



Reflections on Access to Substance Use Treatment

Legislative Program Review &
Investigations Committee (PRI)

September 11, 2013



Introduction

- Nonpartisan staff from legislature's bipartisan oversight committee
- In-depth evaluations
 - Programs
 - Policies



Introduction

- Recent study: “Access to Substance Use Treatment for Insured Youth”
 - Phase I: Insurance (Dec. 2012)
 - Mental health parity laws
 - Utilization review
 - Consumer assistance
 - Phase II: Treatment availability (Apr. – June 2013)



Overview

- Information and PRI committee recommendations on areas task force is required to cover
- What has -
 - Already changed?
 - Not progressed so far?
 - Happened that is relevant?

1. Improving Screening, Early Intervention, and Treatment

■ What do we know?

- Most minors have regular contact with PCP
- PCPs do not routinely screen for BH problems with validated tools; exact scale is unknown
- Many pressures on PCPs

Screening Within Primary Care

Ways to Boost Screening	CT
Include in preparation programs	Has law; implementation unclear
Give providers education	An organization does this for children's providers; low participation
Have a consultation service	One recently created for children's providers

Screening Within Primary Care

PRI Recommendation

- State Alcohol and Drug Policy Council should work to ensure medical preparation programs offer substance use training

Screening Within Primary Care

Result

- None: State agency resistance to re-igniting ADPC, with wider mission (whole state's population)
 - No single state entity charged with overseeing MH / SU access, treatment, policy



Treatment Quality

- **What do we know?**
 - Federal data indicate need for more adolescent-specific SU treatment
 - Treatment rarely tailored to young adults

Treatment Quality

PRI Recommendation

- DCF and DMHAS should offer training, other resources to providers to ensure youth receive developmentally appropriate treatment

Treatment Quality

Result

- None yet
 - State agencies might not have resources

2. Closing Gaps in Private Insurance Coverage

■ What do we know?

□ Gaps in covered services

- 3/5 of major carriers do not cover certain DCF-developed and contracted in-home treatment models (e.g., MDFT)
- Supervised community living arrangements
- Care/case management (though given directly by insurer to limited number)
- Difficult to obtain coverage for residential treatment beyond four weeks

2. Closing Gaps in Private Insurance Coverage

- **Other factors impact effective coverage**
 - **MH parity laws**
 - **Insurer criteria**
 - Are applied to an individual situation to determine whether, how long to cover
 - **Insurer networks**
 - Little information collected; study data indicate differences

Gaps in Services Covered

PRI Recommendation Re: DCF Services

- DCF should assess availability of its in-home models to commercially insured youth using data from contracted providers
 - Then propose ways to alleviate any cost-shifting found

Gaps in Services Covered

Result

- Unclear; not addressed in agency's response to report

Gaps in Services Covered

PRI Recommendation Re: Services Gap

- No other recommendations made in this area
 - Could:
 - Mandate
 - State fund directly for all / change payment model for population

Gaps in Services Covered

PRI Recommendation Re: MH Parity

- CT Insurance Dept. (CID) should pick a method to require plans to demonstrate compliance

Gaps in Services Covered

MH Parity Result

- Recommendation included in P.A. 13-3 (minor tweaks)
 - CID supposed to seek input from stakeholders by Sept. 15
- CID and DMHAS recently said in press they intend to push for clearer state law, in absence of final federal regulation

Gaps in Services Covered

PRI Recommendations Re: Insurer Criteria

- Require SU treatment decisions be made:
 - more quickly;
 - using appropriate criteria; and
 - by qualified personnel

Gaps in Services Covered

Insurer Criteria Result

- Many components included in P.A. 13-3 (some tweaks); also extended to include MH
 - Effective Oct. 1

Related

- Unclear whether any conclusion of UConn Health Center's CID-contracted review of one carrier's BH protocol

Gaps in Services Covered

PRI Recommendation Re: Insurer Networks

- Require health carriers to report on:
 - enrollees' access to SU treatment; and
 - what the carrier is doing to improve access



Gaps in Services Covered

Insurer Network Result

- None yet; report approved too late for legislation



3. Addressing Provider Capacity

■ What do we know?

- Widely reported child psychiatrist shortage
- Long waits for many levels of care
 - See Appendix G (Phase II report) for summary of capacity assessments



Provider Capacity

PRI Recommendations

- Pediatric BH consultation service
- State agencies explore starting a BH urgent care center

Provider Capacity

Results

- DCF reported is working on setting up consultation service
- No action on urgent care center

Related

- DPH facilities plan: Committees meeting
- CT Workforce Collaborative on BH: Currently inactive

7. Creating Central Info. Clearinghouse

■ What do we know?

- Several different SU / MH treatment inventories for people seeking treatment
- These locators often lack information on:
 - Which insurance is accepted
 - If there is space
 - Small outpatient providers

7. Creating Central Info. Clearinghouse

■ What do we know?

- CT Clearinghouse (DMHAS-funded) possibly could fill role
 - But currently limited to state-contracted or – operated providers
 - Might not be widely known



Central Info. Clearinghouse

PRI Recommendation

- Designate and publicize an existing locator as the single locator for SU services



Central Info. Clearinghouse

Result

- None yet

PRI Recommendations Not Yet Acted Upon

Improving screening, early intervention, and treatment

1. Assess and improve medical provider training for SU

- Could also look at BH provider training: Info. on appropriate treatment level

2. Train providers on developmentally appropriate treatment for youth

3. State workgroup to permanently oversee access to & quality of SU care

PRI Recommendations Not Yet Acted Upon

Closing gaps in coverage

- 4. Evaluate & solve cost-shifting** for DCF in-home treatment models
- 5. Collect data** on insurer networks and access to care
- 6. Explore MH parity progress & ideas**

PRI Recommendations Not Yet Acted Upon

Addressing provider capacity

7. Explore BH urgent care center

Creating central info. clearinghouse

8. Select / develop locator (as part of clearinghouse); publicize



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