Report Concerning a Data Assessment of Behavioral Health Services to Insured Children and Youth Special Act No. 14-7, § 2

Special Act 14-7, An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Study on Access to Substance Use Treatment for Insured Youth as They Relate to the Department of Children and Families (DCF) directed DCF to obtain and provide data to the joint standing committees of the General Assembly. This report serves to provide data collected by DCF, as directed by Special Act 14-7 (SA 14-7), and an appendix which includes the data collection tool.

Per Special Act 14-7, Section 2, the population identified as defined in the legislation is for children and youth receiving services under the voluntary services program operated by DCF. DCF shall require each entity providing professional services for a child or youth receiving services under the voluntary services program for a three month period to be prescribed by the Department inclusive of all data points outlined in the legislation. DCF developed a data collection tool (see Appendix A) and notified all contracted providers of the agency's request that they report on those within a specific period of time. Additionally, DCF provided training for all providers on the data collection tool and reporting requirements. The data collected was for the period of time starting October 15, 2014 and ending January 31, 2015. From this data, the first consecutive 90 days of data was utilized for this report.

DCF contracts with multiple service providers across the state to deliver community based substance use services. The delivery of these services can occur in three different service types, depending on the child or youth's presenting needs. Appendix B includes the services types, a description of each service type, and the respective: geographic areas served; annual number of youth served; and annual funding levels by service type.

The results of DCFs data collection are:

- The contracted providers reported a total of 316 unduplicated children or youth identified as DCF involved and enrolled in services on October 15, 2014 or became enrolled in services between October 15, 2014 and the close of business January 12, 2015.
- Of these 316 children or youth, 1.5% (*n*=5), were involved with DCF through the voluntary services program.
- For the five (5) youth who were involved in substance use treatment services based on the data collected:
    - 100% were insured through Husky. [SA 14-7, Sec. 2 (1)][1]
    - 100% were enrolled in a substance use treatment program. [Sec.(2)(A)(i)]
    - 100% participated in the respective substance use treatment program. [Sec. 2 (2)(A)(ii)]
    - No child or youth was denied admission. [Sec. 2 (2)(B)(i-ii)]

[1] Insurance coverage is not a requirement for referral, acceptance or participation in treatment services.

- No child or youth was part of a cost sharing agreement for services delivered. [Sec. 2 (3)]
- The data collected indicates services were accessible to these five insured youth. [Sec. 3(c)(1)][2]
- The data analysis indicates that at the time of referral, the child or youth was already enrolled in Husky, thus nothing to suggest cost shifting to the state.

- The demographics of the five youth reported are:

Gender	Age Enrolled At	Hometown	DCF Office
female	11	Hartford	Hartford
male	13	Bridgeport	Bridgeport
male	13	New Haven	New Haven
female	14	New Haven	New Haven
male	16	Hartford	Hartford

Below is the standard language in the MST, MDFT & ACRA-ACC contract scopes, relevant to billing for third party reimbursement:

3. Third Party Reimbursement

a. The Contractor is required to enroll as a Medicaid provider with the Department of Social Services and to seek to negotiate a reimbursement rate from third party commercial payers for services offered through this contract.

b. The Contractor is expected to bill for third party payment for participants covered by any government or private insurance program

[2] The contractors of ACC, MDFT and MST are required to assist in enrolling uninsured youth if any such child or youth is referred and accepted to their programs.

Appendix A

Special Act 14-7 (SA 14-7) Data Collection Instrument

Directions: To be completed for all DCF Involved Cases of:

1) youth currently participating on October 15, 2014

2) youth referred between October 15, 2014 - January 31, 2015

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1. Your Agency Name:
2. Type of Program: ☐ ACC ☐ MDFT ☐ MST
3. Child client's name:
   Last, First
4. Child's Date of Birth:
   MM / DD / YYYY
5. Child's Home Address:
   Street

   City, State
6. Parent/Guardian 1:
   Last, First
7. Parent/Guardian 2: (Leave blank if none)
   Last, First
8. Insurance Carrier Child/Youth is Covered Under: [ref: SA 14-7, Sec. 2(1)]
9. If child/youth is covered through a parent/guardian who is **self insured**, please provide the name of the parent/guardian's employer: [ref: SA 14-7, Sec. 2(1)]
10. For child/youth **ACCEPTED** into the program:
    a. Date child accepted into program: [ref: SA 14-7, Sec. 2(2)(A)]
       MM / DD / YYYY
    b. Did child/youth's insurance carrier agree to pay for the program? [ref: SA 14-7, Sec. 2(2)(A)]
       ☐ Yes ☐ No ☐ N/A - program does not bill insurance
    c. Did child/youth participate in the program? [ref: SA 14-7, Sec. 2(2)(A)]
       ☐ Yes ☐ No
    d. For participating child/youth, where insurance carrier agreed to such coverage, what were the terms of the cost sharing agreement? [ref: SA 14-7, Sec. 2(3)]
       (Briefly describe cost sharing agreement):
       ☐ N/A, no cost sharing agreement
11. For child/youth **NOT ACCEPTED** into the program:
    a. Provide cost of treatment for such child/youth: $ **OR** ☐ Not known [ref: SA 14-7, Sec. 2(2)(B)]
    b. Was insurance coverage applied for child/youth to participate: [ref: SA 14-7, Sec. 2(2)(B)]
       ☐ Yes ☐ No
    c. If insurance coverage was applied for (11b is Yes) was coverage denied? [ref: SA 14-7, Sec. 2(2)(B)]
       ☐ Yes ☐ No
    d. If insurance coverage was denied (11c is Yes), was this denial due to exceeding the coverage limits of the insurance policy? [ref: SA 14-7, Sec. 2(2)(B)]
       ☐ Yes ☐ No

Appendix B

Assertive Continuing Care (ACC)

- **Description:** ACC is the second phase of programing that begins with Adolescent Community Reinforcement Approach (A-CRA) and then moves to ACC. Both A-CRA and ACC are evidence-based adolescent substance abuse treatment programs. A-CRA is an outpatient behavioral therapy for substance using adolescents and their caregivers. Clinicians are taught how to do a functional analysis, deliver 19 procedures based upon the needs of the adolescent, develop treatment goals & the strategies to achieve them, & emphasize pro-social activities to replace those related to substance abuse. On a weekly outpatient basis, usually in a clinic, A-CRA is generally a 90 day program. Most of the sessions are individual with the adolescent, with 2 occurring only with the parent(s), & 2 with the youth & his/her parent(s).

  When the recovery goals are attained through A-CRA or when it is indicated, the adolescents can then be referred to the recovery support ACC portion of the service. ACC is about 3 months, and the clinician works with the adolescent in his/her home, school, work, or the community in face-to-face weekly meetings & phone calls between meetings. In addition to providing case management services to assist with accessing other needed services, the ACC clinician continues to work on keeping the youth engaged in recovery; continue with pro-social activities; & use A-CRA problem solving, relapse prevention or other procedures.

- **Geographic Areas Served:** ACC contracts offer statewide coverage

- **Annual Number of Youth Served (SFY):** 420

- **Annual Funding Level from DCF (including quality assurance costs):** $1,945,080

- **Admission Criteria for ACRA-ACC:**
  This service will be provided to adolescents between the ages of 12-17 years (at the start of the service) from the identified Region, who meet both of the following admission criteria:
  - Has a substance abuse and/or dependence diagnosis
  - Meets the American Society of Addiction Medicine (ASAM) criteria for an Outpatient level of care.

  Eighteen (18) year olds may be admitted if they meet the exceptions criteria of living at home with their parents and/ or caregivers, in addition to meeting the admission criteria above.

Multidimensional Family Therapy (MDFT):

- **Description:** MDFT is a family-centered, comprehensive treatment program for adolescents and young adults with substance use and related behavioral and emotional problems. In Connecticut, this model is delivered as an in-home program to treat adolescents who are experimenting with or abusing substances, and/or those who exhibit co-occurring substance abuse and mental health disorders and other problem behaviors such as conduct disorder and delinquency. MDFT therapists address four interdependent treatment areas to achieve effective clinical outcomes. Interventions are designed for the adolescent, the parent, the family, and systems such as school and juvenile justice.

- **Geographic Areas Served:** MDFT contracts offer statewide coverage

- **Annual Number of Youth Served (SFY):** 912

- **Annual Funding Level from DCF (including quality assurance costs):** $10,529,930

- **Admission Criteria for MDFT:** Inclusion: Must Meet Criteria A and B

A: Between ages 9-18.5

B: At least one or at risk of the following as the Primary Diagnosis

1. Cannabis Abuse
2. Cannabis Dependence
3. Alcohol Abuse
4. Alcohol Dependence
5. Other Substance Abuse
6. ODD
7. CD
8. Does not meet criteria for any of the 7 disorders listed above, but is sub- threshold for at least one of them (e.g., school problems: poor attendance, poor grades, discipline problems, fighting, suspensions; problems at home: disobedient, violating curfew, withdrawn from family, extremely disrespectful toward parents, out of control; peers: hangs out with kids who get in trouble, use drugs, commits delinquent acts; drugs & alcohol: uses but not enough to meet diagnostic criteria.

Exclusion: If youth has any of the following they are not appropriate for MDFT:

1. Under age 9 or over age 18.5
2. No Functional family able to participate in treatment program
3. Cocaine/crack dependence
4. Active Heroin use
5. Active inhalant use
6. Fire setting
7. Active Suicidal (ideation and plan)
8. Psychotic disorders or features
9. IQ below 65

10. Significant violence in the home (ie. Unsafe for youth or other family members to reside in the home)

Multi-Systemic Therapy (MST)

- **Description:** MST is an intensive family-and community-based treatment that addresses the multiple determinants of serious anti-social behavior in juvenile offenders. The MST approach views individuals as being surrounded by a network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which a youth lives. Using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate positive change, the intervention strives to promote behavioral change in the youth's natural environment.

- **Geographic Areas Served:** MST services are not available in all towns. A breakdown of towns not served by MST, by DCF Regional areas, indicates that MST funded by DCF serves all towns except:
    - DCF Region 1: Greenwich, Stamford, New Canaan, Darien, Wilton, Weston, Norwalk, Westport
    - DCF Region 3: Cromwell, Portland, East Hampton, Middletown, Middlefield, Durham, Haddam, East Haddam, Lyme, Old Lyme, Old Saybrook, Essex. Deep River, Chester, Killingworth, Clinton, Madison, Guilford
    - DCF Region 5: Salisbury, North Canaan, Canaan, Norfolk, Colebrook, Hartland, Barkhamsted, Winchester, Sharon, Cornwall, Goshen, Torrington, New Hartford, Harwinton, Litchfield, Warren, Kent, Washington, Morris, Bethlehem, Thomaston, Watertown, Roxbury, Sherman, New Milford, Bridgewater, New Fairfield, Brookfield, Danbury, Bethel, Newtown, Ridgefield, Redding
    - DCF Region 6: Meriden, Wallingford

- **Annual Number of Youth Served (SFY):** 202

- **Annual Funding Level from DCF:** $2,089,524

- **Admission Criteria for MST:** Inclusionary criteria

Delinquent or antisocial youth who are 12 to 17 years old and may also meet the following criteria:

a) Youth at Imminent risk of out-of-home placement or returning from out of home placement
b) Physical aggression at home, at school or in the community
c) Verbal aggression, verbal threats of harm to others
d) Substance abuse in the context of problems listed above
e) History/severity of court involvement

MST Exclusionary criteria (inappropriate referrals)

a) Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.

b) Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors. See explanation below for additional information regarding referrals of youth with co-morbid psychiatric problems.

c) Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior). See explanation below for additional information regarding this referral criterion.

d) Youth with pervasive developmental delays. See explanation below for additional information regarding this referral criterion.