Testimony Regarding Substance Use Disorder Treatment Demonstration Waiver Proposal Pursuant to Section 1115 of the Social Security Act

Dashni Sathasivam, MPH
Appropriations and Human Services Committees

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Dear esteemed members of the Appropriations and Human Services Committees,

My name is Dashni Sathasivam, and I am testifying today on behalf of Health Equity Solutions, where I serve as Manager of Policy & Outreach. Health Equity Solutions is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Thank you for the opportunity to submit testimony regarding the Medicaid Section 1115 Demonstration Proposal for Substance Use Disorder (SUD) Treatment for the Department of Social Services. We are glad that Connecticut is intent on joining the 26 states across the country that have already received approval from CMS on their Section 1115 SUD demonstration waivers.[1] Overall, we support the actions contained in the proposal to expand Medicaid reimbursement in Connecticut to include residential SUD treatments and other services provided at Institutions of Mental Disease as this will allow Connecticut to advance affordable and accessible SUD services that account for individualized treatment plans across the continuum of care for residents enrolled in Medicaid.

We recommend intentionally embedding equity in the evaluation design and the future monitoring protocol, which dictates the demonstration's reporting requirements and standards. More specifically, we respectfully recommend:

Stratifying by race, ethnicity, and primary language: None of the existing demonstration goals or research questions reference health equity or seek to evaluate disparities. Evidence shows the prevalence of substance use disorder and completion of treatment programs vary across races and ethnicities.[2, 3] We urge DSS to commit to evaluating inequities in SUD service delivery and outcomes by stratifying all data collected in response to the listed research questions by race, ethnicity, and preferred language whenever possible.

Analyzing for inequities: We further recommend that-DSS use stratified data to report a disproportionality index to support the identification of overrepresentation among certain racial and ethnic groups in SUD treatment programs and service utilization as compared to their composition in Connecticut's general population and a disparity index to identify disproportionate outcomes between

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[1] Centers for Medicare & Medicaid Services. Section 1115 Demonstrations: Substance Use Disorders, Serious Mental Illness, and Serious Emotional Disturbance. https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-substance-use-disorder-demonstrations/section-1115-demonstrations-substance-use-disorders-serious-mental-illness-and-serious-emotional-disturbance/index.html

[2] Lo CC, Cheng TC. Racial/ethnic differences in access to substance abuse treatment. Journal of Health Care for the Poor and Underserved. 2011;22(2):621–637.

[3] Saloner B, Le Cook B. Blacks and Hispanics are less likely than whites to complete addiction treatment, largely due to socioeconomic factors. Health Affairs. 2013;32(1):135–145.

races and ethnicities. This type of analysis has been used by Connecticut's Department of Children and Families.[4]

Account for quality: The demonstration aims to evaluate primary drivers, including: access, care coordination and continuity, and cost. However, there is no explicit mention of quality. While the proposal references a future certification and monitoring of residential treatment providers as a means of accountability for standards of care, patient satisfaction is not mentioned. A patient's perception of their care is a key and well-documented means of assessing the quality of services provided and informing program improvements. [5, 6, 7, 8] We also know that the quality of health care delivered, particularly as it relates to SUD treatment, can vary across races and ethnicities. We ask that DSS include a research question to evaluate quality using patient satisfaction and report findings stratified by race and ethnicity to identify the impacts of systemic and interpersonal racism.

Thank you for the opportunity to submit this testimony regarding the proposed demonstration waiver for the Department of Social Services. I can be reached with any questions at dashni@hesct.org or 860. 322.6738

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[4] Department of Children & Families. (2021). *Connecticut General Statute (C.G.S) Section 17a-6e Report on the Department of Children and Families' Racial Justice Data, Activities and Strategies.* https://portal.ct.gov/-/media/DCF/RACIAL-JUSTICE/CGS17a6eSFY2020LR.pdf

[5] Carlson, M. J., & Gabriel, R. M. (2001). Patient satisfaction, use of services, and one-year outcomes in publicly funded substance abuse treatment. Psychiatric Services, 52(9), 1230-6.

[6] Garnick, D. W., Lee, M. T., Horgan, C. M., Acevedo, A., & the Washington Circle Public Sector Workgroup. (2009).

[7] Shafer, A., & Ang, R. (2018). The mental health statistics improvement program (MHSIP) adult consumer satisfaction survey factor structure and relation to external criteria. Journal of Behavioral Health Services and Research

[8] Zhang, Z., Gerstein, D. R., & Friedmann, P.D. (2008). Patient satisfaction and sustained outcomes of drug abuse treatment. Journal of Health Psychology, 13(2), 388-400