



Access to Substance Use Treatment for Insured Youth: Phase II

Background

In April 2012, the program review committee (PRI) authorized a study to assess insurer coverage and enrollee utilization of substance use treatment. In addition, the project aimed to examine availability of those treatment services. The study was limited to youth ages 12-25 who have private (i.e., commercial) or Medicaid insurance.

In Connecticut, about 7% of youth ages 12-17 and 21% of those ages 18-25 have met the clinical criteria for abuse or dependence on alcohol or an illicit drug within the past year, according to a recent federal survey. Research estimates indicate a substantial portion of those needing treatment do not receive it, perhaps partly due to insurance coverage and capacity issues.

Commercial health plans that are fully insured generally are regulated by the state, while self-insured plans (in which the employer assumes the financial risk of coverage) and Medicaid are subject to federal oversight. Plan coverage of substance use treatment is affected by both federal and state mental health parity laws.

A Connecticut resident with a health plan coverage complaint may seek assistance from the state's insurance department, Office of the Healthcare Advocate, and/or Office of the Attorney General. If the plan is self-insured or a government plan, certain federal or state agencies may be more appropriate venues for grievances.

This Phase II report, which focuses on treatment services capacity and overarching issues, was based on: interviews with staff from multiple state agencies and offices, advocates, treatment providers, and researchers; review of state and federal laws, as well as literature on substance use treatment; and treatment provider and college counseling center survey results.

An earlier Phase I report, approved by PRI in December 2012, involved utilization review, mental health parity laws, and state oversight and consumer assistance.

Main Findings

There has been little lasting attention to improving access to substance use treatment for people outside the state service system.

A cross-agency council has focused mainly on policies affecting state clients, and there have not been strong laws regarding commercial insurers' behavioral health (substance use and mental health) provider network adequacy.

Screening youth for behavioral health problems by medical providers appears to be done on a limited basis, for multiple reasons. Screening can help connect people to needed treatment early on.

Several substance use treatment locators exist, but they are sub-optimal. There are some inconsistencies, and more problematically, there is no information on availability and insufficient detail on insurance acceptance.

Multiple evaluations have found substantial waits for inpatient, residential, in-home, and outpatient counseling behavioral health treatment. Hospitals are burdened by an increasing volume of behavioral health (substance use and mental health) needs, and the wait for adolescent in-home evidence-based models is especially long. Substance use treatment should be available promptly.

Age-appropriate services appear to be lacking. Some data indicate the youth who do receive treatment are not served by age-specific services. Recovery supports could help sustain treatment gains but there are few available to Connecticut youth. Age appropriateness helps treatment be maximally effective.

PRI Recommendations

Several recommendations are made with the overall goal of improving insured youth's access to appropriate treatment. This is a critical goal because substance use has tremendous costs to society, families, and individuals. It can and does result in direct and indirect cost-shifting from the private to public sector. This report's recommendations aim to:

1. **Improve people's ability to find treatment**, by directing people to a single useful treatment locator, easing capacity problems (see below), and taking steps to develop a behavioral health urgent care center
2. **Ensure youth receive and benefit from needed, appropriate treatment**, by asking state agencies to work with all youth treatment providers, establishing a behavioral health consultation phone line for primary care providers - in part to encourage screening, and moving forward with an initiative to establish youth-specific recovery supports
3. **Increase attention to substance use treatment access**, by requiring commercial insurers to submit an access plan and assigning general oversight of access to care to a cross-agency entity that includes treatment providers and people in recovery

