Addressing Substance Use in DCF-licensed Youth Outpatient

Alcohol and Drug Policy Council

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Child Health and Development Institute

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 12th grade[1]

41% used an illicit substance by 12th grade[1]

More than 42% had a COD in the past year[2]

40% needing SUD treatment **received services**[2]

Connecticut Context

7.7% had a SUD in the past year[3]

SUD rates are 6th highest in the US[3]

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Youth Substance Use Disparities

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

Rates of **binge drinking** are **32% higher**[4]

Rates of **prescription opioid misuse** are **172% higher**[4]

- Adolescent substance use rates are similar across races[4] but disparities exist in treatment access and long-term outcomes

White treatment rates are **55% higher than Black youth**[5]

White treatment rates are **26% higher than Hispanic youth**[5]

Black males with a SUD by age 16 **have a fourfold increase in risk for adult incarceration**[6]

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Initiative Design Considerations

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

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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.

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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[8]

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**[9]

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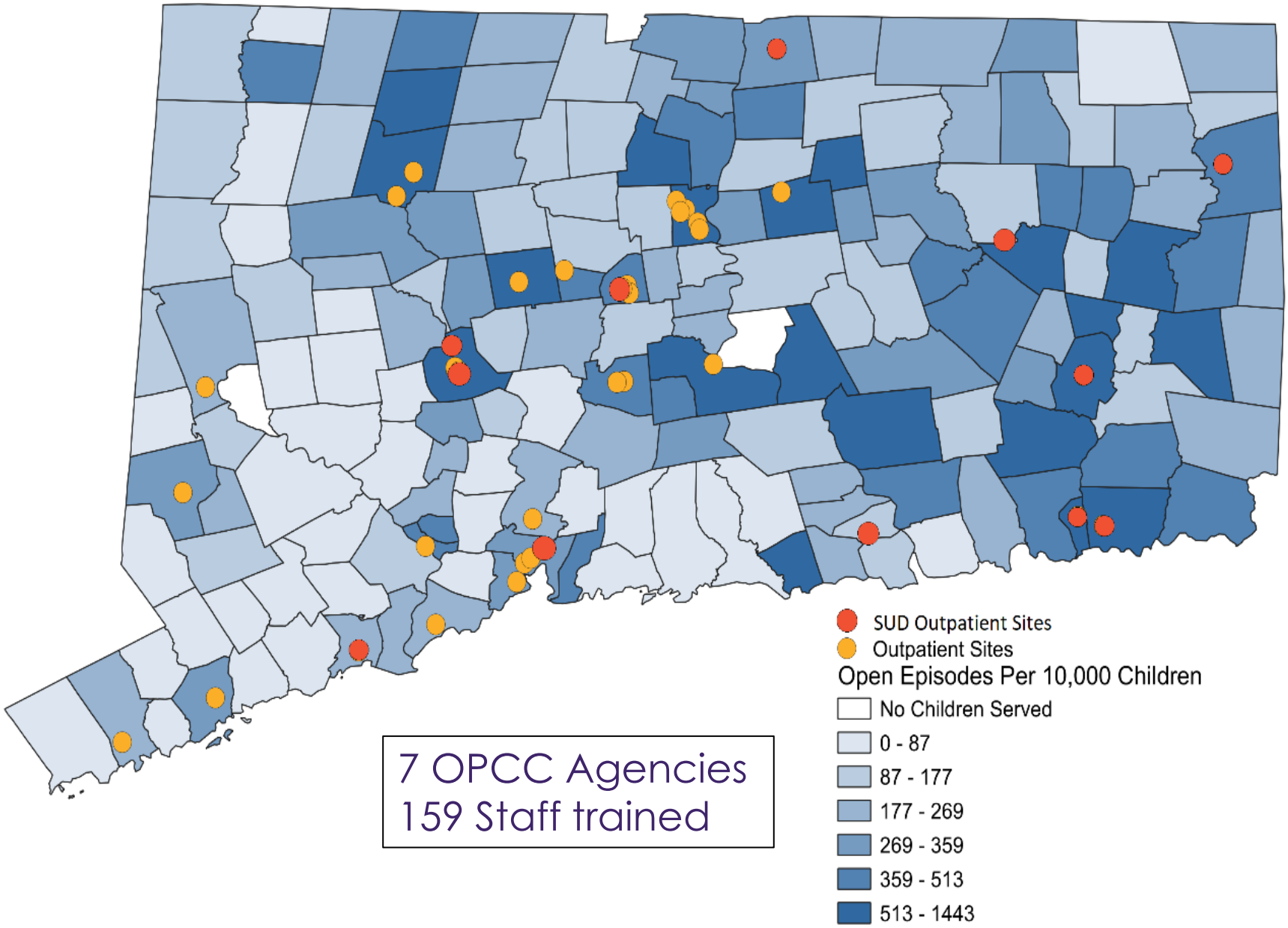
OPCC Open Episodes per 10,000 Children SFY 2024



7 OPCC Agencies
159 Staff trained

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%

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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%

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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.

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Q & A DISCUSSION

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Stay in touch

For questions, contact Christine Hauser at chauser@chdi.org.

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