

# Investing in Georgia

## Medicaid and Access to Mental Health and Addiction Services

*“The lower the incomes people have, the more challenges they face,” said Ellyn Jeager of Mental Health America of Georgia. “People who have a mental health diagnosis need treatment. If you don’t treat somebody early enough, the prognosis gets worse. People end up in the emergency rooms.” --Ellyn Jeager, Mental Health America in Georgia (March 28, 2016, News Article)<sup>1</sup>*

### Community Behavioral Health in Georgia

The Georgia Association of Community Service Boards, located in Savannah, represents 27 organizations providing mental health, developmental disability and substance use disorder services management and delivery in Georgia’s communities.

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### Addiction and mental illness in Georgia

- Over [3.6 percent](#)<sup>2</sup>, or 371,000 people in Georgia, have a serious mental illness, and these individuals are among our most vulnerable citizens.
- In 2015, there were [1,302](#)<sup>3</sup> drug-related deaths in Georgia. To prevent these tragedies, Georgians need high quality health care and access to affordable services.
- Over [25 percent](#) of Georgians with mental illness or substance disorder do not have any type of health insurance,<sup>4</sup> and Georgia continues to have one of the highest rates of uninsurance in the country.

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

Georgia is not a Medicaid Expansion state, and currently receives a [67.89 percent](#)<sup>5</sup> matching rate from the federal government for regular funding for Medicaid services. [1,868,200](#) people are enrolled in Medicaid,<sup>6</sup> and many more go without the services they need. Medicaid expansion provides crucial federal funding for expanding access to behavioral health services. Compared to non-expansion states, 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>

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<sup>1</sup> <http://www.georgiahealthnews.com/2016/03/feds-medicaid-expansion-thousands-mental-health-drug-patients/>

<sup>2</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>3</sup> Drug Overdose Death Data, Centers for Disease Control (Dec. 2016). <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

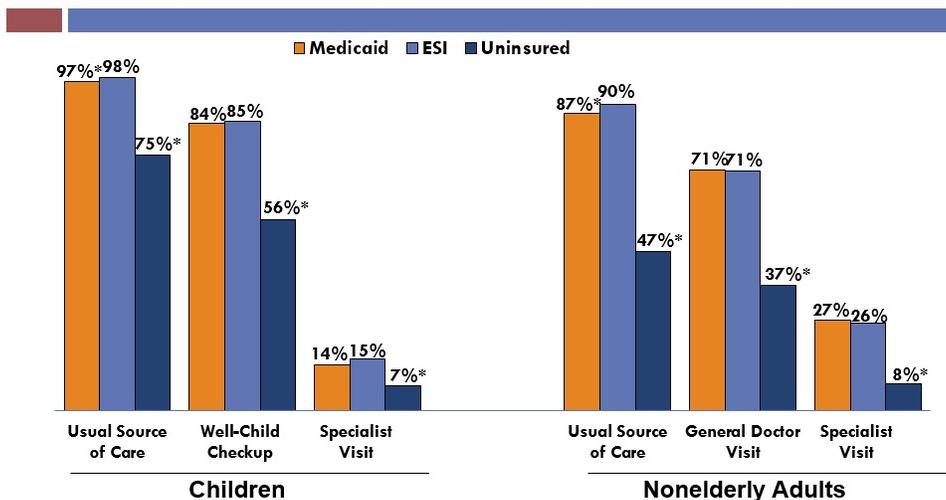
<sup>4</sup> Benefits of Medicaid Expansion for Behavioral Health, ASPE/SAMHSA (Mar 2016) <https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf>

<sup>5</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>6</sup> Kaiser Family Foundation. <http://kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0>

<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 Hoadley, Georgetown University Health Policy Institute, June 2016

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



NOTES: Access measures reflect experience in past 12 months. Respondents who said usual source of care was the emergency room are not counted as having a usual source of care. \*Difference from ESI is statistically significant (p<.05)  
SOURCE: KCMU analysis of 2014 NHIS data.

*“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 substance use disorder 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 Survey, 12/2016)*