SUPPORT ACT 1003

Connecticut Opioid and Other Substance Use Disorder Treatment and Recovery Service Capacity and Infrastructure Planning

Semi-Annual Progress Report

10/2019 – 4/15/20

Agenda

This Semi-Annual Progress report highlights:

- Background of grant award
- SUD prevalence within the Medicaid population and service utilization by members with SUD
- A draft of SUD provider core competencies
- Themes from key informant interviews, stakeholder listening sessions, and member focus groups
- Next Steps

Background

- In September 2019, the Connecticut Department of Social Services (DSS), in collaboration with the Department of Mental Health and Addiction Services (DMHAS), and the Department of Children Families (DCF), was one of 15 states awarded a Section 1003 Demonstration Project planning grant
- The primary purpose of the grant is to evaluate the Connecticut Substance Use Disorder (SUD) system of care and recommend improvements to enhance care and outcomes

SUD Prevalence and Service Utilization Analysis

Methods

- By using Medicaid claims data, we measured "utilization" or "treatment" prevalence

Strengths of Data

- Large dataset including medical, BH, pharmacy, and transportation
- Expanded definitions of members with SUD and SUD service utilizers

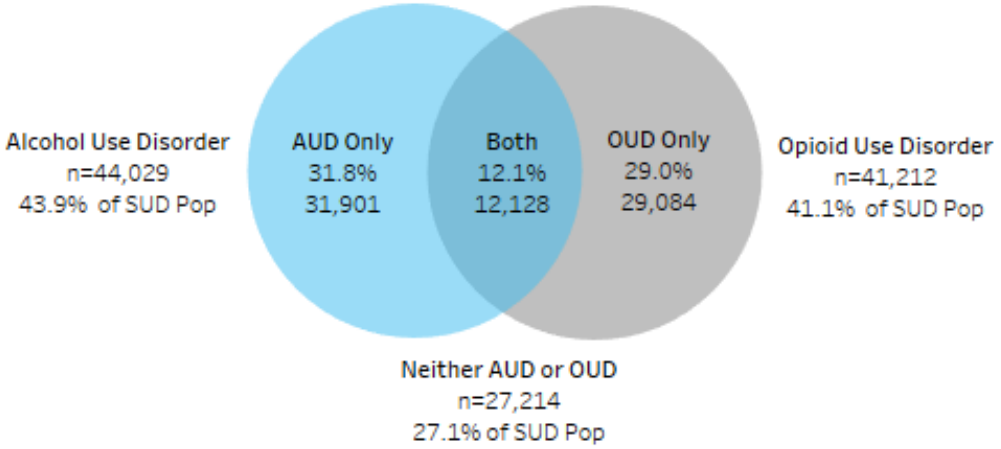
Limitations of Data

- Missing services that are not billed to Medicaid
- True prevalence is higher and unknowable
- Measures of utilization are known to underrepresent people of color

SUD Prevalence and Service Utilization Analysis

- 10.2% of Medicaid members had a SUD, including 15.5% of adult members
- Most (72.9%) Medicaid members with an SUD had Alcohol, Opioid Use Disorder, or both
- Medicaid members with a SUD also had higher rates of homelessness, with 14.5% of members with SUD identified as homeless or housing insecure (v 2.8% in full population)

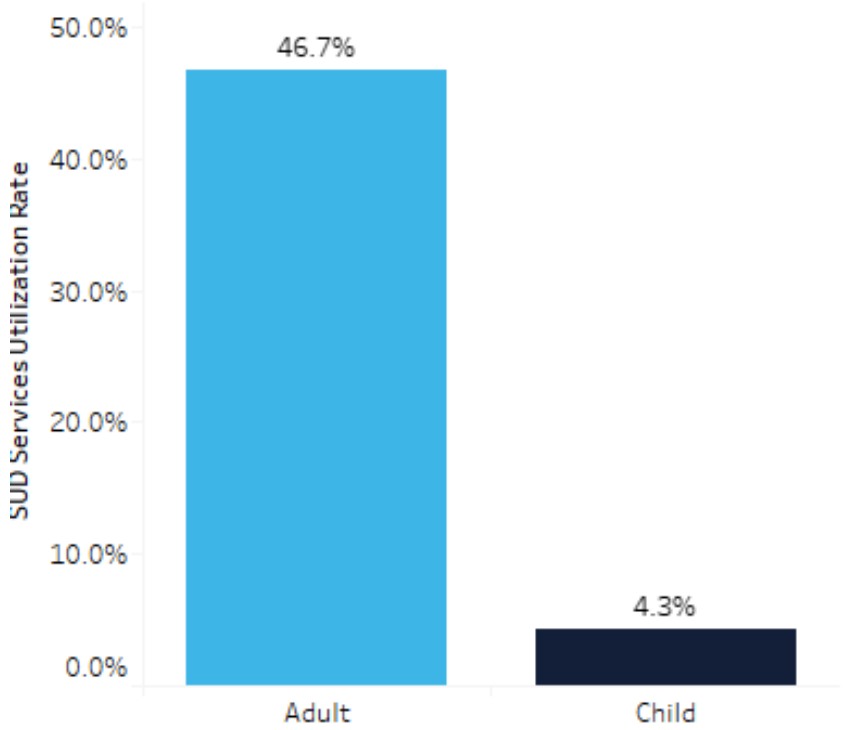
Members with AUD, OUD, or both in 2018;
The majority of members with an SUD had AUD and/or OUD



SUD Prevalence and Service Utilization Analysis

- Less than half (45.2%) of Medicaid members with SUD utilized SUD treatment services
- Two-thirds of Medicaid members with SUD utilized the emergency department
- 12.5% of pregnant or postpartum women had a SUD, but only 35.8% utilized SUD treatment
- Because Medicaid claims data was used, only a small percentage of individuals appear to have received recovery supports or case management as those services are funded by state dollars

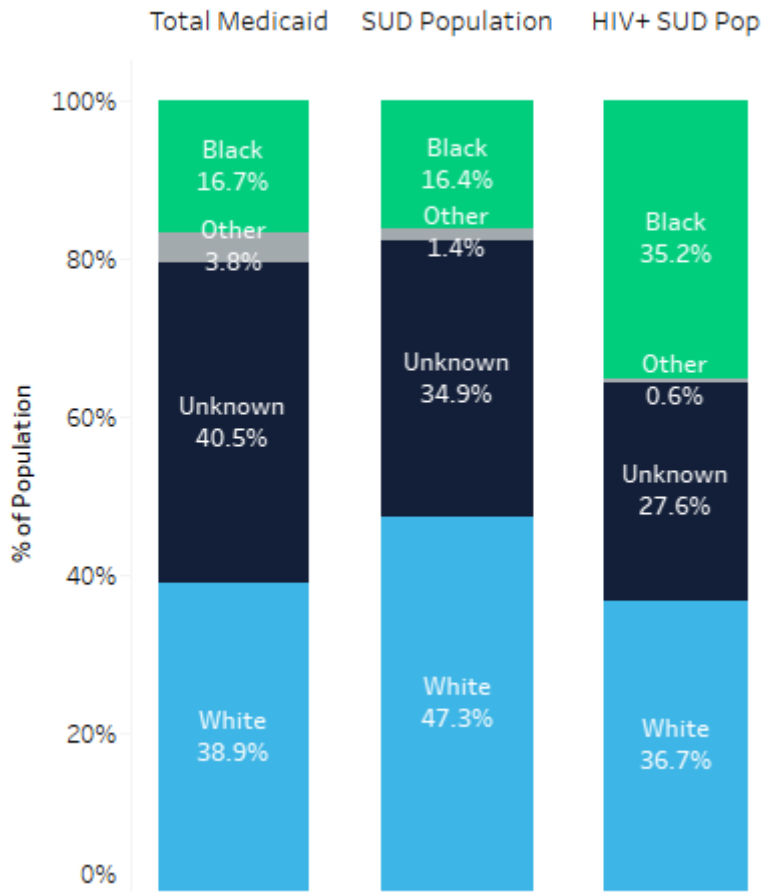
SUD Services Utilization among Members with SUD; *Adults were much more likely to receive SUD treatment*



SUD Prevalence and Service Utilization Analysis

- Young adults (12-21 years) had the lowest SUD service utilization (13.2%) of any subpopulation examined, but had nearly double the adult rate of inpatient psychiatric service utilization
- Dually eligible Medicaid members with SUD, older adults with SUD, and Medicaid members with HIV and SUD all utilized home health and skilled nursing services at higher rates
- More than 40% of Medicaid members with HIV also have SUD, a rate more than four times the overall rate of SUD

Black Members in Medicaid, SUD, and HIV+ with SUD Populations; *Black members comprise a higher percentage of the HIV+ with SUD population*



Core Competencies for SUD Treatment

- Universal Screening
- Assessment
- Individualized Treatment Planning
- Care Coordination
- Evidence-Based Practices
- Medication Assisted Treatment
- Cultural Competency
- Data Reporting (cross-cutting competency)
- Workforce Development (cross-cutting competency)

The identified competencies are grounded in the idea of whole person treatment, described by one stakeholder as: ***"providers must see the person in front of them in the context of their entire life cycle and not just in the moment."***

Stakeholder Engagement: Interviews, Listening Sessions, and Focus Groups

- **Strengths of the SUD treatment system:**
  - MAT and harm reduction programs
  - A robust community for recovery and growing availability of peers and recovery coaches
  - Evidence based practices
  - High quality programs and providers

One participant expressed the value in seeing others in recovery: "I see people that I used to associate with and I see them doing good and looking good and that helps me stay on track."

Stakeholder Engagement: Interviews, Listening Sessions, and Focus Groups

- **Barriers in the system:**
  - Limited access to treatment options, especially with long wait times for residential care
  - Limitations related to workforce development and resources
  - Not all care is culturally competent

> **"I'm a human being just like everybody else."**

> **"There are resources, but everything has a wait list—but your mental health, your addiction, your housing issues don't wait."**

Stakeholder Engagement: Interviews, Listening Sessions, and Focus Groups

- **Gaps in the system include:**
  - Missing links between levels of care, limited access for Medicaid members with co-occurring and/or comorbid conditions
  - Lack of treatment at the moment of readiness
  - More recovery supports and social supports needed to address social determinants of health

> **"People keep repeating the cycle through the system, never getting what they need."**

Next Steps

- Develop and implement a Medicaid member survey
- Conduct small workgroups for Medicaid subpopulations
- Design a provider assessment
- Analyze SUD prevalence and utilization of services in the dually-eligible subpopulation
- Develop a predictive model