

Investing in Utah

Medicaid and Access to Mental Health and Addiction Services

Addiction and Mental Illness in Utah

- Over [5 percent](#)¹, or nearly 890,000 people in Utah, have a serious mental illness, and these individuals are among our most vulnerable citizens. The ASPE Office of Disability, Aging and Long-Term Care Policy estimates that over 480,000 Utahns have any type of mental illness or substance use disorder.²
- In 2015, there were over [646](#) drug-related deaths in Utah. To prevent these tragedies, Utahns need high quality health care and access to affordable services.

Opioid Epidemic and Overdose Deaths (2014)³

State	Drug Overdose Deaths (rate/100,000)	Rx Opioid Use per 1000 population	Buprenorphine use per 1000 population	% Share of Bupe paid by Medicaid
Utah	646 (23.4)	719	42	4.4
U.S.	52,404 (16.3)	695	39	24.2

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

Utah has not fully implemented its Medicaid Expansion, and currently receives a [69.9](#) percent matching rate from the federal government for regular funding for Medicaid services. Nationally, nearly 50 percent of funding for state mental health agencies comes from Medicaid.⁴ These federal funds provide important support to the state in a time of increasing pressure on the state budget.

- [327,700](#) Utahns were enrolled in Medicaid.⁵
- Utah's expansion would provide Medicaid to about 9,000 to 11,000 of the poorest Utahns. The plan targets childless adults who are chronically homeless, involved in the justice system, or in need of substance-abuse or mental-health treatment.⁶

Expanding Medicaid has helped save lives and money

- According to a [March 2015 ASPE Study](#), Medicaid Expansion states saw significant reductions in their uncompensated care costs in 2014 - an estimated additional \$2.6 billion in reductions over

¹ State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health (Feb 2014).

² Benefits of Medicaid Expansion for Behavioral Health. (March 28, 2016). ASPE and SAMHSA. <https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf>

³ <https://www.hcp.med.harvard.edu/background-information-richard-frank-article>

⁴ Benefits of Medicaid Expansion for Behavioral Health. (March 28, 2016). ASPE and SAMHSA. <https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf>

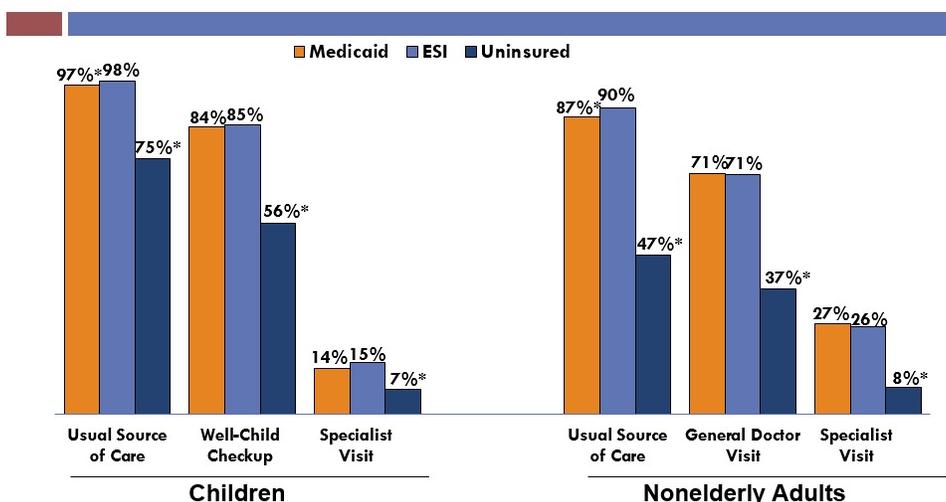
⁵ Kaiser Family Foundation. <http://kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0>

⁶ [Utah's Medicaid expansion plan moving forward with little comment from public](#)

the savings realized in non-expansion states (\$5.0 billion in expansion states compared to \$2.4 billion in non-expansion states).

- Over 90 percent of respondents to 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.

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)