

CLOSING THE ADDICTION TREATMENT GAP

Early Accomplishments in a Three Year Initiative June 2010

Closing the Addiction Treatment Gap (CATG) is a national program initiated by the Open Society Institute in 2008 to expand access to and funding for drug and alcohol addiction treatment. Right now, an estimated 23 million Americans are addicted to alcohol or drugs and need treatment; unfortunately, only one in 10 of them (2.3 million) gets the treatment they need.ⁱ The result: a treatment gap of more than 20 million Americans.

The CATG Initiative – a three year, \$10 million effort – aims to mobilize public support for expanded treatment through three broad strategies:

1. expanding insurance coverage,
2. increasing public funding, and
3. achieving greater program and system efficiency.

CATG has provided grants to collaborations in nine states – Arkansas, Maryland, New Hampshire, New Jersey, New York, Puerto Rico, Rhode Island, Texas, and Wisconsin – that are developing model approaches to closing the addiction treatment gap. In addition, a national advocacy effort focused on federal policy development is a significant focus of the CATG initiative.

To date, CATG grantees and the national program have successfully advocated for a number of significant policy changes with long-term potential impacts. What follows is a brief summary of results to date.

1. Broadening Insurance Coverage

Addiction is recognized as a chronic but treatable health condition. CATG efforts have been focused on expanding insurance coverage for addiction treatment to ensure that treatment is covered in the minimum benefits package of all existing and future public, semi-public, and private health plans. At both the national and state level, several CATG partners have worked to promote significantly expanded insurance coverage for addiction treatment.

Parity – On January 1, 2010, the Wellstone-Domenici Parity Act went into effect, expanding access to mental health and addiction treatment coverage in many employer-sponsored group health plans. The new federal law, enacted prior to the formation of the CATG Initiative, applies to group health plans covering 51 or more employees that provide any level of coverage for treatment of mental health and substance use disorders. Those plans are now required to cover mental health and substance use disorders benefits at “parity,” or in the same way as they cover other medical and surgical services.ⁱⁱ When the law is fully implemented, it is estimated that 140 million Americans could have improved access to addiction and mental health treatment services should they need it.ⁱⁱⁱ

While the Parity Act was passed prior to the formation of the CATG initiative, the federal team is working to ensure optimal implementation of the new law as it represents a significant opportunity to close the addiction treatment gap.

Wisconsin recently extended parity coverage to all commercially purchased large and small employer group health insurance plans and to non-federal self-insured governmental health insurance plans. Governor Jim Doyle signed the new law, the Wisconsin Parity Act, on April 29. The Act will go into effect on December 1. While not requiring individual plans to offer mental health or substance use disorder benefits, if these plans do provide such

coverage, then they must do so at parity. As a result, up to 1.8 million adults and children in Wisconsin with mental illness conditions and/or substance use disorders will soon have the opportunity to receive the care that they need.

National Health Care Reform – The “Patient Protection and Affordability Care Act” was signed into law on March 23, 2010. On the heels of the Wellstone-Domenici Parity Act, this law provides the opportunity to expand access to addiction prevention, treatment and recovery services. The Congressional Budget Office estimates that, by 2019 when the law is fully implemented, insurance coverage will extend to about 32 million residents who are currently uninsured.

- Addiction treatment is included in the basic benefit package. Individual and small group plans, as well as the future health insurance exchanges, will be required to cover mental health and substance use disorder services in the basic benefit package.
- Parity requirements extend to all group and individual plans, as well as future health insurance exchanges. Parity also extends to Medicaid enrollees, including newly eligible childless adults.
- Addiction prevention initiatives are highlighted and substance use disorders and mental health are included in chronic disease prevention initiatives.
- Workforce development initiatives will include a focus on addiction treatment services.

2. Increasing Public Funding

CATG partners have also advocated for expanded treatment and recovery services for those lacking sufficient insurance coverage. At a time of historically tight state budgets, the CATG sites have achieved significant victories in 2009 that could translate into more than \$140 million in new or preserved funds for addiction treatment.

Increased State Funding

- Arkansas – The legislature has appropriated \$5 million for the state Medicaid match to cover addiction treatment for pregnant and postpartum women and adolescents in each of 2009 and 2010 (the federal share could add \$15 million to this amount). The Arkansas Department of Health has agreed to use tobacco settlement funds for juvenile drug courts (\$1.5 Million over 2 years). The Governor also restored Department of Community Corrections funding for adult drug courts (\$1.5 million).
- New Hampshire – The state’s Alcohol Fund, established a decade ago, committed resources to addiction treatment. Approximately \$3.8 million was secured for 2010 and again for 2011, to be administered by the Governor’s Commission on Substance Abuse, which is chaired by a CATG team collaborator.
- New Jersey – The state legislature adopted a Welfare Waiver to allow offenders returning to select counties to qualify for benefits in exchange for undergoing substance abuse assessment and treatment which is funded by the welfare Substance Abuse Initiative. Five million in new funding for treatment related to this initiative is pending and is yet to be considered by the Governor for approval.
- New York – In conjunction with changes to the state laws governing sentencing of drug offenders, state aid and federal stimulus funds are allocating \$31 million in FYs 2010-2011 through the addiction state agency for additional treatment for offenders and formerly incarcerated drug abusers, including: residential treatment (\$17.3 million for approximately 600 beds), outpatient treatment and assessment (\$2 million), case management (\$1.7 million), and capital expenditures to renovate and expand facilities (\$10 million annually). An additional \$48 million has been allocated for 2010-2011 for expanded services administered by the state’s

office of court administration and for reentry programs administered by the Department of Correctional Services and the Division of Criminal Justice Services.

- Texas – Medicaid benefits, previously limited to inpatient detoxification, now include comprehensive addictions treatment. Upon federal approval, these changes will entitle all Medicaid adults to comprehensive substance abuse services including assessment, residential and outpatient detoxification, methadone maintenance, residential services, specialized residential services for pregnant women, and outpatient counseling. The Texas Legislative Budget Board will study the implementation to ensure this expansion of addiction care is budget-neutral for Medicaid and, as such, results in savings in medical expenses.
- Wisconsin – In May 2010, the Wisconsin Department of Health Services announced that it was eliminating all dollar amount and service limitations for substance use disorder and mental health treatment for one of the state's Medicaid programs - BadgerCare Plus Benchmark Plan. This decision brings substance use disorder and mental illness treatment to parity levels for the nearly 15,000 children and pregnant or postpartum women enrolled in the Benchmark Plan. The new parity policy is retroactive to January 1, 2010.

3. Achieving Greater Program and System Efficiency

There are a number of hurdles to accessing addiction treatment. The CATG initiative has worked to improve the capacity of both the treatment system and its providers to engage individuals into treatment more quickly and improve the care quality as a critical means of using existing resources more effectively.

Advancing NIATx Strategies – NIATx is a collaborative effort organized by the University of Wisconsin-Madison. Using process improvement models, NIATx works with substance use and behavioral health organizations across the country to improve access to and retention in treatment. Four sites are implementing NIATx programs or collaborating with NIATx initiatives in their states.

- Arkansas – Forty-eight treatment providers have participated in NIATx “walk through” exercises designed to reduce access barriers.
- New Hampshire – Eighteen agencies took part in NIATx meetings and four agencies started pilot projects. A youth serving outpatient treatment agency used the NIATx process to improve its admission procedures and as a result substantially reduced its waiting list.
- New York – CATG is working with providers, a group of stakeholders and the state Office of Alcoholism and Substance Abuse Services to advance the development of uniform standards of care for community-based detoxification programs. Increased options for community-based detoxification services will reduce the reliance on hospital-based care, generate significant cost-savings, and promote integrated follow-up care to maximize successful outcomes.
- Puerto Rico – Four treatment providers received technical assistance on quality improvement techniques, resulting in some immediate and meaningful program changes. For example, a methadone program serving over 930 clients daily streamlined and improved its process to capture routine urine tests to monitor patient progress.

Promoting Best Practices

- New Hampshire – CATG is collaborating with the NH Medicaid office to develop policies for methadone treatment services. They are also working to implement screening and brief intervention (SBI) in emergency rooms.

- New Jersey – The School Zone law was amended to allow judges to use their discretion to order probation and treatment instead of mandatory minimum sentences for people arrested for possession of illegal substances within a school zone. CATG implemented an innovative pilot employment program based on a performance-based contract that successfully placed 50 individuals in residential treatment into jobs. NJ CATG is seeking sustained funding for this initiative.
- Puerto Rico – CATG has trained more than 180 physicians, pharmacists, journalists and state policymakers in medication assisted treatment.
- Rhode Island – Working with the Providence Fire Chief, CATG is developing a screening protocol for emergency responders.
- Texas – CATG is working on initiatives to improve the business practices of addiction treatment agencies so that they can become certified providers and can fully benefit from the new Medicaid coverage of addiction treatment.
- Wisconsin – Working with the Milwaukee County Department of Health and Human Services, CATG efforts resulted in changes that allow offenders to access the full continuum of specialty treatment providers in the county. The result is expected to include decreases in wait times to access treatment and improved quality of treatment.

Much has been accomplished in the first phase of the CATG initiative, but much remains to be done. States continue to grapple with budget shortfalls, leaving treatment services vulnerable to budget cuts when the services may be most critical. Meanwhile, the federal government will be increasingly focused on the implementation of both parity and health care reform, which represent significant opportunities to expand treatment if done right. CATG will continue to work in all three areas – insurance, financing and efficiency – in order to ensure that quality treatment is available for all those who need it.

For more information, please visit www.treatmentgap.org.

ⁱ 2008 National Survey on Drug Use and Health: National Findings, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), <http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>

ⁱⁱ "Obama Administration Issues Rules Requiring Parity in Treatment of Mental, Substance Use Disorders: Paul Wellstone, Pete Domenici Parity Act Prohibits Discrimination," U.S. Department of Health and Human Services press release, January 29, 2010.

ⁱⁱⁱ "Parity Law Expands Mental Health Access," Kaiser Health News, Sandra G. Boodman, March 02, 2010.