance use than heterosexual peers

Rates of **binge drinking** are **32% higher<sup>4</sup>**

Rates of **prescription opioid misuse** are **172% higher<sup>4</sup>**

- Adolescent substance use rates are similar across races<sup>4</sup> but disparities exist in treatment access and long-term outcomes

White treatment rates are **55% higher than Black youth<sup>5</sup>**

White treatment rates are **26% higher than Hispanic youth<sup>5</sup>**

**Black males with a SUD by age 16 have a fourfold increase in risk for adult incarceration<sup>6</sup>**

# Initiative Design Considerations



- Adolescents initiating SUD treatment were **20% more likely to engage** in mental health services than SUD services in the first month.<sup>7</sup>
- **Youth access to SUD treatment increases by approximately 60%** when mental health treatment occurs in the prior year.<sup>5</sup>
- DCF-licensed Outpatient Psychiatric Clinics for Children (OPCC) that implement EBPs with Quality Assurance

# Youth SUD FOCUS Initiative

- **Goals:**
  - Early substance use identification and treatment engagement to reduce preventable or medically inappropriate utilization of higher levels of care
  - Improve access to the other continuum of care services
- **Funding:** DCF via CT SUD Section 1115(a) Demonstration Waiver
- **Timeline:** 1/1/23 - 6/30/27
- **Activities:**
  - Evidence-based training and certification
  - Implementation support, data reporting, and consultation
  - Administration of performance-based incentives.

# Evidence-Based Services

## A-SBIRT

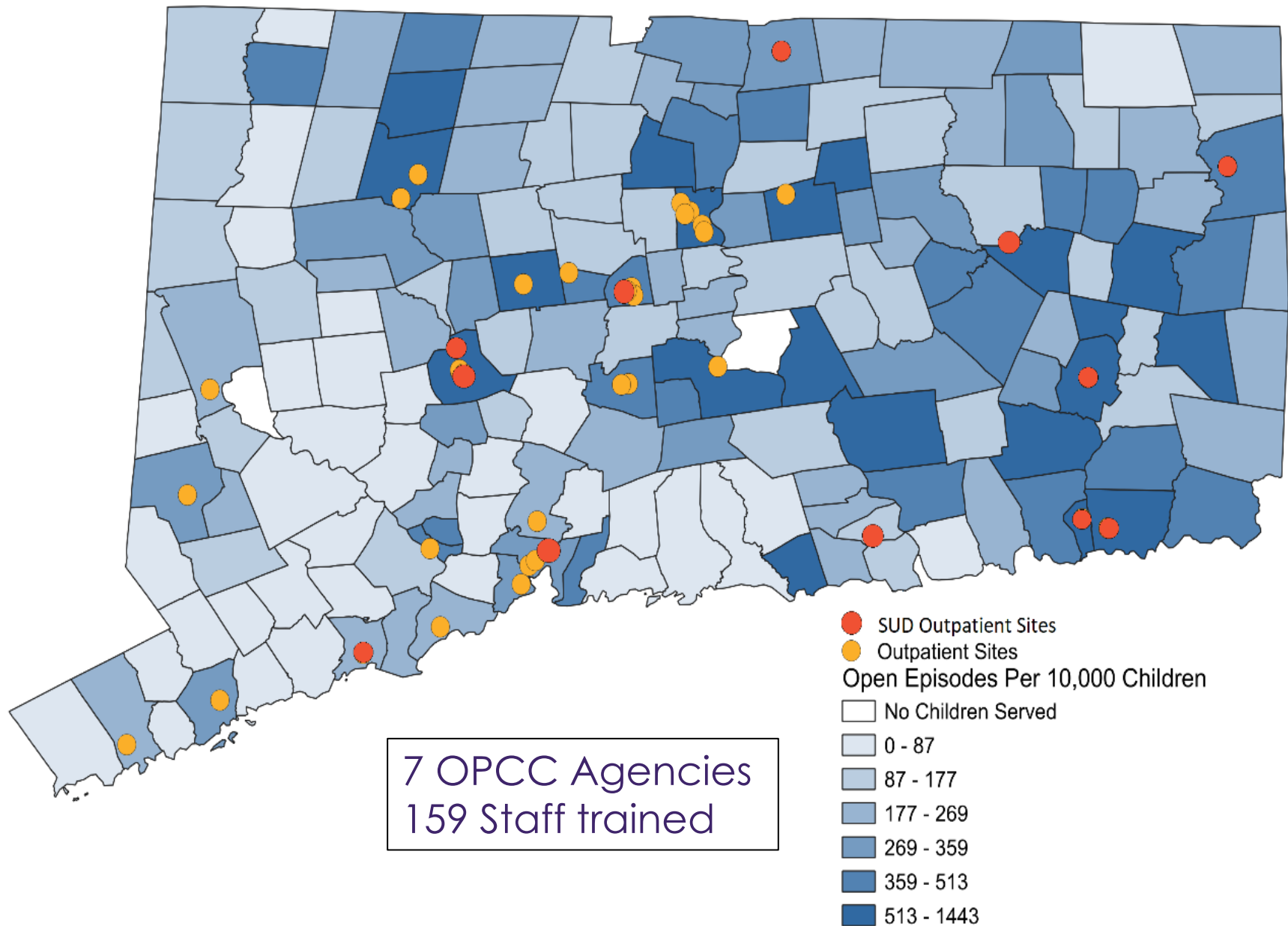
- ✓ **Detects substance use** through brief validated screens
- ✓ **Brief intervention/treatment** with Motivational Interviewing to engage in behavior change
- ✓ **Refers** adolescents and families to additional services, if appropriate
- ✓ **Early engagement** of adolescents with substance use promotes social justice, and reduces racial and ethnic disparities through timely access to services<sup>8</sup>

## Service Coordination

- ✓ Helps families identify and meet their needs through a **Wraparound** approach
- ✓ Guides families through systems and facilitates referrals or **warm handoffs** between services and levels of care
- ✓ Supports families in building a team of natural, informal, and formal supports
- ✓ Culturally responsive to diverse communities
- ✓ **Strengths-based and prioritizes family voice and choice**<sup>9</sup>



# OPCC Open Episodes per 10,000 Children SFY 2024



# SFY24 Youth Characteristics

	Youth screened (n=462)	SUD Outpatient Sites
Male	38%	39%
Female	61%	61%
Another Gender	1%	-
Ages 12 – 14	40%	55%
Ages 15+	60%	45%
Hispanic (any race)	28%	37%
Black, Non-Hispanic	16%	16%
White, Non-Hispanic	64%	55%
Multiracial/multiethnic	12%	7%
Not Disclosed/Missing	8%	22%

# SFY24 Substance Use Risk and Services

## **Substance Use Screened Risk Level (n=416)**

- Low (little or none): 63%
- Medium (monthly use): 19%
- High (weekly use): 17%



## **37% of youth screened received Service Coordination (n=173)**

## **46% of youth received a referral to the following services (n=216):**

- Low (outpatient, community): 69%
- Intermediate (PHP, IOP, EDT, intensive in-home): 27%
- High (inpatient, ED): 4%

# Lessons Learned & Next Steps

## **Access**

- Enhance workforce training and engage more OPCC providers
- Increase the proportion of youth screened using A-SBIRT to improve equitable access to services for all youth

## **Outcomes**

- Transition data collection into the DCF's Provider Information Exchange (PIE) database to assess longitudinal outcomes

## **Sustainability**

- Invest in youth co-occurring outpatient treatment models that align with national and early intervention efforts
- Engage state partners in expanding Medicaid reimbursement for Screening and Brief Intervention (SBI) and service coordination.

# Q & A DISCUSSION

# Stay in touch

For questions, contact Christine Hauser at [chauser@chdi.org](mailto:chauser@chdi.org).

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