

# Investing in Connecticut

## Medicaid and Access to Mental Health and Addiction Services

*Had Connecticut not done Medicaid Expansion in 2014, we would likely have closed our doors. The majority of low income HIV+ Adults, homeless and housed, would not have been covered as Single Adults and the limited Ryan White funding would have left some of them without vital medical coverage and life-saving HIV medications. - Provider in Phoenix, AZ in National Council Medicaid Survey, 12/2016*

### Addiction and mental illness in Connecticut

- [3.24 percent](#)<sup>1</sup>, or over 116,300 people, in Connecticut have a serious mental illness, and these individuals are among our most vulnerable citizens.
- Tragically, 800 Connecticut residents lost their lives to drug overdoses in 2015, a nearly 26 percent increase over 2014.<sup>2</sup>

### Medicaid is an essential source of funding for behavioral health services in Connecticut

*An estimated 30% of our clients were able to have access to services as a result of their eligibility to insurance under the Medicaid Expansion Program. -- Provider in Hartford, Connecticut (National Council Medicaid Study, 12/2016)*

Connecticut is a Medicaid Expansion state, and currently receives a [50 percent](#)<sup>3</sup> matching rate from the federal government for regular funding for Medicaid services. Connecticut is facing a budget shortfall in 2017. Along with the match rate for expansion populations, these federal funds provide important support to the state in a time of increasing pressure on the state budget. Over the course of a year and a half alone, Medicaid expansion brought **\$1.8 billion** in federal dollars into the state economy.<sup>4</sup>

- [201,000](#) Connecticut residents are enrolled in the Medicaid Expansion.
- [840,600](#) Connecticut residents are enrolled in Medicaid.<sup>5</sup>

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<sup>1</sup> State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health (Feb 2014). <http://archive.samhsa.gov/data/2k14/NSDUH170/sr170-mental-illness-state-estimates-2014.htm>

<sup>2</sup> Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>3</sup> Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier (2017). Kaiser Family Foundation. <http://kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0>

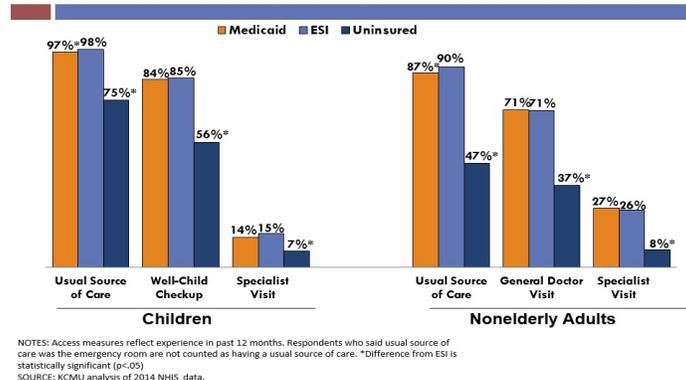
<sup>4</sup> Families USA, <http://familiesusa.org/product/defending-health-care-2017-what-stake-Connecticut>

<sup>5</sup> Kaiser Family Foundation. <http://kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0>

**Recent research has found that access to health care leads to greater economic mobility across generations.** Increased access to Medicaid has led to decreased infant mortality, improved education outcomes, decreased rates of depression, and improved employment.<sup>6</sup>

States that have expanded Medicaid have seen major reductions in uncompensated care delivered by safety net institutions, significant drops in the number of uninsured, and budget savings for hospitals and community health clinics.<sup>7</sup>

Medicaid and private insurance provide similar access to care – the uninsured fare far less well.



*The costs do not go away if you don't fund the service. They show up in uncompensated care, increased costs to the corrections and legal system and increased disruption in the lives of individuals, families and organizations who are interacting with individuals with a mental illness or SUD who are unable to access what they need to live successfully in their community of choice -- Mental health provider in New Hampshire (National Council Medicaid Study, 12/2016)*

<sup>6</sup> Health and Economic Opportunity: Webinar Recording. Atheendar Venkatarami and Rourke O'Brien (Sept 14, 2016). <https://www.youtube.com/watch?v=DBvmSJeTTjs>

<sup>7</sup> [Beyond the Reduction in Uncompensated Care: Medicaid Expansion Is Having a Positive Impact on Safety Net Hospitals and Clinics](#). by Adam Searing, Georgetown University Center for Children and Families and Jack Hadley, Georgetown University Health Policy Institute, June 2016