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STUDY SCOPE

Department of Children and Families: Substance Use Services

Focus

This study will assess Department of Children and Families (DCF) services that address parental and child substance use disorders.¹ It will also examine the nature and extent of DCF program coordination with other related governmental and community agencies. Where possible, this analysis will highlight the impact, if any, that the increase in heroin and other opioids use in Connecticut have had on child protection services.

Background

Parental substance abuse has a negative impact on children's physical and emotional well-being sometimes leading to child maltreatment. Substance abuse can impair a parent's judgment and priorities, rendering the parent unable to provide the consistent care, supervision, and guidance children need. For many children, parental substance abuse brings them to the attention of the child welfare system. According to DCF, more than 50 percent of all DCF cases investigated in 2013 had an indication of parental substance use.

Recent media reports indicate the significant rise in opioid and heroin use and overdose deaths. Opioids are a highly addictive class of drugs that can be used to reduce pain, including both legal prescription opioid pain relievers and illegal opioid (e.g., heroin). Since 1999, the national rate of overdose deaths involving opioids nearly quadrupled. Consequently, the U.S. Centers for Disease Control and Prevention declared that the United States is in the midst of an opioid overdose epidemic.

Connecticut has also experienced increased overdoses. Last year there were 723 drug overdoses in Connecticut, which was more than twice the number three years ago. Connecticut also had a significant increase in heroin-related deaths with 174 in 2012, and 444 in 2015.

Substance use can be a chronic, relapsing disorder and recovery can be a long-term process. In addition, substance abuse may come with related physical and mental health problems along with its social and economic impacts.

¹ Substance use disorder is the term used by the American Psychiatric Association (APA) to officially define both substance addiction and clinically significant substance abuse. In order to receive a substance use disorder diagnosis, an individual must meet a certain set of relatively detailed criteria. The specific substances referred to by the APA include 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants; tobacco; and other substances.

These difficulties combine in the lives of families to produce extremely complex situations and relationships that are challenging to resolve. The presence of so many serious problems also suggests that addressing the substance abuse alone is not likely to produce the necessary changes in a family to ensure a healthy environment for a child. Rather, the connection and collaboration of different services is required, although there may be inherent conflicts or obstacles in service delivery.

Areas of Analysis

1. Define and describe the overall trend in the rate of opioid misuse and other substance use disorders in Connecticut.
2. Identify the extent of substance use disorders in the DCF system among adult caregivers and children, including any changes in opioid and heroin misuse.
3. Describe the impact of parental substance use disorder on children and consequences of youth substance abuse.
4. Examine and catalog the types, availability, usage, and cost of substance use disorder programs and related services provided for caregivers, children, and any special populations (e.g., drug-dependent newborns, justice-involved youth) within the DCF system, including:
 - a. screening;
 - b. assessment;
 - c. treatment;
 - d. recovery/support; and
 - e. other (e.g., prevention, awareness).
5. Analyze substance use disorder program and client outcomes, if available, and assess how programs are evaluated.
6. Evaluate how DCF treatment providers are selected and managed, and determine how service quality is assured.
7. Describe DCF workforce training for substance use disorders including but not limited to identification and assessment.
8. Determine the extent of service and treatment coordination between DCF and the Department of Mental Health and Addiction Services and other partner agencies.
9. Summarize and compare any best or promising practices in other states to address the identification and treatment of children and caregivers with a substance use disorder involved in the child welfare system.

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