

Senator Fonfara, Representative Rowe, and esteemed members of the Program Review and Investigations Committee:

My name is Christy Jackson and I am here to testify on the access to substance use treatment for privately insured study. Currently, I serve as the Clinical Director of Child and Adolescent Outpatient Services at Rushford Center. I provide administrative and clinical supervision to a traditional outpatient clinic for children and adolescents and three afterschool programs for adolescents. Two of these programs provide primary substance abuse treatment for adolescents ages 13-18 from our communities surrounding Meriden and Glastonbury.

As a substance abuse treatment provider in the state of Connecticut, I have seen how commercial insurance companies have influenced the care that our adolescents are receiving in the community. There have been times when my clinicians have spent most of their time on the telephone with various reviewers and supervisors, trying desperately to get their clinical recommendations heard and approved by an outside agency that has never met the teenager, sometimes knows nothing about substance abuse, and certainly has only has a general understanding of how their ultimate decision could affect the teenager and family when the telephone call ends.

The dynamic between commercial insurers and clinical providers is best understood with examples. I am providing three examples of times when commercial insurers have not agreed to authorize care that a clinician, often multiple clinicians, have agreed is necessary to adequately treat the adolescent and to keep them and the community safe.

The first is the case of Richard (name changed for reasons of confidentiality). Richard is a 17 year old who came to our program to be assessed for services this past Tuesday. He was very resistant, insisting that he would continue to abuse drugs despite his parents' threats and his court involvement. We ended up in the parking lot. He was threatening to punch out his parents' windows if they didn't allow him access to his cigarette lighter. He wanted to light up on our campus. The police department was called because our receptionist was getting nervous about the safety of our staff and customers.

Richard finally agreed to attend the program, but the insurance company said that he did not qualify for our highest level of care. He had to start lower because we could not demonstrate that he had had enough consequences from his drug abuse (physical or legal). Basically, he had to fail our treatment until they would offer him something more substantial. We wanted five extra hours a week to work with him on a more individualized basis, make a connection with

him, try to get him to a place where he could walk into our building and know that we were trying to help. Turns out, he'll get that, because we are offering it to him. We know he needs our Partial Program. It would be unethical to provide him with an opportunity to do real damage to himself or someone else before we give him the containment and treatment that he needs.

Let me also tell you about Sam. This case does not have the happier ending that Richard's does. Sam was with us for a few months. He never was really very invested in treatment, but he kept coming, so we allowed him to stay in the program until he really started to decompensate. His mother then agreed to take him to an inpatient facility, where he stayed for 28 days before returning to us. Unfortunately, Sam relapsed soon after he got out of the facility and back into our program. 28 days was not enough. His use of drugs was too risky for us to handle on an outpatient basis. He really needed to be somewhere where he could receive 24/7 supervision. Unfortunately, his insurance informed mom that she would have to pay for inpatient services again. She was already \$20,000 in debt from the first stay. She is out of money and there are no other ways for her to obtain funding for Sam's treatment. He is not involved with DCF, so there are no other avenues for help. We really hope that her attempts to talk to a health advocate will turn this around for Sam and his family without too much financial hardship.

The last case is a young lady. I wanted to make sure that we had both genders represented. Sara just turned 18 years old. She came to us, begging for help after two days of detoxing from heroin. She felt physically awful. She agreed to try a day of our partial hospital program. Sitting in our group room, she felt powerless to ignore the text that her friend sent her, indicating that she had scored some heroin. Sara didn't want to use, but she was tired of feeling so badly. We sent her to our detox unit, where they agreed that she needed to stay for 3-5 days. Unfortunately, her insurance company did not agree. After all, she had been clean for two days. They wanted to review with our doctor the next day. The result is obvious. She went home and used. She had to relapse in order to get the help she was asking for and all the clinical personnel agreed that she needed.

It's clear to me that the standards that insurances companies and clinical providers use to determine who needs what care are widely different. We would prefer to think preventively. Why make people fail before they can access the level of care appropriate to their situation? Why make them use again in order to show how desperately they really need help? Why can't we give people the help up front that they need to be successful, rather than requiring them to fail? Isn't that more expensive in the long run? We should give adolescents the chance to succeed and to begin their recovery without barriers, so that they can move into their adult lives ready to tackle the challenges ahead and to have the skills to keep themselves clean and sober.

Thank you.