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Connecticut Adolescent  
Substance Use Service Array



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# Connecticut Adolescent Substance Use Service Array

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## DEFINING THE CONCERN: ADOLESCENT SUBSTANCE USE



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- Youth who begin using substances before age 14 are at the greatest risk of developing a substance use disorder (SUD),<sup>5</sup> and only 2.8% of adolescents who need substance use treatment receive it.<sup>6</sup>
- nearly 62% of youth used alcohol and 41% used an illicit substance by the 12th grade.
- White youth receive SUD treatment at higher rates than Black and Hispanic youth (55% and 26% higher, respectively).<sup>9</sup>

<https://www.chdi.org/resource-library/issue-briefs/improving-early-substance-use-care-for-youth>

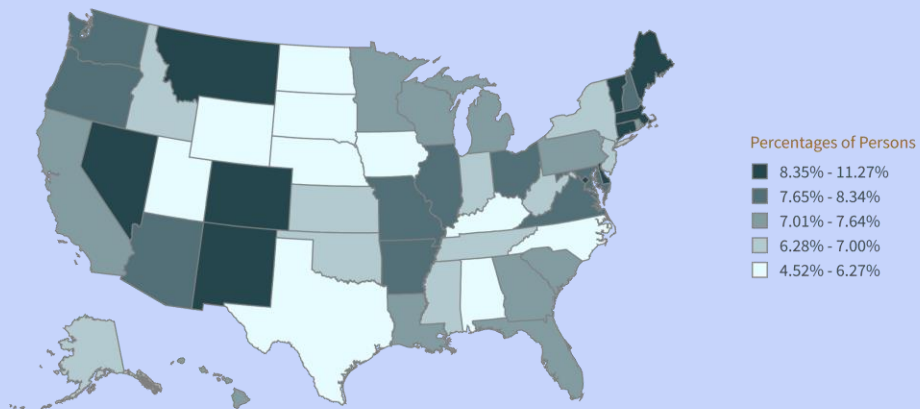


# DEFINING THE CONCERN: ADOLESCENT SUBSTANCE USE

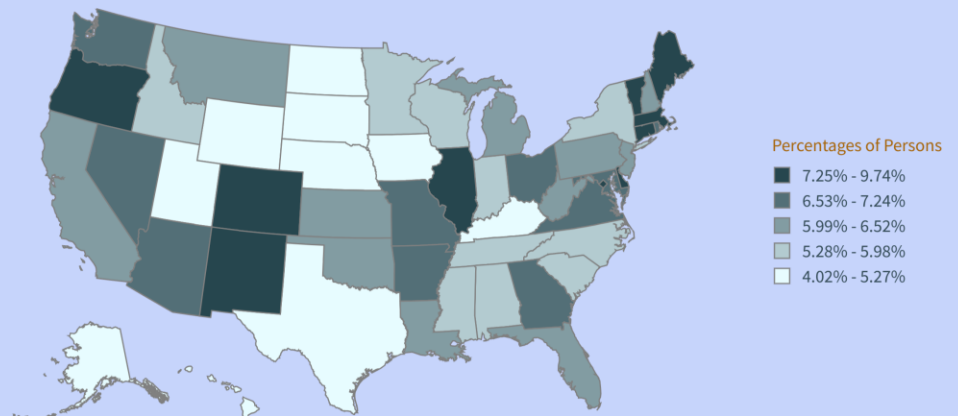


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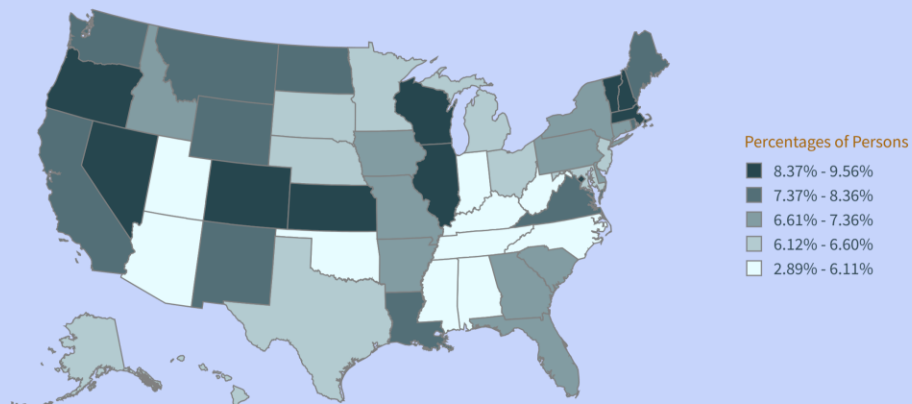
Illicit Drug Use in Past Month (2015 onward) Among Youths Aged 12 to 17, by State: 2022-2023



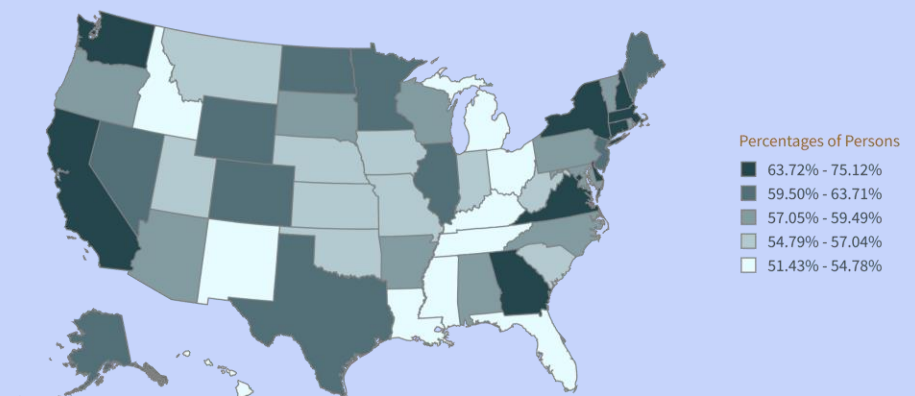
Marijuana Use in Past Month Among Youths Aged 12 to 17, by State: 2022-2023



Alcohol Use in Past Month Among Youths Aged 12 to 17, by State: 2022-2023



Did Not Receive Substance Use Treatment in Past Year Among People Classified as Needing Treatment Among Youths Aged 12 to 17, by State: 2022-2023



\* National Survey on Drug Use and Health (NSDUH), 2023



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## AMERICAN SOCIETY OF ADDICTION MEDICINE

- ASAM provides resources and guidelines for healthcare professionals, including:
  - ASAM criteria- a set of evidenced based guidelines for assessing and treating addiction.



# Levels of Care

Level of Care	Adolescent Title	Description
.5	Early Intervention	Assessment and Education (SBIRT)
OTP Level 1	Opioid Treatment Program	Daily or several times weekly opioid medication and counseling available
1	Outpatient	Less than 6 hours of service per week
2.1	Intensive Outpatient Services	Between 6-19 hours of service per week
2.5	Partial Hospital Services	20 or more hours of service per week
3.1	Clinically Managed Low-Intensity Residential	24-hour care 5 hours of treatment per week <i>*not part of our adolescent service array</i>
3.5	Clinically Managed Medium-Intensity Residential Services	24-hour care with 20 hours of treatment per week <i>*currently no Medicaid enrolled programs available in CT</i>
3.7	Medically Monitored High-Intensity Inpatient Services	24-hour nursing care with physician availability, 30 hours of treatment per week <i>*not part of our adolescent service array</i>
4.0	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care, counseling available <i>*not part of our adolescent service array.</i>



Office Based Services

- Psychiatric Clinics
  - MATCH
  - TFCBT
  - STTRY
- School Based Health Centers
- Private Practice
- Integrated Care
- Youth Service Bureaus

- Extended Day Treatment (EDT)
- Intensive Outpatient Programs (IOP)

- Partial Hospitalization Programs (PHP)

- Therapeutic Group Homes (TGH)
- Residential Treatment Centers (RTC)

Psychiatric Residential Treatment Facilities (PRTF)

Inpatient Hospital

Home Based Services

- Functional Family Therapy (FFT)

- Child First
- IICAPS
- Multi-Systemic Therapy
  - MST-FIT
  - MST-PSB
- Multi-Dimensional Family Therapy
- HYPE Recovery

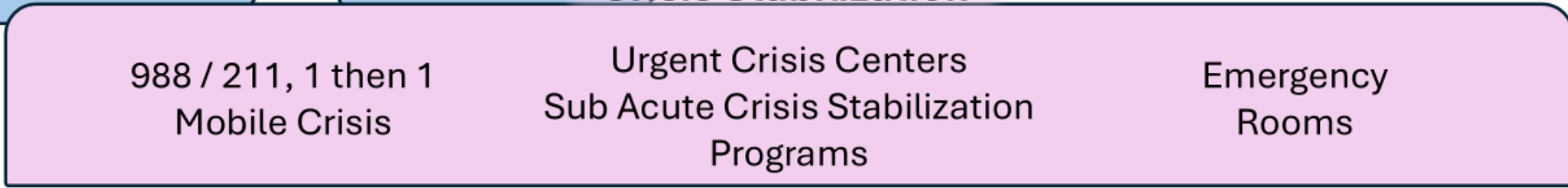
Outpatient

Intermediate

Partial Hospital

Residential

**Crisis Stabilization**



Crisis Stabilization can occur across the spectrum of treatment



## ADOLESCENT SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT (A-SBIRT)



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- CT is engaged in activities to increase rates of identification, initiation and engagement in treatment for OUD and other SUDs
- SUD FOCUS - DCF is contracted with CHDI to support training and implementation of A-SBIRT in Outpatient Psychiatric Clinics for Children (OPCC)
  - 11 participating OPCCs; 4 of these agencies newly joined in FY26
  - Over 900 youth screened among the 7 participating OPCCs in FY25
  - Service coordination and SU training are additional efforts under this initiative
  - FY26 includes a focus on the intervention matching the risk level identified
- Other A-SBIRT efforts include:
  - SSTRY, STTAR, SBIRT-PATHS, JB-CSSD



## CERTIFIED ASAM 2.1 Level of Care



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- Connecticut Renaissance - 4 Byington Place, Norwalk [📍](#) - (203)866-2541
- Elevate Health and Wellness - 179 Post Road West, Westport [📍](#) - (203)450-4882
- McCall - 58 High Street, Torrington [📍](#) - (860)496-2100
- McCall - 969 West Main Street, Waterbury [📍](#) - (860)496-2100
- Natchaug Hospital, Joshua Center - 934 North Main Street, Danielson [📍](#) - (860)779-2101
- Natchaug Hospital, Joshua Center - 72 Shaker Road, #7, Enfield [📍](#) - (860)749-2243
- Natchaug Hospital, Joshua Center - 1353 Gold Star Highway, Groton [📍](#) - (860)629-8270
- Natchaug Hospital, Joshua Center - 189 Storrs Road, Mansfield Center [📍](#) - (860)465-5957
- Natchaug Hospital, Joshua Center - 11A Stott Avenue, Norwich [📍](#) - (860)823-5320
- Natchaug Hospital, Joshua Center - 5 Research Parkway, Old Saybrook [📍](#) - (860)510-0163
- Root Center - 12 Business Park Drive, Suite 104, Branford [📍](#) - (475)290-0012
- Root Center - 520 Saybrook Road, Middletown [📍](#) - (800)862-2181
- Rushford - 883 Paddock Avenue, Meriden [📍](#) - (877)577-3233
- Turnbridge - 162 Kings Highway North, Westport [📍](#) - (877)581-1793



## CERTIFIED ASAM 2.5 - PARTIAL HOSPITALIZATION PROGRAM (PHP)



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- o Natchaug Hospital, Joshua Center - 934 North Main Street, [Danielson](#) - (860)779-2101
- o Natchaug Hospital, Joshua Center - 72 Shaker Road, #7, [Enfield](#) - (860)749-2243
- o Natchaug Hospital, Joshua Center - 1353 Gold Star Highway, [Groton](#) - (860)629-8270
- o Natchaug Hospital, Joshua Center - 189 Storrs Road, [Mansfield Center](#) - (860)465-5957
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# ADOLESCENT MEDICATION TREATMENT FOR OPIOID USE DISORDER & ALCOHOL USE DISORDER



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- Medication treatment available: Buprenorphine\*, Methadone, Buprenorphine/Naloxone, Naltrexone, Acamprosate, Disulfiram
- Management of withdrawal symptoms are also a focus of medication treatment and may include use of other medications not listed here

\*Buprenorphine is the only FDA-approved medication for youth.  
Other medications are FDA-approved for adults but have not yet been established for safety/efficacy in youth.



# YOUNG PEOPLE PEER SUPPORT (YPPS)



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Funding for YPPS is supported by Reinvestment Funds under the CT Substance Use Disorder (SUD) Demonstration Waiver pursuant to section 1115(a) of the Social Security Act.

## Definitions

- For purposes of shared and inclusive language, the following terms may be used interchangeably throughout discussion of YPPS and in program materials:
  - ***Young person, youth, teen, adolescent*** – used to describe individuals ages 14-17, the target age range for this program.
  - ***Peer Support Specialist, Peer Bridger, Recovery Coach*** – titles given to individuals working with and supporting young people in their recovery journey. These individuals have experience with the addiction recovery process, familiarity with local support services, resources and the recovery community.



## YOUNG PEOPLE PEER SUPPORT (YPPS)



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- On October 1, 2025, CT Children & Families began working in partnership with CHOICE Recovery Coaching (CRC) to develop a Young Person Peer Support Specialist Training Curriculum.
- CRC reviewed existing CT Peer Support Curriculums as well as best practices for effective engagement of youth with substance use concerns and incorporated applicable content for the target population.
- CRC met with stakeholders, including the convening of a Young Person Advisory Board, for feedback on role definitions, curriculum elements and outcomes tools.
- CRC also conducted a Validation Survey to support and revise the knowledge, skills and abilities for the PSS role.

# What are YPPS Peers Trained in?

Peers undergo intensive training and receive ongoing support, supervision and consultation. Training includes, but is not limited to:

1. Foundations of Peer Support and Recovery
2. Adolescent Development, Motivation & Wellness
3. Cultural Awareness, Identity and Equity
4. Substance Use, Mental Health and Co-Occurring Conditions
5. Relationship Building and Communication Skills
6. Advocacy and Systems Navigation
7. Intervention and Support Strategies
8. Ethics, Boundaries, and Professional Responsibility
9. Collaboration, Teamwork and Professional Practice
10. Personal Wellness and Self-Care

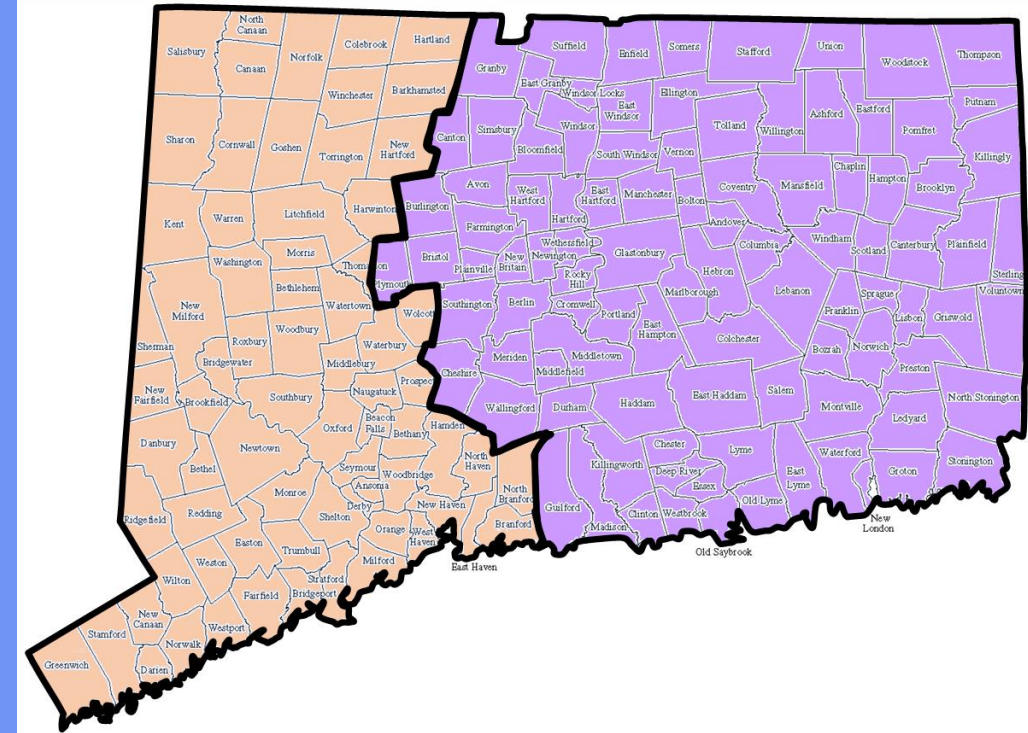


# YOUNG PEOPLE PEER SUPPORT (YPPS)



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- On January 1 2026, CT Children & Families began working in partnership with Connecticut Community for Addiction Recovery (CCAR) and Advocacy Unlimited (AU) to prepare for statewide service provision to young people.
  - Each organization will hire six (6) Young People Peer Support Specialists (YPPSS) and one (1) Peer Support Program Manager
  - Goal: serve 140 youth annually statewide
  - CCAR serves DCF Regions 1, 2 and 5
  - AU serves DCF Regions 3, 4 and 6
  - Peer training began March 2, 2026; phase 2 will occur in May 2026.
  - CRC will provide ongoing consultation to both agencies for model fidelity



# What is Young People Peer Support?

## Program Overview

- Peer Support is a **voluntary**, non-clinical service that encompasses a range of activities and interactions to support a young person's self-directed goals of recovery and wellbeing.
- Peers **do**:
  - Support recovery from substance use concerns and co-occurring conditions
  - Offer encouragement, practical help, guidance and understanding
  - Model that recovery is achievable
  - Share tools and strategies that promote self-empowerment
  - Enhance, support or serve as an alternative to clinical treatment
  - Build from strengths and consider the whole person
- Peers **do not**:
  - Assess or diagnose
  - Push any particular recovery pathway
  - Provide treatment or case management

# YPPS SERVICE PROVISION

**Target Population** – Individuals ages 14-17 who have substance use concerns.

- May also have co-occurring mental health and/or physical health concerns
- Formal substance use disorder (SUD) diagnosis/treatment history NOT required
- Involvement with CT Children & Families NOT required

**Referrals** – young people and families may self-refer; referrals shall be accepted from any source including local hospitals, community behavioral health organizations, DCF Area Offices, Youth Diversion Teams (YDT), and the Judicial Branch. Contact within 48 hours; face to face offered within 7 days. Both agencies actively accepting referrals.

**Service Frequency** – Peers meet with youth face-to-face in the community or at their homes at least weekly. Peers work a flexible schedule that includes some evening and weekend hours to accommodate individual family needs for routine appointments.

**Service Duration** – individualized – until the young person's desired progress has been made in meeting the goals on their Recovery and Wellness Support Plan.



# DCF CONTRACTED CLINICAL SERVICES



## ADOLESCENT SUBSTANCE USE TREATMENT

- **Substance Screening, Treatment and Recovery for Youth (SSTRY) Age 12-24**
  - **Adolescent Screening Brief Intervention and Referral to Treatment (ASBIRT/SBIRT)**
  - **Adolescent Community Reinforcement Approach- Assertive Continuing Care (ACRA-ACC)**
- **Multidimensional Family Therapy (MDFT) Age 9-18**
- **Helping Youth and Parents Enter Recovery (HYPER) MDFT + OUD Age Adol-21**
- **Multisystemic Therapy (MST) Age 12-17**
- **Multisystemic Therapy Substance Use (MST SU) Contingency Management Age 12-17**
- **Youth Recovery CT- SMART Recovery and APGs Age 16-24**

## CAREGIVER SUBSTANCE USE TREATMENT AGES 18+

- **SAFE Family Recovery (SAFE FR)**  
\*requires DCF involvement
  - **Recover Enhancement Specialist (RES)**
  - **Multidimensional Family Recovery (MDFR)**
  - **Screening, Brief Intervention and Referral to Treatment (SBIRT)**
- **Multisystemic Therapy- Building Stronger Families (MST-BSF) \*requires DCF involvement**
- **Family Based Recovery (FBR)**



PROGRAM or SERVICE										
Region	Office	SSTRY	SAFE-FR	FBR	MST BSF	MDFT OUD	MST	MST-EA	MST-PSB	Youth Recovery CT
1	Bridgeport	x	x	x	x	x	x	x	x	x
	Norwalk	x	x		x	x	x	x	x	x
2	New Haven	x	x	x	x	x	x	x	x	x
	Milford	x	x	x		x	x	x	x	x
3	Middletown	x	x	x		x	x	x	x	x
	Norwich	x	x	x	x	x	x	x	x	x
	Willimantic	x	x	x		x	x		x	x
4	Hartford	x	x	x	x	x	x	x	x	x
	Manchester	x	x	x	x	x	x	x	x	x
	Waterbury	x	x	x	x	x	x	x	x	x
5	Danbury	x	x	x		x	x		x	x
	Torrington	x	x	x		x	x		x	x
6	New Britain	x	x	x	x	x	x	x	x	x
	Meriden	x	x	x	x	x	x	x	x	x

**MOST SERVICES ARE AVAILABLE STATEWIDE**

\* MST Contingency Management is highlighted Yellow



# MULTISYSTEMIC THERAPY (MST)



**Multisystemic Therapy (MST)** is an evidence-based, intensive in-home treatment model for youth ages 12-17 with complex behavioral health concerns, including substance use, disruptive behavior, and school challenges. Parents and caregivers are active participants throughout treatment.

Contingency Management- an evidence-based approach that uses structured incentives to reinforce progress toward abstinence and treatment goals

## Program Focus

- Strengthens parenting and family functioning
- Supports recovery activities and positive behavior change
- Promotes reduction and abstinence in substance use
- Improve school attendance and performance
- Reduces involvement with the juvenile justice system
- Reinforces recovery activities and pro-social behavior
- Supports adherence to treatment recommendations and medications, when part of the care plan

## Program Availability (Statewide Coverage):

- Family & Children's Agency (Bridgeport/Norwalk)*
- Wheeler Health (Hartford/New Britain)* (New Haven, Milford, Meriden)
- CJR* (Danbury, Waterbury, Torrington)
- CHR* ( Manchester, Willimantic, Norwich, Middletown)

**MST**<sup>®</sup>  
Multisystemic Therapy



# MULTI-SYSTEMIC THERAPY (MST) KEEPING FAMILIES TOGETHER



- **SFY 2025 OUTCOMES N=242**
- At Home **97%**
- In School/Working **88%**
- No new arrest **91%**
- Reduction in Substance Use **71%**
- Youth involved in prosocial peers/activities **83%**

## Intensive, short-term work with families to:

- Prevent severe systemic consequences
- Intervene & stabilize crisis
- Teach caregivers the skills to sustain gains
- Save state \$
  - Disrupts school – prison pipeline
  - Prevents placements
  - Reduces further police contact & number of days incarcerated long term
  - Generalizes to siblings



# MULTISYSTEMIC THERAPY FOR EMERGING ADULTS (MST-EA)



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MST-EA is designed for young people ages 17-20 who are at high risk for negative outcomes and have complex needs, including co-occurring mental health and /or substance use disorders.

## **Program Focus**

- Stabilizes emerging adults in their community
- Address co-occurring mental health and/or substance use disorders
- Enhances independent living skills
- Reduces behavior that could lead to homelessness, hospitalization or justice involvement

**Length of stay** is on average 8-12 months with an option of 2 months Life Coaching support

**Program Availability** Region 4 and 6 (Hartford/Manchester & New Britain) *NAFI CT*

**MST**<sup>®</sup>

Emerging Adults



## SUBSTANCE SCREENING, TREATMENT AND RECOVERY FOR YOUTH (SSTRY)



**SSTRY provides two levels of support for youth ages 12-24: Substance Use Screening (SBIRT) and Outpatient Treatment using the Community Reinforcement Approach-Assertive Continuing Care (CRA-ACC)**

**Substance Use Screening (SBIRT)** A brief, structured screening service that identifies potential substance use concerns and connects youth to appropriate next steps.

**Length of Service-** up to 8 Months

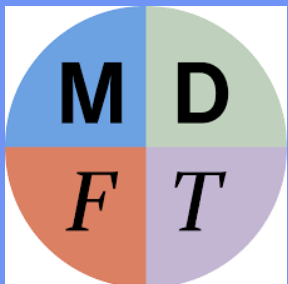
### **Program Availability**

Bridgeport, Norwalk, Waterbury, Hamden, Meriden, Middletown, Norwich, Hartford, Manchester, Enfield, New Britain (plus surrounding towns)



## MULTIDIMENSIONAL FAMILY THERAPY

- **Weekly, in-home, family-focused care** for youth (up to age 21) with opioid use concerns.
- Combines **MDFT**, **MAT**, and **RMS** to treat substance use and co-occurring mental health issues.
- **MDFT**: Intensive family therapy (avg. 6 months)
- **MAT**: Medication support as needed
- **RMS**: Recovery monitoring + community/peer support (up to 6 months post-treatment)
- **24/7 clinical support** available during MDFT
- Youth in the community or released from incarceration (within 30 days) are eligible.





YOUR HUB FOR  
**Recovery Resources**

Find acceptance for who you are, support for your goals, and a community who just “gets it.”  
Wherever you are on your recovery journey, we’re here for you.



**Resources for Youth  
& Young Adults**



**Resources for  
Family Members**



**Resources for Adults**



**Resources for  
Professionals**



**General Resources**

# Assisted Intervention Matching (AIM) Tool

Connecting families and providers with the right support, together.

## WHAT IS THE AIM TOOL?

The Assisted Intervention Matching (AIM) Tool helps families and providers find the services and supports that best fit their needs.



### Personalized Matches

Get recommendations tailored to your goals and preferences.



### For Families & Providers

A shared tool that supports collaboration and informed decision-making.



### Trusted & Secure

Built with privacy in mind, using reliable and up-to-date information.



## HOW IT WORKS



### 1. SHARE YOUR INFORMATION

Families and providers share strengths, needs, and preferences.



### 2. GET MATCHES

AIM finds the best matching services and support options.



### 3. REVIEW TOGETHER

Families and providers review matches together.



### 4. TAKE ACTION

Connect with services and start your journey with confidence.



## Better matches. Stronger connections. Better outcomes.

AIM helps build a connected community of care—empowering families and supporting providers.

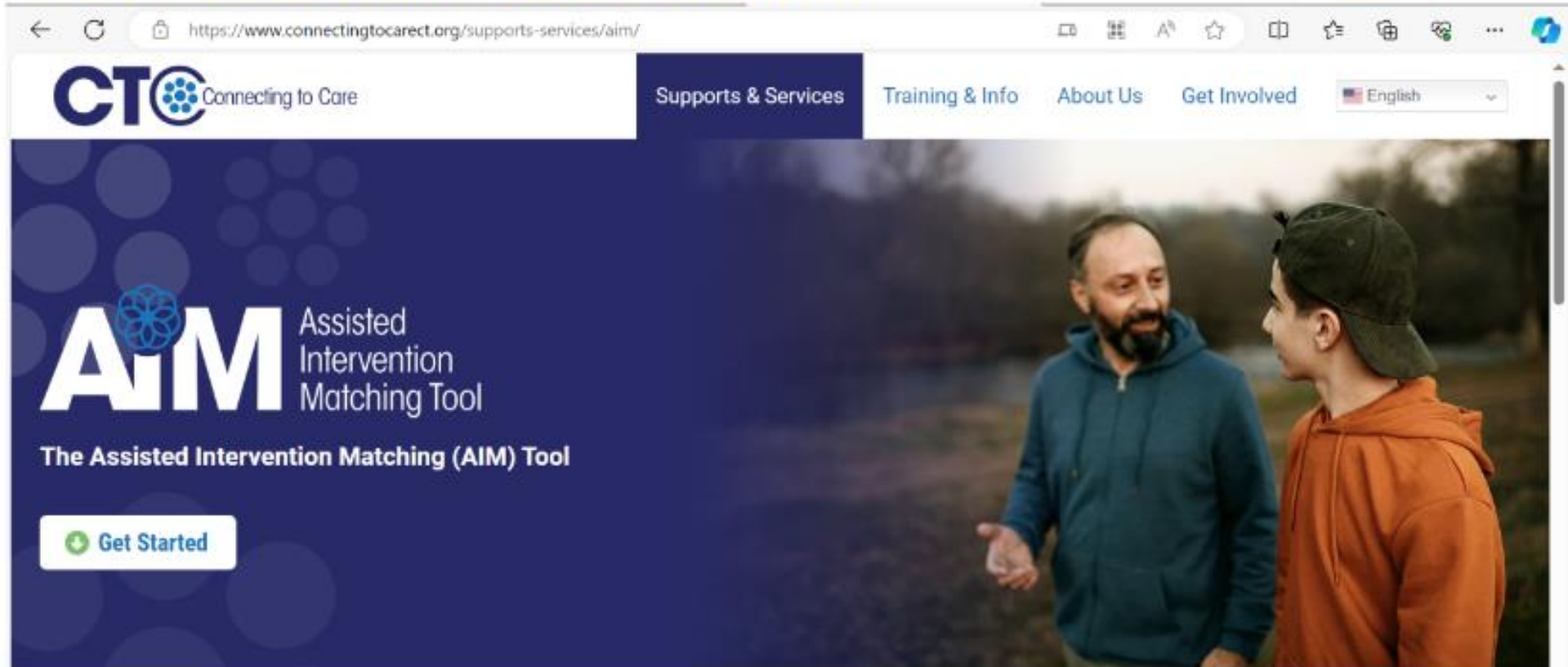


### Get Started

Visit [connectingtocarect.org/aim](https://connectingtocarect.org/aim) to learn more.

# How the AIM tool works

[LINK](#)



## For Questions about the AIM Tool, contact:

**Elisabeth Cannata, Ph.D.**

Vice President Community-Based Family Services  
& Practice Innovation

Wheeler

91 Northwest Drive

Plainville, CT 06062

[Ecannata@wheelerclinic.org](mailto:Ecannata@wheelerclinic.org)



Scan QR Code for AIM Tool or go to:

<https://www.connectingtocarect.org/supports-services/aim/>

Grant funded partners include:



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For more information visit

[Substance Use Services](#)

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