



Department of Children and Families: Substance Use Services

Background

The study focus was to assess the Department of Children and Families (DCF) services that address parental and child substance use (SU) disorders. The analysis was to highlight the impact, if any, that the increase in heroin and other opioid use in Connecticut has had on child protection services. In addition, the study was to examine DCF coordination with other related governmental and community agencies.

The recent rise in opioid use and overdose deaths has led to interest in this topic. Common opioids include heroin, several types of prescription pain relievers, and, more recently, fentanyl. From 2013 to 2015, total overdose deaths in the state increased by 52 percent. This is driven by a 59 percent rise in opioid-related deaths. During this time period, opioid-related deaths have gone from 87 percent of all accidental drug intoxication deaths to over 91 percent.

DCF is the state agency with primary authority regarding overall child welfare, which includes administering the state's child protective services efforts, along with helping children facing behavioral health challenges and those within the juvenile justice system.

Substance use services provided by, or through, DCF target two main groups of substance users: caregivers and adolescents. Within the adolescent programs, some are dedicated to juvenile justice involved youth.

Most DCF substance use services are overseen by the Substance Use and Intimate Partner Violence Division within the agency. The division prioritizes substance use treatment types that encourage family participation. Some programs focus on the entire family, while others are more focused on adolescents or caregivers alone.

Main Findings

Substance use treatment programs have had mixed results. DCF has started with a good foundation by implementing evidence-based programs. Most of the treatment programs directed toward at-risk adolescents have generally met treatment goals and other social outcome goals but specific SU treatment goals are often not met. Treatment programs specifically for juvenile justice involved youth have had mixed goal achievement. Similarly, the outcomes for programs for caregivers have varied; SU outcomes have been low; other social outcomes have been good.

DCF's primary case management system is a legacy system with substantial flaws. Trend, outcome, and service gap information are not readily available for internal or external review. Other databases with more accessible information are limited in scope and lack interoperability.

Needs assessment has not been conducted and certain performance measures could be improved. A range of evidence suggests there is a need for additional programs and for possibly realigning current services. Some SU performance measures for certain programs appear inadequate.

Variation exists in the use of SU specialists and various administrative differences exist among regions. Examples include: use of SU specialists and specialized units varies by region; compliance with recommendations is not tracked; and screening tools are not standardized.

Collaboration can be improved. There is good collaboration between DCF and DMHAS but some areas need improvement.

Key PRI Recommendations

Address data limitations. DCF should ensure its data systems provide accurate information on service needs, referrals, treatments, and outcomes, so trends and potential issues are identifiable.

Conduct a comprehensive needs assessment for SU services. DCF should perform a formal needs assessment for both adolescents and caregivers SU services and adjust program offerings accordingly.

Improve performance measures. DCF should reexamine some SU division performance measures to ensure they are specific, accurate, and emphasize how well programs actually work.

Review use of SU specialists and regional differences. DCF should: a) establish criteria for and examine use of SU specialists; b) consider tracking compliance with SU recommendations and enhance monitoring of piecemeal services; and c) review the need for certain specialized units.

Strengthen collaboration. DCF and DMHAS should enable better linkages for data-sharing and improve service collaboration expectations.