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

<table>
<thead>
<tr>
<th>Ways to Boost Screening</th>
<th>CT</th>
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</thead>
<tbody>
<tr>
<td>Include in preparation programs</td>
<td>Has law; implementation unclear</td>
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<tr>
<td>Give providers education</td>
<td>An organization does this for children’s providers; low participation</td>
</tr>
<tr>
<td>Have a consultation service</td>
<td>One recently created for children’s providers</td>
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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
  - Sate 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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