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Testimony presented to the Public Hearing on Access to Substance Abuse Services for Adolescents in the State of CT

My name is Elizabeth Driscoll Jorgensen. I am a psychotherapist and certified alcohol and drug counselor and have worked with adolescents and young adults in CT for 27 years. My CV is attached for review of my credentials. During this long span of professional work in the State I have had a unique observation of the expansion, contraction and at present, decimation of available acute services for adolescents for the treatment of substance abuse, co morbid psychiatric and substance abuse disorders and psychiatric illnesses.

When I use the term "acute" services I am referring to inpatient treatment beds, residential treatment beds, partial hospital and intensive outpatient programs. The State Senate has had many hours of testimony from consumers who have been harmed by the, at best unethical, and at most transparent, illegal maneuvering of health insurance companies to avoid their fiduciary and contractual obligations to pay for these acute services for youth. In the expertly prepared report presented on 12/18/13 to the State Legislators there is an evident pattern of abdication of the fiduciary responsibility of the insurer's to pay for these desperately needed services. This same report indicates an immediate and cost free first step in admonishing the CT Insurance Department (CID) to audit and enforce company's compliance with the law and I hope my leaders take heed and make this a priority.

**In my busy practice with adolescents I have had vast experience with insurance companies routinely denying admission to patients who are engaging in severely life threatening behaviors (i.e., driving while intoxicated, emergency room admissions for overdose of alcohol or drugs, hallucinations and violent thoughts, suicidal thoughts and suicide attempts either while intoxicated or sober) When insurer's do "agree" to let a patient access their own insurance coverage rarely is there any sort of clinical reasoning for the number of days allowed in a facility. For example an extremely at risk teen who I recently tried to admit who was addicted to several substances, was psychotic and had violent fantasies was allowed 3 days in a public hospital. If it was not for my coaching of the bewildered,**

caring and overwhelmed parents to immediately contact the State of CT for advocacy and to establish legal help, this ill teen would have been released while he was still an acute danger to himself or others. This young man is now in a state hospital for the care he needs at the taxpayers' expense simply because his insurance company refused his care, and his parents' cared enough and received the right coaching to use the State system. This is so extraordinarily unfair to the patient, his or her family, the State's stretched resources and the taxpayers and on so many levels, all that would be needed to stop this absurd shuffle of financial and fiduciary responsibility would be for the CID to strongly supervise, sanction, fine and otherwise enforce existing parity and other laws and protection.

In other words, if the parents of a severely ill teen do not have cash to prepay an expensive inpatient facility (average cost of a private facility is about \$800- \$1000 per day) then the insurer is off the hook, the school, state and parents must assume the burden of care. I am not sure that the point of "trickle down" costs to the health insurer's abdication of their responsibilities and in cases, failure to comply to current laws requires the dreaded approach of still more laws and regulations. I will propose a few simple and profound changes that the State of CT can make that require no additional funds, studies or costs, and in a short period of time will lessen the substantial burden of cost for the untreated youth that currently falls on the public school systems, law enforcement and the Juvenile Justice system, and eventually the adult justice system.

In a very short and direct re-phrasing of this point, when the insurers cheat their own consumer, constituent families (without the means to pay out of pocket for acute services needed by their adolescents) the cost immediately shifts to the State of CT in the very real and measurable over use of special education services, Juvenile Justice Services, Court support services and all related social services required in adulthood when appropriate treatment was withheld. This connection has been happening nationwide in fact since the "penetration" of managed care began in 1989 and continues today. As a correlation to this retraction of the availability of acute services for adolescents (and adults) we now have the highest number of US Citizens adjudicated of any nation in the world, with one in one hundred adults in prison, parole or probation. Most of these citizens are not violent felons, but in fact, substance abusers with co-occurring psychiatric disorders. At a tremendous cost to the State and Federal Government, the Health Insurers have deftly placed the care of the severely ill dually diagnosed at the feet of our judicial system and the tax payers.

Specific to the issue of adolescent care is the extremely high morbidity of these disorders. The insurers would have us believe that 'external reviews' are objective, or that they should have 'clinical criteria' for determining when a child needs acute services) or any services for substance abuse, co-morbid psychiatric and substance abuse or psychiatric disorders). In fact the insurers have expertly 'rigged the game' by ignoring even the most basic clinical research, hiring professionals who I would imagine feel reasonable in their denial of services based on 'clinical criteria' without

research to endorse it, and letting adolescents self-destruct as they may. Teens with substance abuse disorders are the most likely to die between the ages of 14- 24. We know from firm and repeated research that these same teens, when provided with appropriate care in acute settings, not only have their rate of survival enhanced, all variables related to quality of life increase as well. The burden of the need for special education services decreases. The burden of costs through the judicial branch almost entirely disappears. Lifetime wellbeing and the grim trajectory of many profound co-morbid substance abuse and mental illnesses are permanently changed when a child received appropriate and timely care after an acute episode of symptoms. Most debilitating major psychiatric disorders show their first symptoms in early adolescence and many, but not all teens with severe psychiatric disorders will, if left to suffer symptoms untreated, advance to self-medicating these symptoms with alcohol, cannabis, nicotine and prescription drugs. We know this all from hard data. We know the solutions to stop the trajectory of illness; it is the access of appropriate assessment, diagnosis and treatment of mental health and substance abuse disorders in early adolescence.

I have chosen to specify my testimony to what I have observed as multiple factors in the market place that have shifted the cost, risk and societal burden of providing youth with these treatable disorders from the insurers who have promised and been paid in advance by families and employers in CT to provide these services to families, schools and the juvenile justice system. There are, in addition, numerable social costs to the lack of available services for adolescents in the State of Connecticut, even for families who might have the resources to expertly appeal their insurer's denial (which involves paying out of pocket for the child to remain in an inpatient facility), their child then has to travel out of state, where there is greater availability of facilities due to multiple economic and regulatory issues. We need a viable marketplace in CT for services for youth within our own borders. We need the families who live here to be able to access community based services for inpatient, residential, partial hospital and intensive outpatient facilities that are supported by the insurance companies trusted to this mission. Presently there are health systems struggling to meet the burdens of an incredibly overstressed system, and providing what services they can, but the problem of access to care has one source and one easy, cost free remedy. Reverse the power of denial that the insurers have enjoyed since the penetration of 'managed care' and ready our state from the full implementation of the Affordable care Act while takes place after January 1, 2014.

At that time, thousands of CT families will have access to insurance and the demand for services will increase. Coinciding with this change is the current nationwide conversation of how to reduce the risk of untreated mental illness on the safety of our citizens that has been sparked by the tragedy of December 14, 2012. It is no small irony to me that the initial treatment access report was filed publically on December 18, 2012. I urge you to follow not only the emotional and perhaps

politically expedient 'zeitgeist' of this alignment, but read the two as connected. The State of CT can lead the nation in holding the private sector accountable, so that the public sector does not need to expand, either through state treatment programs, law enforcement or new juvenile and adult prisons to treat the adolescents whose pending need for extensive treatment in the future is in part being created by the denial of needed care today.

I submit this testimony with the willingness to provide any data referenced and to testify in person to what I have begun to describe here.

Respectfully submitted on March 5, 2013

Elizabeth Driscoll Jorgensen