Preliminary Findings from the 2025 Connecticut GAIN Data Set

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GAIN

Purpose, Sample and Methods

Purpose: To provide a quick summary of findings from DCF's implementation of the Global Appraisal of Individual Needs Quick version 4 (GAIN Q4) and how it relates to patient placement and treatment planning recommendations. The GAIN Q4 was aligned with the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria version 4 to be in alignment with the states SUD 1115 Demonstration Waiver.

Sample: The data set is based on 1,096 DCF clients ages **10-25** interviewed at intake between 10/23/2023 to 12/8/2025.

Method: Data are aggregated across 14 treatment providers in Connecticut providing one or more evidence-based practices including: Adolescent Community Reinforcement Approach (ACRA); Helping Youth and Parents Enter (HYPE) Recovery; Multidimensional Family Therapy (MDFT); Multisystemic Therapy (MST); and Substance Screening, Treatment, and Recovery for Youth (SSTRY). Most of these are intensive in-home services for youth and their families. Data have been de-identified for individuals and clinics.
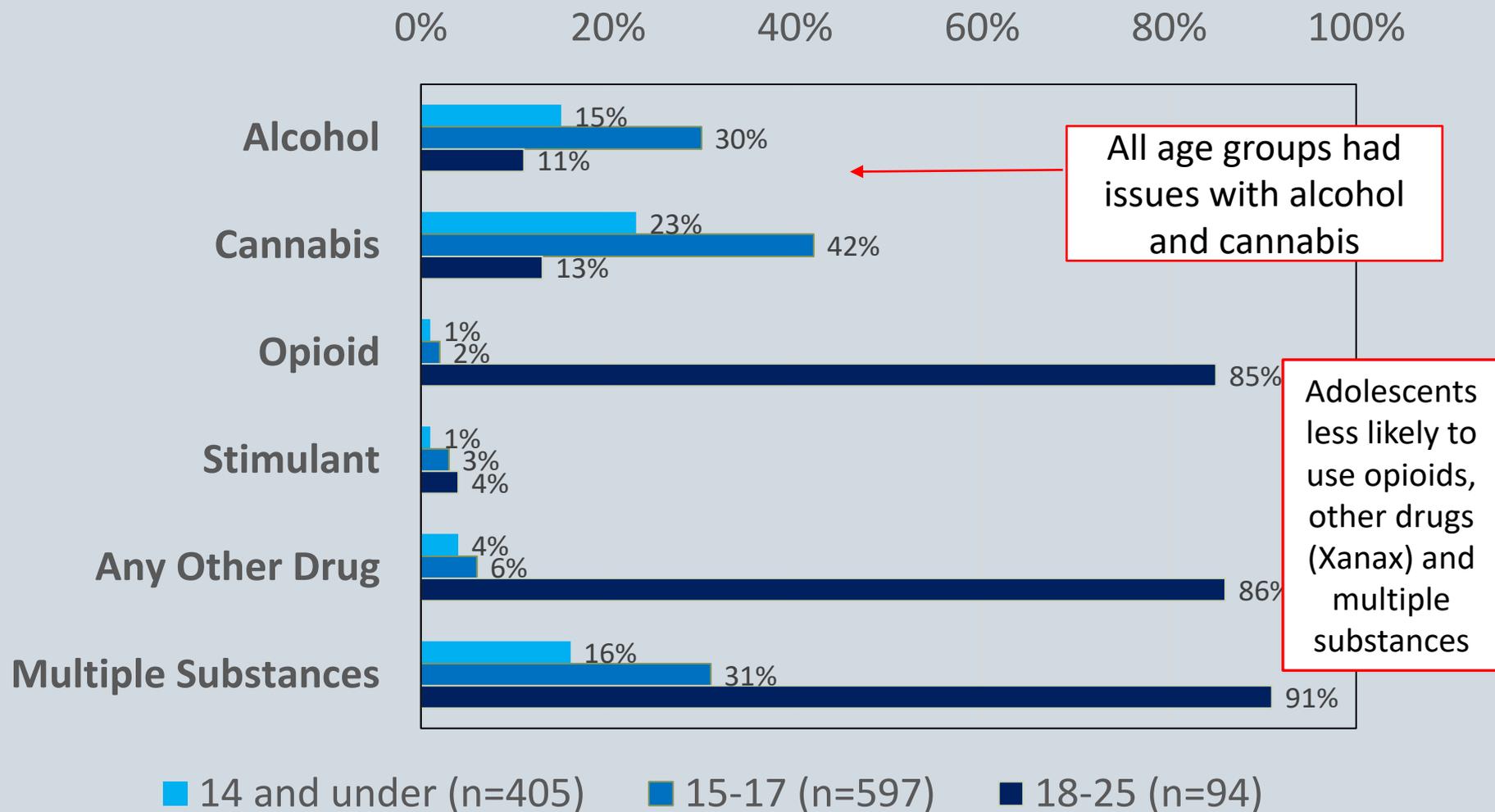
Global Appraisal of Individual Needs (GAIN)

- The GAIN is a family of instruments (ranging from screening to quick assessment to full biopsychosocial and outcome monitoring tools), workforce development protocols, software applications (including administration, scoring, interpretation, and analysis)

- Designed to integrate clinical and research assessment to support a) clinical decision making at the individual client level; b) management, evaluation and development at the program level; and c) to support secondary analyses and comparisons across individuals and programs

- The GAIN Quick Version 4 (Q4) is approximately 30-45 minutes and designed to predict diagnosis, ASAM level of care placement, and treatment planning statements with fewer questions than the full GAIN Initial.

- Connecticut DCF has used variations of the GAIN since 2003 and the GAIN Q4 since 2023.

Age Distribution of Youth

18-25 (n=94), 9%

14 and under (n=405), 37%

15-17 (n=597), 54%

Focus on adolescents under age 18
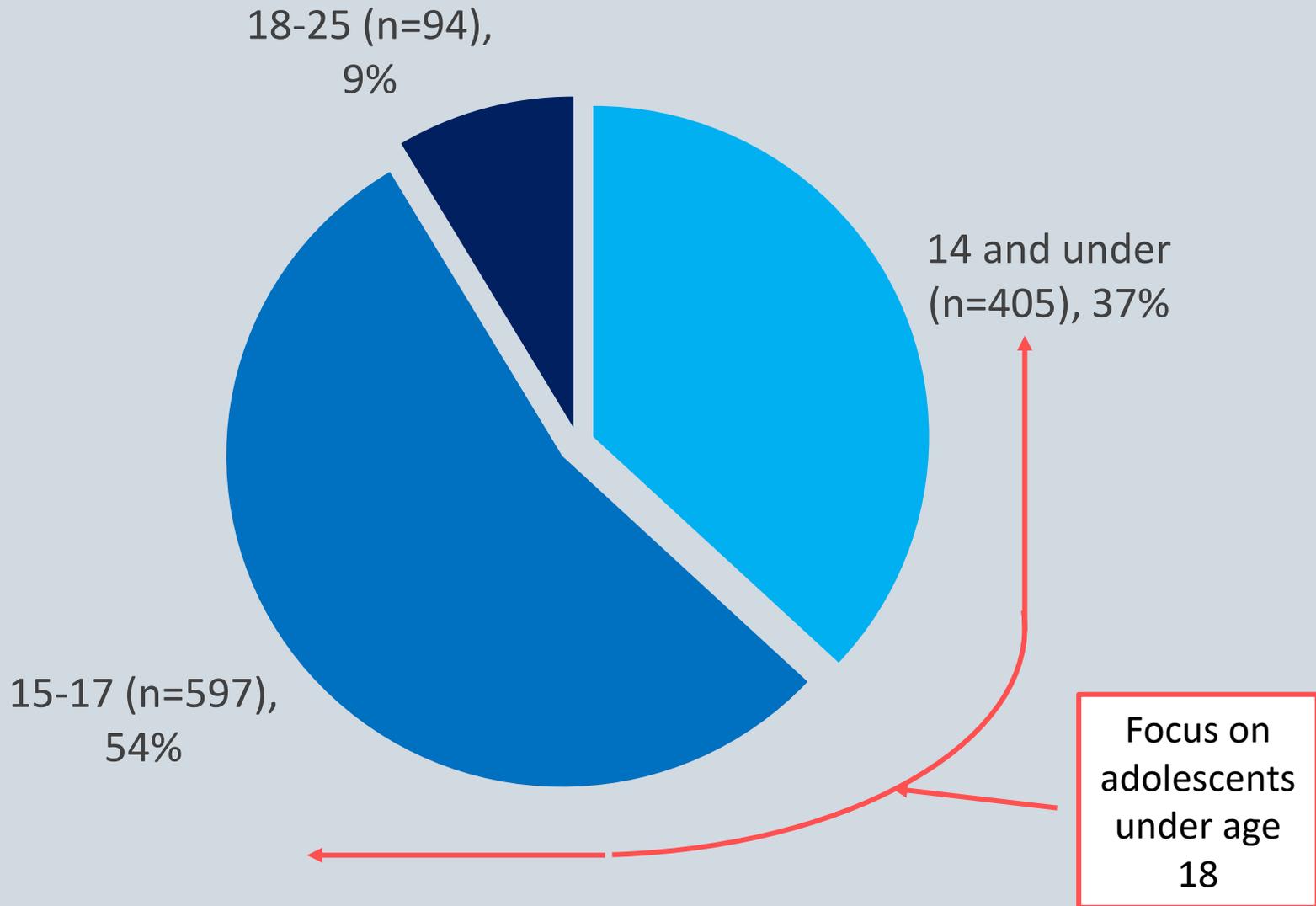
Prevalence of Substance Use Disorders (SUD) in the 90 Days Prior to Intake

Bar chart showing prevalence percentages by age group:

Substance	14 and under (n=405)	15-17 (n=597)	18-25 (n=94)
Alcohol	15%	30%	11%
Cannabis	23%	42%	13%
Opioid	1%	2%	85%
Stimulant	1%	3%	4%
Any Other Drug	4%	6%	86%
Multiple Substances	16%	31%	91%

All age groups had issues with alcohol and cannabis

Adolescents less likely to use opioids, other drugs (Xanax) and multiple substances

Legend: ■ 14 and under (n=405)   ■ 15-17 (n=597)   ■ 18-25 (n=94)

Prevalence of Mental Health Disorders in the Year Prior to Intake

All age groups had co-occurring MH

Any Co-Occurring Disorder
- 91% (14 and under)
- 90% (15-17)
- 97% (18-25)

ADHD Diagnosis
- 85% (14 and under)
- 85% (15-17)
- 93% (18-25)

Conduct Disorder
- 76% (14 and under)
- 76% (15-17)
- 93% (18-25)

Mood Disorder
- 51% (14 and under)
- 60% (15-17)
- 88% (18-25)

General Anxiety Disorder
- 54% (14 and under)
- 64% (15-17)
- 93% (18-25)

Traumatic Stress Disorder
- 51% (14 and under)
- 59% (15-17)
- 80% (18-25)

Suicidal Thoughts
- 22% (14 and under)
- 25% (15-17)
- 4% (18-25)

Early Pyschosis Sx
- 12% (14 and under)
- 7% (15-17)
- 2% (18-25)

Legend:
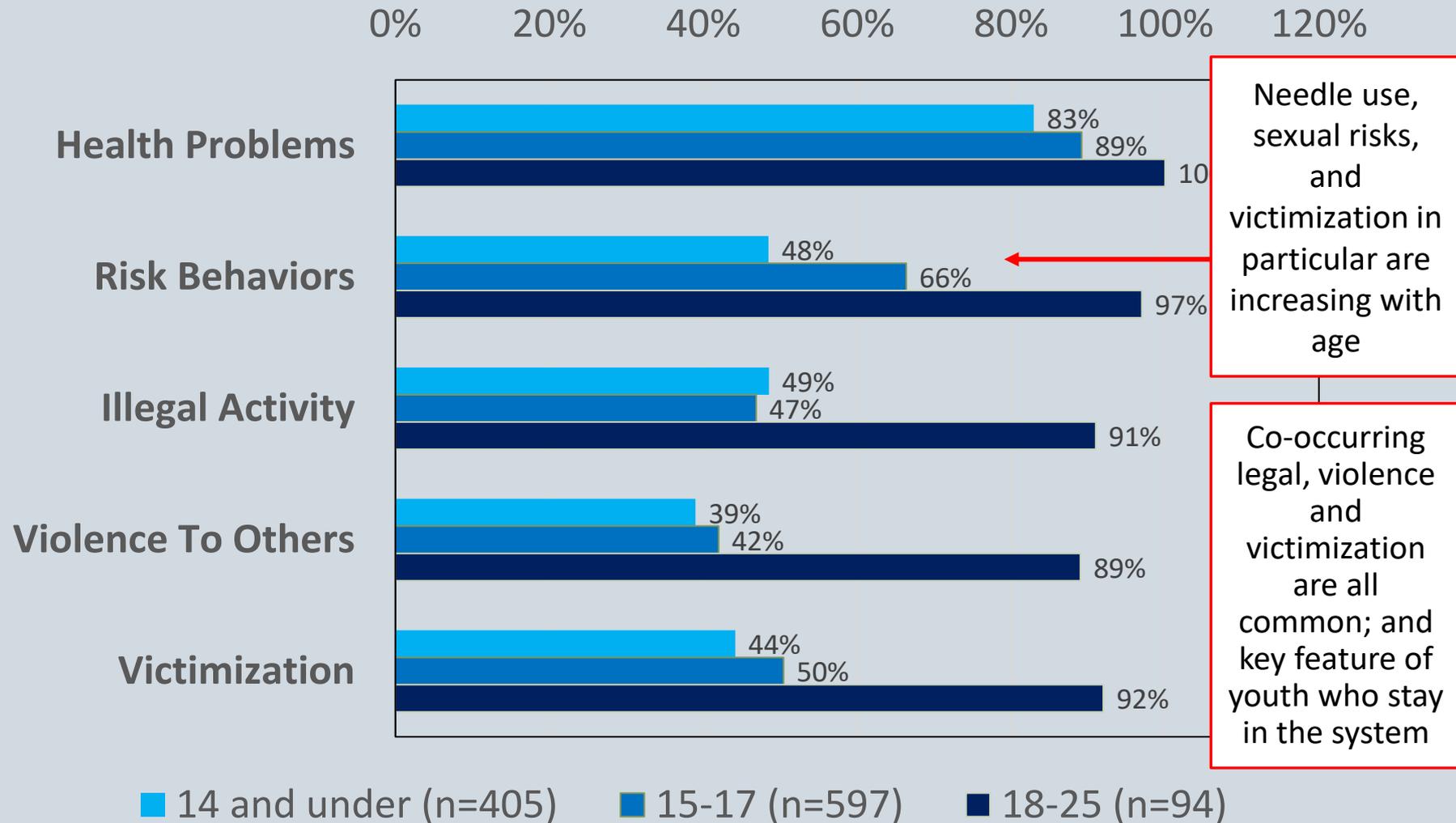- 14 and under (n=405)
- 15-17 (n=597)
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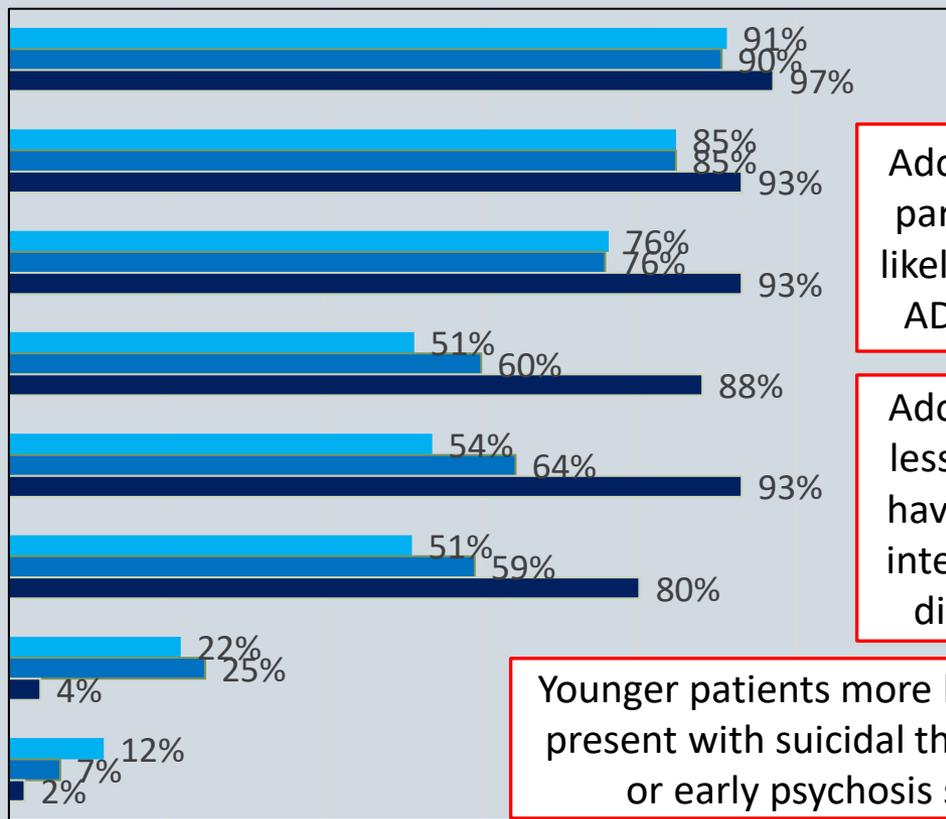
Adolescents particularly likely to have ADHD/ CD

Adolescents less likely to have other/ internalizing disorders

Younger patients more likely to present with suicidal thoughts or early psychosis sx.

Prevalence of Other Individual Problems in the Year Prior to Intake

	0%	20%	40%	60%	80%	100%	120%

Health Problems
- 83%
- 89%
- 10

Risk Behaviors
- 48%
- 66%
- 97%

Needle use, sexual risks, and victimization in particular are increasing with age

Illegal Activity
- 49%
- 47%
- 91%

Co-occurring legal, violence and victimization are all common; and key feature of youth who stay in the system

Violence To Others
- 39%
- 42%
- 89%

Victimization
- 44%
- 50%
- 92%

■ 14 and under (n=405)   ■ 15-17 (n=597)   ■ 18-25 (n=94)

Prevalence of Environmental Problems in the Year Prior to Intake

All age groups had high rates of legal system involvement

Younger patients more likely to present with stress & use in the home; but less likely to be literally homeless

Legal System Involvement
- 82%
- 85%
- 100%

Environmental Stress
- 42%
- 51%
- 16%

Weekly Alcohol Use in Home
- 12%
- 18%
- 4%

Drug Use in Home
- 10%
- 17%
- 4%

Homeless
- 4%
- 5%
- 82%

■ 14 and under (n=405)   ■ 15-17 (n=597)   ■ 18-25 (n=94)
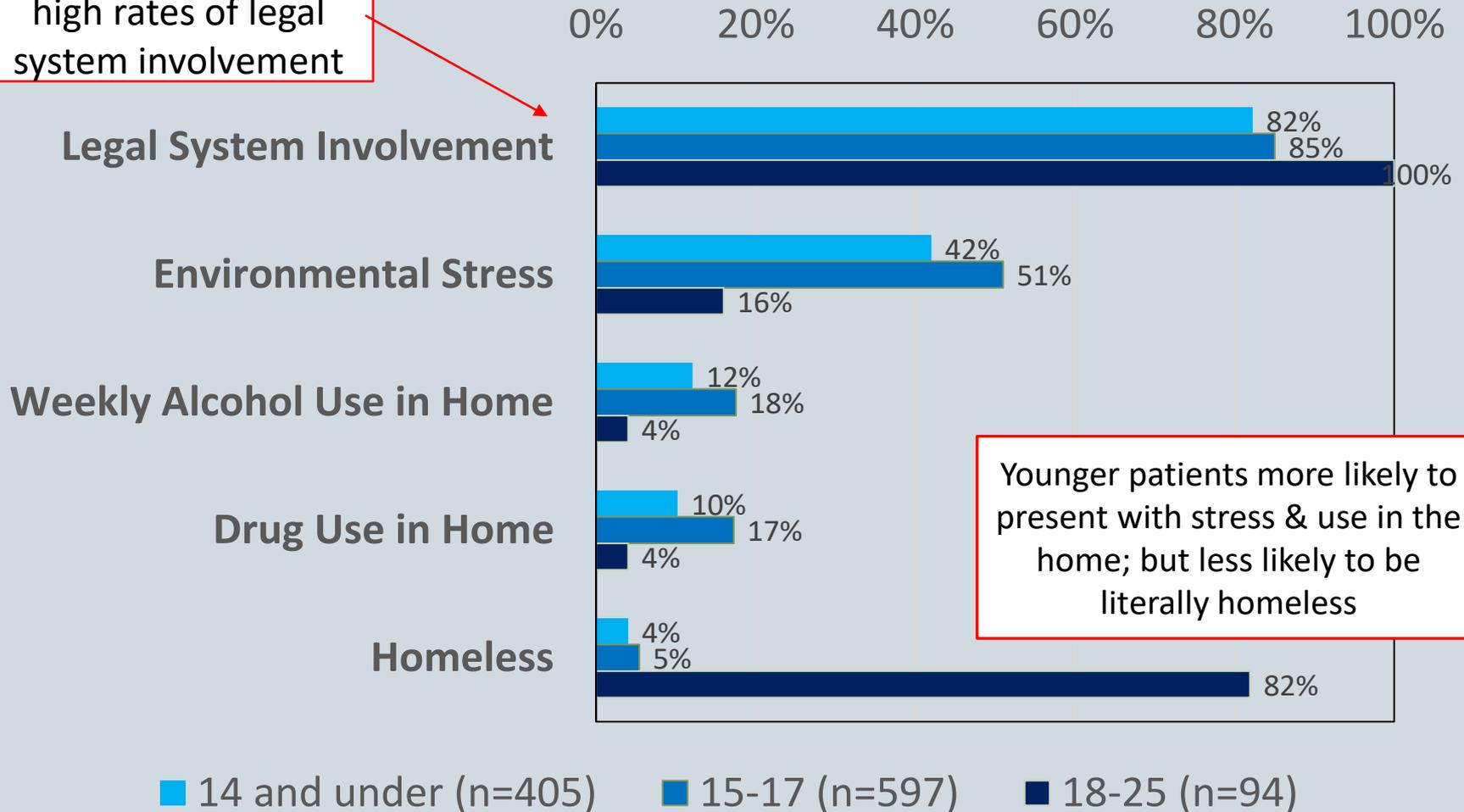
Recommended Placement by ASAM Patient Placement Criteria

Younger ages groups more likely to need outpatient/IOP or non-SUD mental health services
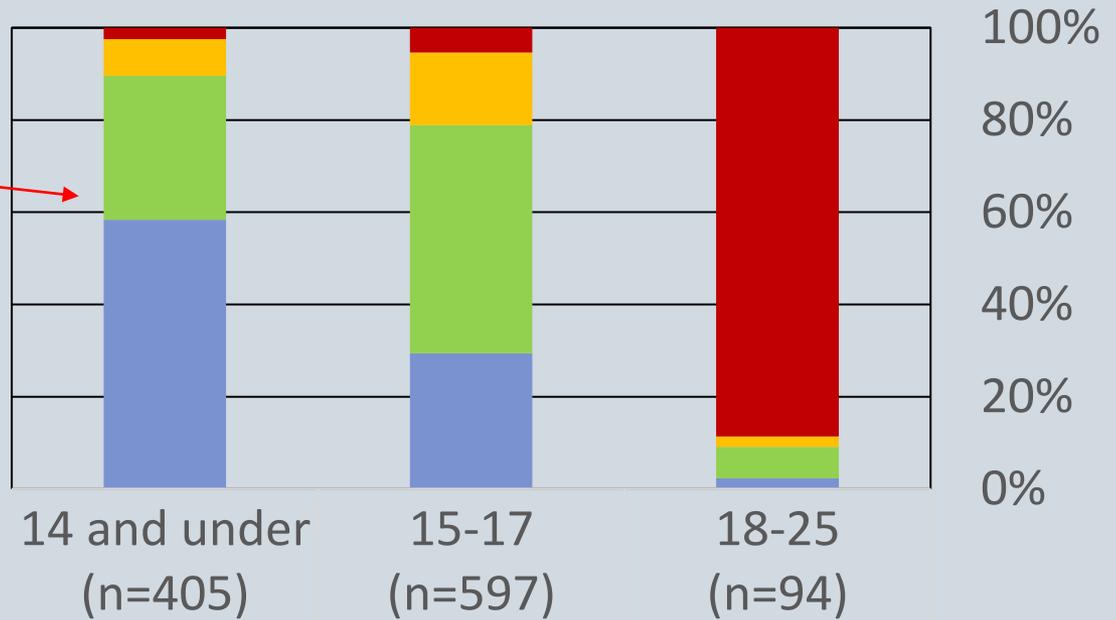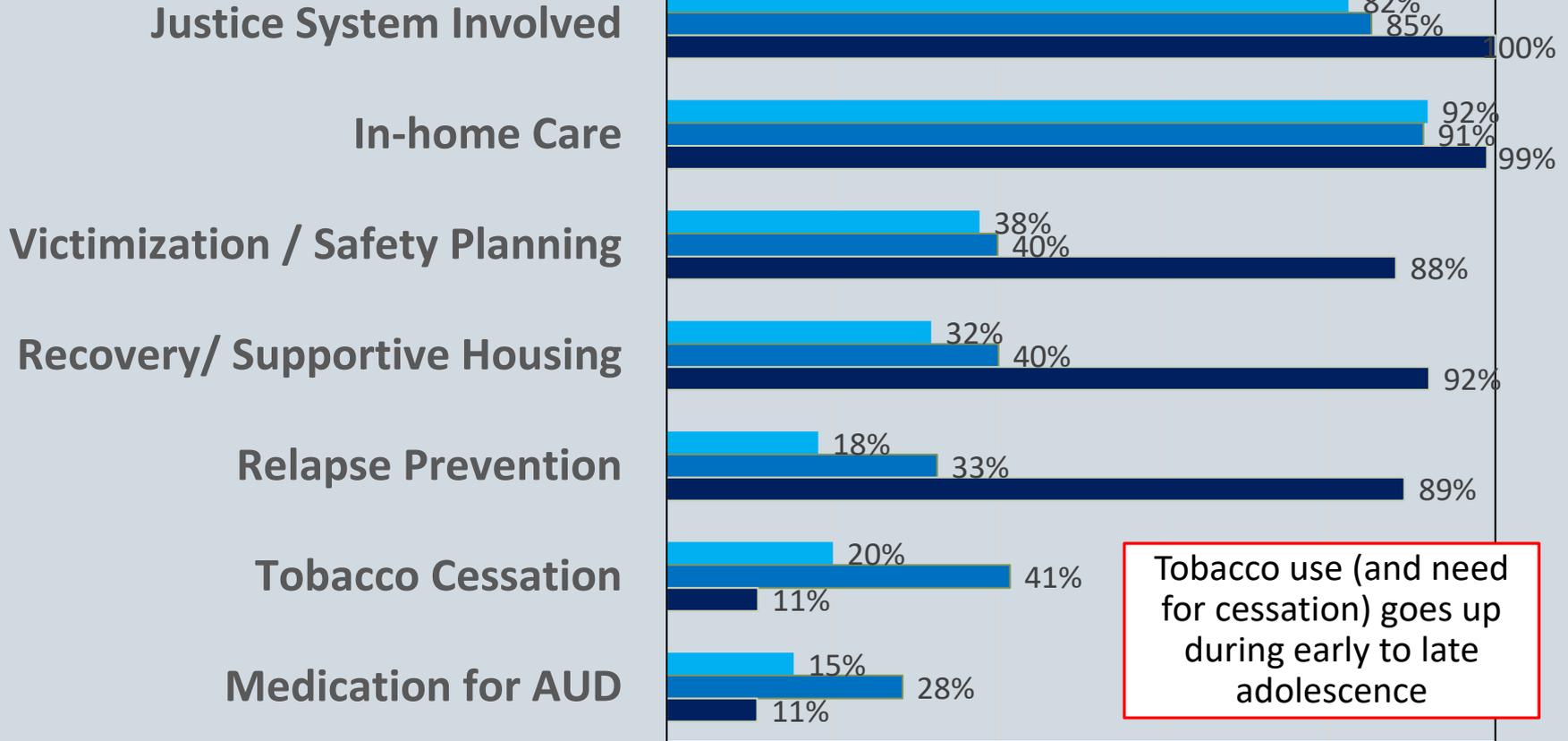
	14 and under (n=405)	15-17 (n=597)	18-25 (n=94)
Residential	2%	5%	89%
Intensive Outpatient	8%	16%	2%
Outpatient	31%	49%	7%
No SUD Tx (other MH)	58%	29%	2%

Other Placement/Service Specifiers - 1

Youth typically have lower rates of other issues.

Tobacco use (and need for cessation) goes up during early to late adolescence

Category	14 and under (n=405)	15-17 (n=597)	18-25 (n=94)
Justice System Involved	82%	85%	100%
In-home Care	92%	91%	99%
Victimization / Safety Planning	38%	40%	88%
Recovery/ Supportive Housing	32%	40%	92%
Relapse Prevention	18%	33%	89%
Tobacco Cessation	20%	41%	11%
Medication for AUD	15%	28%	11%

■ 14 and under (n=405)　■ 15-17 (n=597)　■ 18-25 (n=94)

Other Placement/Service Specifiers - 2

Chart: percentages by age group

Service	14 and under (n=405)	15-17 (n=597)	18-25 (n=94)
Co-occurring Enhanced (COE)	17%	31%	89%
Motivational Interviewing	16%	30%	89%
Sexual or gender minority	25%	25%	79%
Medication for OUD	1%	2%	84%
Psychosis Services	12%	7%	2%
Withdrawal Management	5%	9%	2%
Contingency Management for…	1%	3%	4%
Suicide Crisis Intervention	6%	8%	1%

While less common, clinical significant need for psychosis, withdrawal and suicide intervention

Consistent with jump in opioid use disorders, high rates of need of MOUD Tx

Legend: ■ 14 and under (n=405) ■ 15-17 (n=597) ■ 18-25 (n=94)

Take Away Points

- Clients presenting to the DCF funded participating programs present with high rates of multiple substance use, mental health, health, legal, victimization, environmental and other needs.

- These needs are typically getting more severe among the subset who stay in/enter the system at later ages.

- Rates of suicidal thoughts and/or early symptoms of psychosis are reasons why many of the youngest clients present for treatment.

- Intervening at **earlier ages** allow the use of behavioral health outpatient and intensive outpatient placement over residential treatment.

- There are some significant gaps in the system, including the lack of residential treatment, co-occurring mental/physical health, and other issues.

- These findings illustrate the importance of screening for multiple needs and providing staff with technological assistance to help identify multiple diagnoses, problems, and needs, as well as to make better placement and treatment planning recommendations.

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Questions?

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