10/17/12

RE: Mental Health & Substance Use Public Hearing: Access To Prevention, Treatment, and Coverage

My name is Greg Williams and I am a current resident of Danbury, CT. I am a young person in recovery from drugs and alcohol for over 10 years since age 17. I initiated my sustained recovery as a result of access to quality adolescent treatment outside of the state of CT. As my family was going through the most difficult time in their lives, they chose this treatment option after I was involved in a near fatal car accident. It was the best option for me because even though we were privately insured and had "good" health benefits, it was clear that the options for treatment of adolescents in CT were limited. The insurance company authorized only 5 days of treatment while the professional health care provider's assessment recommended that I needed at least 4 weeks of intensive inpatient care. So facing this baffling reality, my family did what any family would do if they had the ways and means to do it: **They paid up front for the recommended treatment in an attempt to save my life and opted to fight the insurance battle at a later point in time.**

Our family was lucky, we won my battle with adolescent addiction, and it took another 3 years but we also eventually won our battle with the insurance company through the external appeal process. Unfortunately, this is the story of only a few. For the majority of CT adolescents struggling with substance use disorders their families are unable to access the proper care for their health problem.

- ***"Over 90% of people with abuse/dependence started using under the age of 18 and met criteria by age 20. Treatment and recovery supports in the first 10 years of use (basically adolescents & young adult hood) is associated with cutting the years of use by decades and key to reducing long term costs to society (Dennis, M. – Chestnut)."***

After attending multiple heart-breaking funerals of young friends of mine whose families were not as lucky as my family, I grew angry and frustrated at the system in place for treating adolescents like me. Young people with asthma, diabetes, or severe emotional disorders are not being denied or limited the care that health professionals have deemed is medically necessary to save their lives by insurance companies. **So, why is it that us adolescents with addiction aren't given access to proper care?** The answer to this question is as complex as the nature of the illness, but one prevailing theme transcends all others: **discrimination**.

- ***In Connecticut approximately 16,000 adolescents between the ages of 12 and 17 need treatment for illicit drug use but do not receive it, and another 18,000 adolescents need treatment for alcohol use but don't get it either (CASAC - 2008).***

Changing the discrimination that families and young people continue to face from healthcare payers has become not only a passion, but has engendered a sense of purpose for me. I will be graduating in September from New York University with a Master's Degree specifically related to health finance and public policy. It is the culmination of this research and my volunteer work with stakeholders from around the state as a Co-Founder of Connecticut Turning To Youth and Families that has led me to these conclusions as the root of some of the troubles facing CT families struggling with drug and alcohol problems:

- ***Insurance Benefit Management:*** Medical necessity criteria used by healthcare payers to manage and authorize treatment is not transparent, public, or consistent. Furthermore the benefit design and services offered are not relevant to evidence-based practices of treatment for a chronic health disorder (i.e. limited prevention, early intervention, recovery support services, or family inclusion benefits offered). As a result we have "fail first" stipulations of lower levels of care that promote young people to continue to use and they end up dying, getting locked up, bankrupting families who need to pay cash for treatment, and cost-shifting to the public sector: http://www.reclaimingfutures.org/blog/adolescent-substance-abuse-treatment-access-CTYF

- ***No Recovery-Oriented System of Care Exists for CT Adolescents:*** DCF, DHMAS, JJ, and CSSD professionals, parents, and schools have been on the front lines witnessir use problems growing among young people. Unfortunately they have lacked the community-based recovery models that research suggests are the best way to support long-term recovery. Due to the bi-furcated CT system for children/adults, no single state agency has championed a "good and modern" approach to treatment for adolescents as our adult system has done for more than ten years (See 2009 SAMHSA Report: *Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use or Co-Occurring Mental Health Disorders*).

- ***No SAPT-BG Funds Spent on Adolescents:*** After review of DHMAS's 2012-13 SAPT Block Grant Application it is alarming that in 2012 CT continues to neglect allocating any of this money towards advocacy, developmentally appropriate substance use treatment, and recovery services for adolescents and families that cannot be funded by existing financing mechanisms. As a result adolescents with substance use disorders continue to fall through the cracks, costing CT taxpayers billions of dollars in increased associated costs (See 2010 JAACAP Article: *Access to Treatment for Adolescents With Substance Use and Co-Occurring Disorders: Challenges and Opportunities*).

- ***An Increase In Access to Acute Treatment Is Not Enough To Combat A Chronic Health Condition:*** Improving access to detoxification, residential, and outpatient treatment services would be a wonderful step, but what comes after that for young people with substance use disorders? If we want to be efficient with the resources spent on acute treatment these are some of the items that research, The National Drug Control Policy, and CT stakeholders recommend will help sustain recovery for young people:

    - Safe, sober, and age appropriate housing options
    - Recovery-oriented education options currently available in many other states
    - Peer life skills coaching (peer recovery coaching)
    - Family involvement, support, and education
    - System navigation/coordination
    - Building bridges to existing youth recovery capital in CT

Thank you for the opportunity to submit this testimony,

Greg Williams, Board Member, Connecticut Turning to Youth and Families
Email: gregw@ctyouthandfamilies.org
Mobile: 203.733.8326
www.ctyouthandfamilies.org