

# Barriers to Substance Abuse Treatment Access in Arkansas

## Behavioral Health Treatment Access Legislative Task Force

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### Background

#### Treatment Need (estimates from most recent SAMHSA National Survey on Drug Use and Health)

- 449,000 Arkansans had a mental illness in past year; 187,000 Arkansans abused or were dependent on illicit drugs or alcohol.
- **130,000** Arkansans *needed but did not receive treatment* for alcohol problems in past year.
- **60,000** Arkansans *needed but did not receive treatment* for illicit drugs in past year.

#### Budget Impact (from 2011 analysis of Arkansas budget by Columbia University)

- **9.6%** of the Arkansas operating budget (excluding federal funds) goes to expenditures related to the consequences of substance addiction.
  - Of every dollar spent on the consequences of substance use, only 4 cents goes to prevention and treatment.
- Substance use related spending ranks only after spending on higher education and elementary and secondary education.

#### Treatment is Cost-Effective

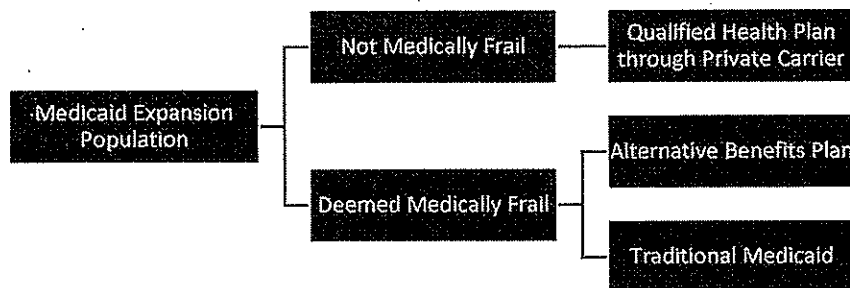
- Cost benefit analyses consistently show cost-savings associated with investments in treatment (typical estimates range from 1.5 to 5+ dollars saved per dollar spent).

#### Separate Systems for Substance Abuse and Mental Health Treatment

- While estimates suggest that the majority of individuals with addictions also have a co-occurring mental health disorder, historically mental health providers and substance abuse treatment providers are separate groups that operate through different funding streams.

### Treatment Barriers

One goal of the corrections reform effort is to sign up individuals on probation or parole for health coverage so that they can access behavioral health treatment. For those in the Medicaid Expansion population, there are two paths: 1) they could be deemed 'medically frail' in which case they would be assigned to traditional Medicaid or an Alternative Benefits Plan, or 2) they can receive coverage through a private option plan (such as QualChoice or Blue Cross and Blue Shield).

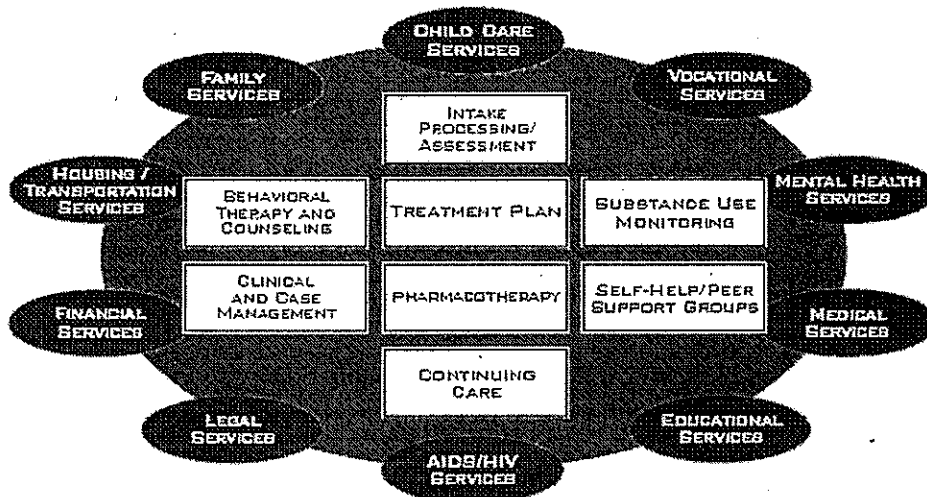


#### Covered Benefits

- Medicaid does not cover any substance abuse treatment services except for pregnant women or juveniles.
  - These limited covered services are rarely utilized due to low reimbursement rates and mismatch between covered services and needed services (e.g. outpatient vs residential).
- Private option plans vary in coverage for substance abuse treatment. We have not identified a clear list of plans with the services they cover. The service array and service limitations likely vary widely and may:

- exclude many recommended services (see recommended components of drug treatment graphic),
- exclude more intensive treatment options, and/or
- fail to align with best practice recommendation on length of treatment.
- There is a potential conflict between the interests of corrections/treatment staff vs. interests of insurers.
  - Given the high consequences of relapse for a person on probation or parole, treatment providers may advocate for more intensive services upon release from prison, with services tapering down over time.
  - Insurers typically approve the least intensive service first, with more intensive services available only if substance abuse or mental health symptoms continue. This could result in repeated probation or parole violations/revocation of probation or parole due to substance use before more intensive services are made available.
- Co-pays and deductibles could be a significant barrier to services (as has been the case for those with a mental illness).
- Funding for recovery support services is no longer available in AR (Access to Recovery funding has ended). Therefore there is no funding source for transportation to treatment, child care while a parent participates in treatment, transitional housing, etc.

**From National Institutes of Health – Recommended Comprehensive Treatment Components**



**Participation of Substance Abuse Treatment Providers on Private Option Plans**

- Most Arkansas substance abuse treatment providers are not providers on private insurance plans. Services may not be available in most communities through private insurance.
- Arkansas substance abuse treatment providers typically employ very few, if any, licensed staff eligible to serve as providers under private insurance. They typically employ staff such as Certified Alcohol and Drug Counselors rather than staff like Licensed Clinical Social Workers or Psychologists. Thus, their ability to try and get added as a provider on most private plans would be limited.

**Data Needs**

- Data may be needed to determine the extent to which these barriers become realities for the corrections population, such as:
  - number of days from referral to treatment to treatment entry
  - rate of the match between treatment modality recommended and treatment modality received
  - length of treatment
  - treatment completion rates/reasons for discharge.
- We may also need a provider survey to determine which service providers accept insurance and for what services (broken down by geography).