

Investing in Missouri

Medicaid and Access to Mental Health and Addiction Services

Community Behavioral Health in Missouri

The Missouri Coalition for Community Behavioral Healthcare, located in Jefferson City, represents Missouri's not-for-profit community mental health centers, as well as alcohol and addiction treatment agencies, affiliated community psychiatric rehabilitation service providers, and a clinical call center.

Thirty two member agencies staffed with more than 9,500 staff annually provide treatment and support services to approximately 250,000 clients.

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Addiction and Mental Illness in Missouri

- Over [4.5 percent](#)¹ of people in Missouri have a serious mental illness, and these individuals are among our most vulnerable citizens.
- In 2015, there were [over 1,000](#)² drug-related deaths in Missouri. To prevent these tragedies, Missourians need high quality health care and access to affordable services.
- Over [32 percent](#) of Missourians with any mental illness or substance disorder do not have any type of health insurance³, and [11 percent](#) of the total population do not have any health insurance⁴
- <Non-Expansion: Each year, our providers serve XXXX people, and know that there are many people who need additional care. Add detail about wait lists, delayed need, etc >

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

Missouri is not a Medicaid Expansion state under the ACA, and currently receives a [63.2 percent](#)⁵ matching rate from the federal government for regular funding for Medicaid services. This means that:

- [962,000](#) people are enrolled in Medicaid.⁶

According to the Centers for Disease Control and Prevention, the national uninsured rate for people with serious psychological disorders declined from 28.1 percent in 2012 to 19.5 percent in 2015.⁷ This translates to healthier and more productive citizens.

¹ 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>

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

³ Benefits of Medicaid Expansion for Behavioral Health, ASPE/SAMHSA (Mar 2016) <https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf>

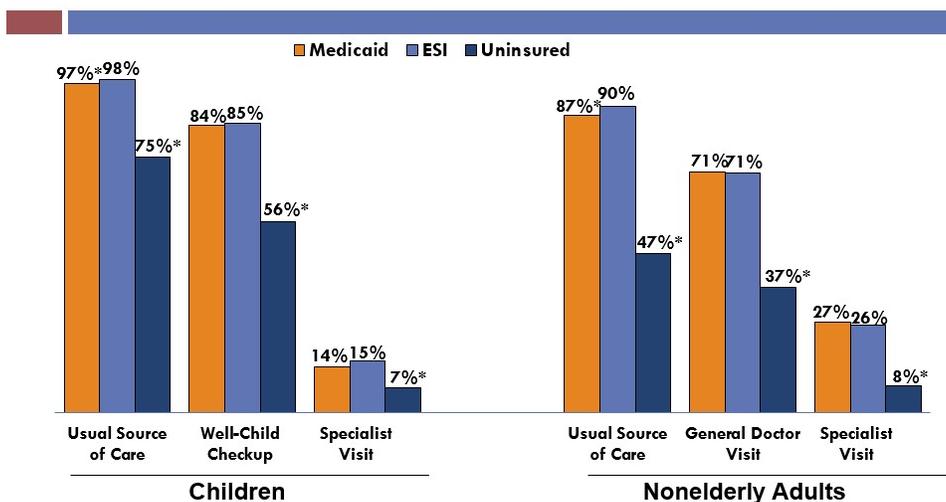
⁴ Trust for America's Health (2016). <http://healthyamericans.org/states/?stateid=GA#section=1,year=2016,code=uninsuredAll>

⁵ 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>

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

⁷ [Access to Care Among Adults Aged 18–64 With Serious Psychological Distress: Early Release of Estimates From the National Health Interview Survey, 2012–September 2015](#). National Health Interview Survey Early Release Program, Centers for Disease Control, 5/2016

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.

Medicaid Saves Lives and Money

- Over 90 percent of respondents the December 2016 National Council Medicaid Survey reported that Medicaid Expansion in their state has increased the number of people able to access care. Nearly 70 percent reported an increased ability to access support services that were not covered previously under Medicaid.
- The National Council Survey pointed to the real economic benefits of the Medicaid Expansion, with 33 percent of respondents from 13 states reporting increased hiring of health professionals.
- 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.⁸

Real People, Real Consequences

- According to the Urban Institute, if the 2016 Reconciliation bill is passed, over 500,000 could lose health insurance and 94,000 could lose Medicaid funding.⁹
- According to [Families USA](#),
 - Missouri stands to lose **\$18 billion** in federal funding for Medicaid, CHIP, and financial assistance for marketplace coverage.
 - Approximately **226,000 Missourians** who currently get financial assistance to help pay for their health coverage will lose this help and will no longer have affordable coverage options. In 2016, Missouri receiving financial assistance saw their monthly premiums reduced on average **\$315** thanks to this help.
 - **Missouri will lose millions in federal Medicaid funding.** Over the course of a year and a half alone, Medicaid expansion brought **\$XXX million** in federal dollars into the state economy.
 - The now-historically low rate of uninsured people will spike, with the number of uninsured in

⁸ [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

⁹ Partial Repeal of the ACA through Reconciliation Coverage Implications for Your State (Jan 2017). <http://www.urban.org/policy-centers/health-policy-center/projects/partial-repeal-aca-through-reconciliation>

Missouri increasing **93 percent** by 2019.⁴ This will reverse the immense progress that has been made to expand coverage. Between 2013 and 2015:

- The number of uninsured in Missouri declined **25 percent**.
- Working Missourians: The uninsured rate among working Missourians saw a **23 percent** decline.⁶
- Approximately **2.6 million Missourians** with pre-existing conditions like mental illness, asthma, diabetes, and cancer could once again be denied affordable, comprehensive coverage that actually covers their health care needs.¹⁰

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)

¹⁰ Defending Health Care in 2017 (Dec. 2016). Families USA. <http://familiesusa.org/product/defending-health-care-2017-what-stake>