



Dashed Hopes; Broken Promises; More Despair:

How the Lack of
State Participation in the
Medicaid Expansion
Will Punish Americans
with Mental Illness

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Contents

SECTION 1

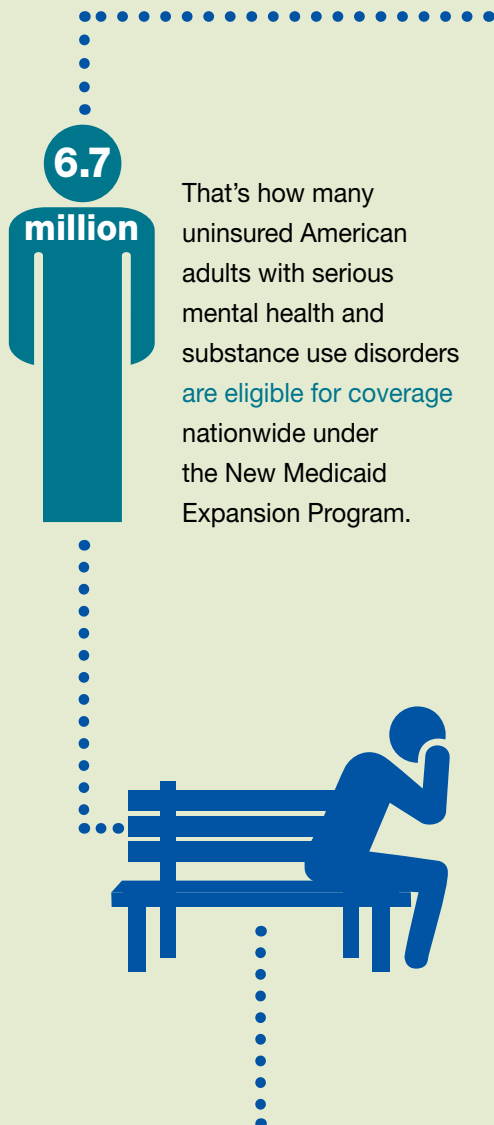
Overview of Key Findings.....	1
The Medicaid Expansion Program and Mental Health Issues.....	4
Major Findings.....	9
The Impact of the Medicaid Expansion for Uninsured People with Serious Mental Health and Substance Use Conditions.....	9

SECTION 2

The Impact of the ACA's Health Insurance Marketplaces and Medicaid Expansion on Uninsured People with Serious Mental Health Conditions.....	18
Total Impact of the ACA's Coverage Expansions on Promoting Health Insurance Through the Traditional Medicaid Program	20
Overarching Coverage Findings.....	22
Key National Characteristics of Uninsured People With a Mental Illness	23
Key State Characteristics of Uninsured People With a Mental Illness	24

SECTION 3

What's at Stake: Access to Health Insurance and Mental Health Services	26
An Urgent Plea to Policymakers: Just Say Yes to Expansion	27
A Call to Action.....	29
Conclusion	30
Definitions of the Major Mental Health and Substance Use Conditions.....	31
About this Report	32



Nearly **4 million** uninsured people

- with a **serious mental illness**
- in **serious psychological distress**, or
- who have a **substance use disorder...**

...are eligible for health insurance coverage through the New Medicaid Expansion Program in the **25 States** that have opted out of the program.

Millions of uninsured Americans with mental health conditions find themselves living in the wrong place at the wrong time.

That's because fully half of the states in the country have denied insurance coverage to eligible residents with mental health problems by refusing to participate in the federal government's New Medicaid Expansion Program.

Health care coverage in the United States shouldn't be a lottery based on a lucky location. But that's the current dismaying situation: 25 states have opted into Medicaid Expansion and 25 have opted out—including, disastrously, most of the states in the South.

Uninsured Americans with a mental illness who live in these non-expansion states will be left out in the coverage cold.

That's not fair, and it's not good policy because the cost of untreated mental health problems is high, in both human and economic terms.

Lack of access to covered services will result in more people with a mental illness developing a crisis condition. Medicaid Expansion can help because it includes mental illness prevention benefits such as early identification and screening services.

With the federal government picking up most or all of the cost of Medicaid Expansion, the expense to individual states is low, making it even easier for states to opt in.

These funds are already set aside in the federal budget. There is no practical or financial argument for governors and legislators in the 25 states that have rejected the Medicaid expansion to continue on their dangerous path that denies their citizens needed health care services.

In this report, AMHCA details the drastic impact that living in a state without Medicaid Expansion has on health insurance coverage **for adults who have mental health conditions.**

This group of **25 states** represents

..... **55 PERCENT** of all uninsured people with major mental health disorders who are eligible for coverage under the Medicaid Expansion.



25 states have opted out of Medicaid Expansion.

Unless they change direction, these states will dash the hopes of millions of Americans with mental health disorders.

Even worse, those who are eligible will be denied comprehensive coverage to address their overall mental health care needs.

As states with expanded Medicaid become better able to meet the needs of millions of previously uninsured people with mental illness, the treatment disparity between the states participating in the expansion and the 25 “left-behind states” will intensify.

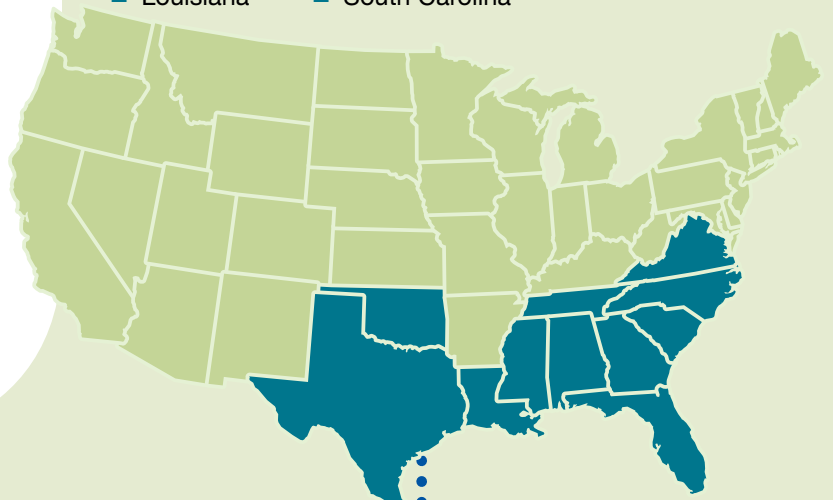
Let’s heed the lessons of the “ghost of an uninsured state yet to come” by not allowing this future to come to pass.

AMHCA calls on the 25 states that have opted out to reconsider and do the right thing: Get people covered through the New Medicaid Expansion Program.



The burden of the decision made by the 25 states that so far have opted out of Medicaid Expansion is falling disproportionately on those who live in the Southeast, particularly these 11 states:

- Alabama
- Florida
- Georgia
- Louisiana
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia

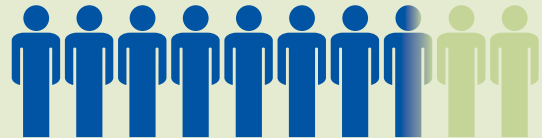


HEALTH INSURANCE

is the passkey to good, timely health care services,



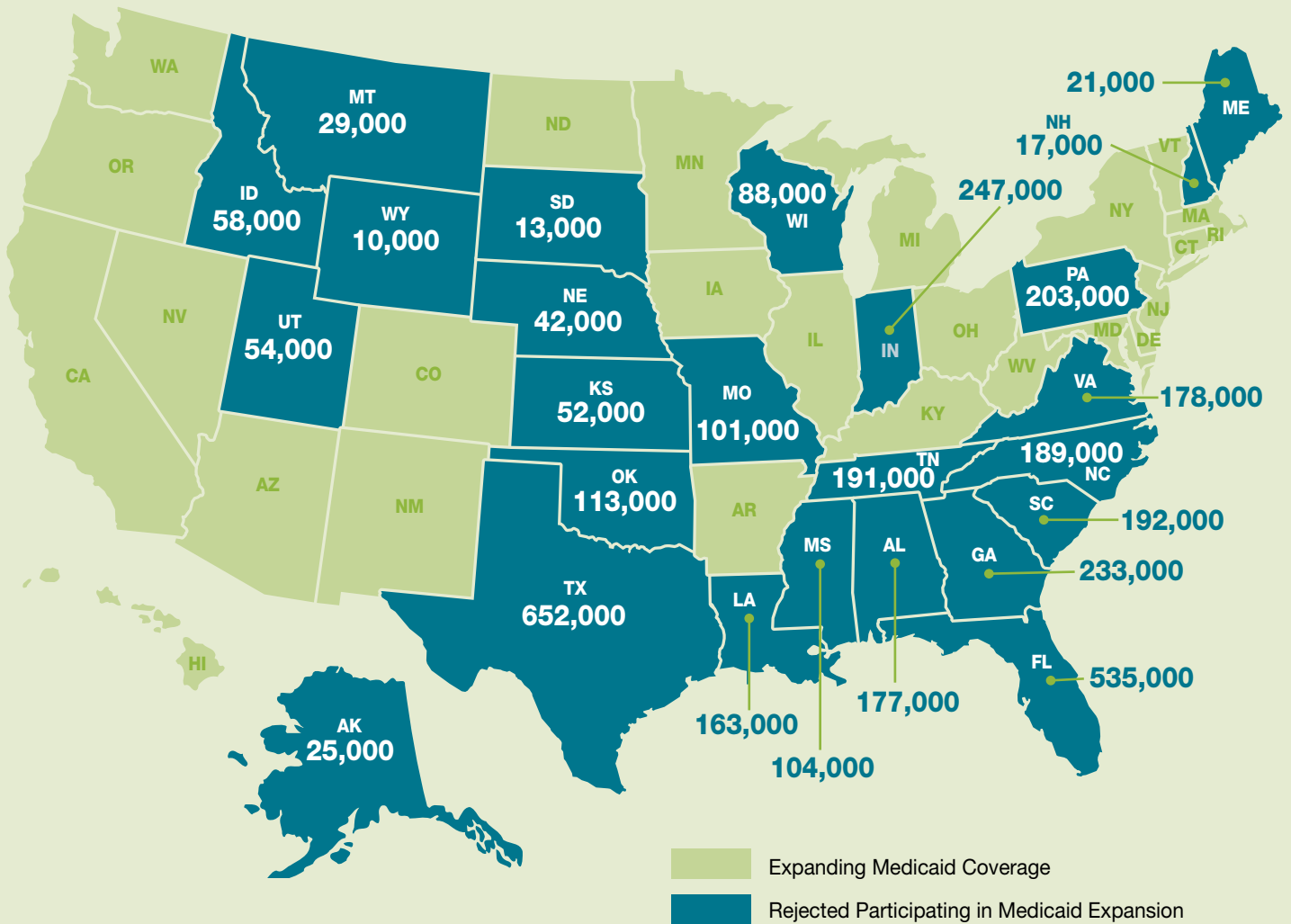
but state policymakers in 25 states are locking people out of the system.



Nearly 8 in 10 of all uninsured persons with a mental health condition or substance use disorder who are eligible for coverage in the non-expansion states (3.7 million people), reside in the 11 Southern states that have rejected the Medicaid Expansion (2.7 million people).

What better way to dramatically reduce stigma, discrimination and outright rejection that have kept people with a mental illness from seeking needed care and help, than opening up the “Coverage Door” to those with mental illness so it is treated like any other illness. That is exactly what the ACA’s Medicaid Expansion Program will do if all states participate in the initiative.

Number of Uninsured Adults with Serious Mental Health and Substance Use Conditions Eligible for Coverage in the 25 Non-Medicaid Expansion States



Percentage of Uninsured Adults with Mental Health Conditions Eligible for Coverage in the 25 Non-Medicaid Expansion States

(Out of the Entire Medicaid Expansion Eligible Population in the State)*

Indiana..... 62%	South Dakota..... 45%	Wisconsin..... 41%	Alaska..... 38%
Idaho 58%	Maine..... 45%	Pennsylvania 40%	Florida..... 34%
Alabama 51%	Tennessee..... 44%	New Hampshire... 40%	Kansas..... 33%
South Carolina..... 51%	Louisiana 43%	Oklahoma 39%	Texas 28%
Nebraska 50%	Montana 42%	Mississippi..... 39%	North Carolina 28%
Virginia..... 48%	Wyoming 41%	Missouri..... 38%	Georgia 27%
Utah..... 47%			

* For example, Indiana has 398,100 people eligible for coverage in the Medicaid Expansion program and, out of that number, 247,000 people with a mental health condition are eligible for coverage. Overall, 62% of the entire eligible Medicaid Expansion population in Indiana has a mental health condition.

INTRODUCTION

The Affordable Care Act (ACA) was enacted in 2010 to address the magnitude of the uninsured problem in the United States through two primary mechanisms—on the public insurance side of the equation through a New Medicaid Expansion effort, and on the private sector side through the creation of the state health insurance marketplaces (also called exchanges) where private insurers will compete for business. The number of uninsured Americans has been hovering around 50 million over the last three years.

Since the U.S Supreme Court ruled in 2012 that states cannot be required to participate in the New Medicaid Expansion Program—in order to receive continued funding in their **current** Medicaid program—25 states have so far rejected participating in the **New** Medicaid Program, that began implementation in 25 states and the District of Columbia on January 1, 2014.

If the 25 states continue to opt out of the New Medicaid Expansion Program under the Affordable Care Act, it would dash the hopes of millions of Americans with mental health disorders who are expecting to receive comprehensive health coverage to address their overall health care and mental health needs.

Moreover, repealing or defunding the ACA would eliminate all of the coverage and quality of care gains that have been generated in addressing the needs of people with mental illness through earlier coverage efforts—prior to full ACA coverage implementation.

In this report, AMHCA has projected the number of adults with mental health conditions who are eligible for coverage through the New Medicaid Expansion Program, under the Traditional Medicaid program, as well as through the new health insurance marketplaces.

The findings are primarily based on data made available by the **Substance Abuse and Mental Health Services Administration (SAMHSA)** as noted at the end of this report. Our analysis points up that uninsured people with mental illness is a profound problem **but** can be addressed in a substantial way through the Medicaid Expansion of the Affordable Care Act.

THE PROBLEM

Many Americans with Mental Illness Have No Health Insurance

The burden of mental illness is significant due to the increasing number of uninsured people with mental health conditions and underfunded mental health systems.

The mass shootings in Newtown, Connecticut and most recently at the Navy Yard here in Washington, D.C., by individuals with a history of mental illness, have sparked legislative debates and public conversations about mental health in the United States—especially on budget deficiencies in the public-run state mental health systems across the United States.

Tragic and devastating mental health conditions such as major depression, bi-polar disorder, schizophrenia, and panic disorders affect nearly one in four Americans every year.

In the aftermath of the Newtown Sandy Hook School tragedy, many Congressional and state politicians and policymakers have promised to take steps to fix America's broken mental health delivery system. But little action has been taken by policymakers at all levels a year after this heart-wrenching episode that affected the collective psyche of the nation.

Serious mental illness has devastating effects on young people and their families, and has enormous economic costs:

- 4 million young people suffer from a severe mental disorder, such as schizophrenia or bipolar affective disorder.
- 75 percent of people with schizophrenia go on to develop a disability and fewer than 25 percent are gainfully employed.
- 25 percent of U.S. hospital admissions and disability payments are for people with severe mental disorders.
- 70 percent of youth in the juvenile justice system suffer from mental health disorders; 27 percent of cases are so severe that functional ability is seriously impaired.

AMHCA believes the burden of mental illness in the U.S. is incredibly significant due to increasing numbers of uninsured people with mental illness, as well as an underfunded mental health system. The lack of health insurance coverage keeps people with mental illness from obtaining needed services and treatments—and follow-up care—with the goal of achieving long-term recovery and quality of life.

About one in six currently uninsured adults with incomes below 138 percent of the federal poverty level (FPL) has a serious mental illness such as major depression, bi-polar disorder, severe panic disorder or schizophrenia. Many other individuals have less serious mental health disorders such as milder depression, but these conditions can be debilitating as well and affect daily living. Over 50 percent of the individuals newly eligible under the New Medicaid Expansion Program have incomes that are 50 percent of FPL (about \$7,500 annual income). Many of these extremely lower-income individuals are homeless and over 25 percent of this group has a serious mental illness.

Uninsured individuals with mental illness consistently forgo needed preventive and routine care, resulting in clinical deterioration to the point that they find themselves in crisis and need access to acute and expensive health and mental health emergency and inpatient care, currently funded through the state budgets.

Uninsured people with mental health conditions, especially those with serious, long-term conditions—and in lower-income populations—are at high risk for poor health, disability, and premature death. Many of them do not get treatment—or get poor, inconsistent care due to their uninsured status and “co-morbid” illnesses such as obesity, high blood pressure, diabetes, and heart conditions.

Although a few states are poised to spend additional “general revenue” funds to begin to reverse decades of underfunded programs, several states are proposing budget cuts in mental health care. Even with the recognition that severe budget cuts have led to underfunded and inadequate services to address the needs of people with mental illnesses, states are simply turning their backs on their most vulnerable citizens.

According to research conducted by the National Association of State Mental Health Program Directors (NASMHPD), over the past four years, states and communities have significantly reduced funding for mental health and addiction services. Between 2009 and 2012 states have cut nearly \$5 billion in mental health services, while an additional 700,000 people have sought treatment at public mental health facilities during this period. Over 7 million people received public mental health services in 2012. But much of that care can be incomplete simply due to a lack of services available due to major cuts.

THE RESULT

Moderate and Severe Mental Health Conditions Can Turn into Crisis Situations

More people end up in emergency rooms or on the streets homeless, and many end up in our nation's jails and prisons as their conditions worsen due to a lack of timely, needed mental health care services—or critically important follow up care.

Mental health conditions encompass a broad range of illnesses, such as anxiety disorders, mood disorders, impulse-control disorders, and substance use disorders, and affect a substantial share of the United States population. Nearly a third of adults met diagnostic criteria for a mental health problem in the past year, and over half meet criteria at some point in their lifetime. Smaller shares of this segment are functionally impaired by their mental illness (about 9 percent) or have a serious (about 5 percent) or a severe and persistent mental illness (less than 3 percent).

Common treatments for mental health problems include psychosocial counseling and pharmacological services, and many individuals receive a combination of both types of therapy.

Many people who need mental health services do not receive any treatment: Over 60 percent of adults with a diagnosable disorder do not receive mental health services, and nearly 90 percent of people with substance use disorder (SUD) do not receive specialty treatment for their problem. Individuals with lower incomes are more likely to have a mental health problem than those with higher incomes, and surveys indicate that cost is a major barrier to receiving care.

THE SOLUTION

Health Insurance is the Pass-Key to Timely and Consistent Care

We need to make sure that people with mental illness get the treatment they need at the onset of their symptoms, and after release from hospitals, jails, and prisons to prevent relapse.

Cutbacks in mental health care have occurred despite the evidence that early treatment and prevention for mental illness and substance use programs can reduce:

- health care and emergency department costs
- criminal and juvenile justice spending, and
- educational expenditures.

In addition, timely services increase quality of life and productivity for people with mental illness with proper treatment.

It is estimated that almost half of all Americans will experience symptoms of a mental health condition—mental illness or addiction—at some point in their lives. Yet, today, less than one in five children with diagnosable mental health problems receive the treatment they need.

With respect to the onset of mental health conditions, half of all lifetime cases of mental health and substance use disorders begin by age 14 and three-fourths by age 24.

When persons with mental health conditions or substance use disorders do not receive the proper treatment and supportive services they need, crisis situations often arise affecting individuals, families, schools, and communities. Health insurance coverage can help people long before they find themselves in a crisis situation.

ONCE IN A GENERATION OPPORTUNITY

Health Care Reform Will Have a Transformative Impact on People with Mental Illness

The New Medicaid Expansion Program can significantly address mental health underfunding and gaps in care.

There are several provisions contained in the health care reform law that can help people who are suffering with a mental illness and who are currently uninsured (as well as insured individuals) and cannot afford or access needed mental health care and health care services. For many with health insurance the situation is not that different because mental health coverage and benefits are so inadequate—and with high out-of-pocket costs—that consumers are severely under-insured.

Enter the Patient Protection and the Affordable Care Act and the New Medicaid Expansion Program. To address both the growing problem of uninsured people with mental health conditions and state mental budget problems, expanding Medicaid in all states would represent a significant step that policymakers should take toward keeping a long list of promises to address the needs of people with mental illness.

Federal Matching Rate for New Medicaid Eligibles

2014	100%
2015	100%
2016	100%
2017	95%
2018	94%
2019	93%
2020 on	90%

Under the terms of the New ACA Medicaid Expansion effort, all services administered by health care providers that are covered through an “Essential Health Benefits” package—which includes mental health and substance abuse care—will be covered at 100 percent by the federal government during the first three years of the expansion initiative (2014–2016), 95 percent in 2017, eventually leveling off at 90 percent after 2020. Essentially, the federal government will cover nearly all costs in the first six years of the expansion and 9 in 10 dollars after 2020.

The New Medicaid Expansion Program would dramatically transform mental health care in the U.S., for children and for the adult population. Although millions of people with mental illness would benefit from the New Medicaid initiative, several governors **and state legislatures** have balked at expanding Medicaid.

Due to a Supreme Court ruling, the Medicaid Expansion provision in the ACA is now a purely voluntary program—that states can participate at any time, and can opt out of the new initiative without any penalty of losing funds in the Traditional Medicaid Program.

Under the new separate program, Medicaid will be expanded to cover people up to 139 percent of the federal poverty level (FPL) in states that choose this option (**\$16,100 for an individual and \$33,000 for a family of four**), thereby providing lower-income populations with serious and moderate mental health conditions better access to needed services as coverage opens up new service delivery doors and makes coverage more affordable.

The New Medicaid Expansion health insurance coverage program also will increase access for new enrollees to health promotion and prevention services and needed treatments, thereby lowering costs by extending the mental health system delivery system to those individuals who have lacked health coverage.

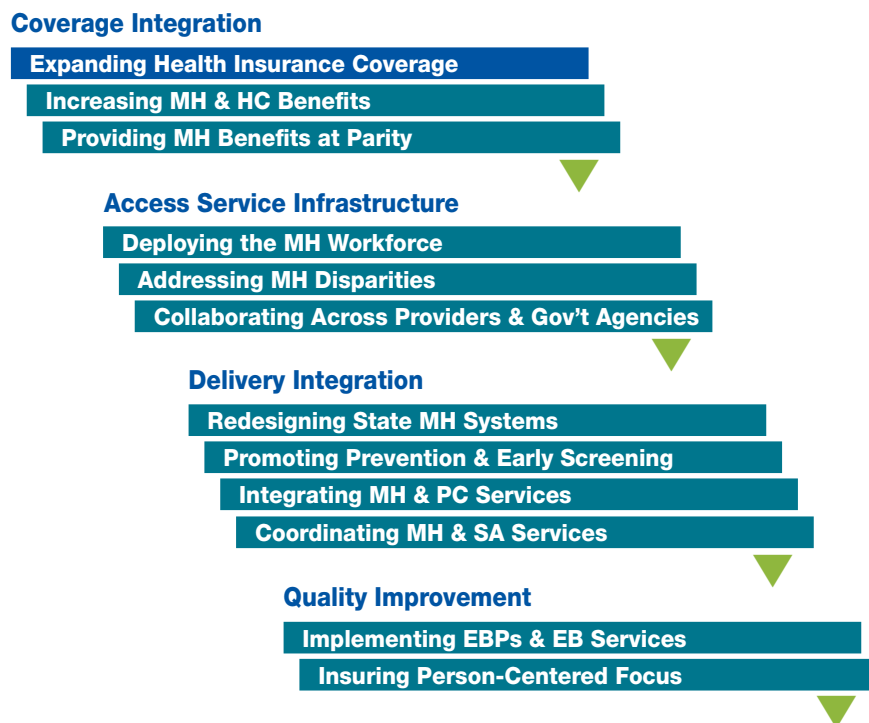
The ACA also will expand coverage for uninsured individuals with mental health conditions through the implementation State Health Insurance Marketplaces (also called Health Insurance Exchanges).

Moreover, on top of those individuals with a mental illness diagnosis, many newly eligible Medicaid enrollees who were previously uninsured, have undiagnosed or untreated mental health problems that would be addressed through the new expansion effort.

THE TRANSFORMATIVE IMPACTS OF THE NEW MEDICAID EXPANSION INITIATIVE FOR PEOPLE WITH MENTAL ILLNESS AND STATE MENTAL HEALTH SYSTEMS

Like the power of a waterfall, there are several transformative or cascading activities that will take place under the Medicaid Expansion—resulting in broader access to health insurance for people to help prevent mental illness, those who may be experiencing early onset of symptoms, and improved health status for individuals with a severe and serious mental illness now—and downstream. There are also several opportunities due to the expansion to shore up the mental health care infrastructure and create new delivery mechanisms to address the needs of people with mental illness. But make no mistake: Improvements in care for people with mental illness begins with better access to health insurance coverage.

The ACA “Waterfall Effect” will have a multi-level cascading positive impact on uninsured people with mental illness.




Major Findings

The Impact of the Medicaid Expansion for Uninsured People with Serious Mental Health and Substance Use Conditions

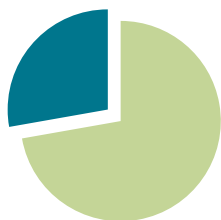
- Nearly **14 million** uninsured adults with mental health and substance use disorders (13.3 million) are eligible for health insurance coverage



6.7 million
under the new Medicaid
Expansion Program
(Figure 1)



6.6 million
through the New
State Health Insurance
Marketplaces or Exchanges
(Figure 2)



*This group of uninsured people **with serious mental health conditions** represent 28 percent of all uninsured people (49 Million) in the United States.*

- **Due to what is known in health policy circles as the “welcome mat” or “woodwork” effect**, another 8.5 million uninsured people with mental health-related disorders are eligible for coverage through the Traditional Medicaid Program, in place since 1966. This brings the total to nearly 22 million uninsured people with a mental health condition who are eligible for coverage with such conditions, through the two Medicaid programs and new health insurance marketplaces. It is expected that major **publicity surrounding the ACA enrollment process will inform individuals that they are eligible for coverage under the Traditional Medicaid program.**

*About 40 percent of all uninsured people with a mental illness are eligible for health insurance coverage under the **Traditional Medicaid program** (8.5 Million), the **New Medicaid Expansion Program** (6.7 Million) and **New State Health Insurance Marketplaces** (6.6 Million).*

Major Findings

The Impact of the Medicaid Expansion

We have estimated that **6.7 million** people who have mental health conditions will be eligible through the ACA's new Medicaid Expansion.

Uninsured People with Serious Mental Illness

- Over 1.3 million uninsured people with a **serious mental illness (SMI)** across the U.S. are eligible for health insurance coverage under the New Medicaid Expansion Program.
- Nearly 57 percent of uninsured people with a **SMI** (768,342) who are eligible for health insurance coverage under the New Medicaid Expansion Program, reside in the 25 states that have rejected the Expansion.
- Over 70 percent of all uninsured persons with a **SMI** who are eligible for coverage under the Medicaid Expansion reside in 11 Southern States that have rejected the Medicaid Expansion.

Please refer to Figure 1 and Table 1 for data on the number of uninsured people with a serious mental illness eligible for coverage under the New Medicaid Expansion Program.

Uninsured People with Serious Psychological Distress Conditions

- Nearly 2.8 million uninsured people with **serious psychological distress** are eligible for health insurance coverage under the New Medicaid Expansion Program.
- Over 55 percent of uninsured people nationwide with **serious psychological distress** who are eligible for coverage under the New Medicaid Expansion Program, reside in the 25 states that have rejected the coverage Expansion.
- Nearly 3 in 4 of all uninsured persons with a **SPD** who are eligible for health insurance coverage under the New Medicaid Expansion reside in 11 **Southern States** that have rejected the Medicaid Expansion.

Please refer to Figure 1 and Table 2 for data on the number of uninsured people with a serious psychological distress condition eligible for coverage under the New Medicaid Expansion Program.

Uninsured People with Substance Use Disorders

- Over 2.5 million uninsured people with a **substance use disorder** across the U.S. are eligible for health insurance coverage under the New Medicaid Expansion Program.
- Nearly 55 percent of individuals who are uninsured with **substance use disorder** and eligible for coverage under the New Medicaid Expansion Program, reside in the 25 states that have rejected the Medicaid Expansion.
- Nearly 70 percent of individuals with a **SUD** who are uninsured and are eligible for health insurance coverage under the New Medicaid Expansion reside in 11 Southern States that have rejected the Medicaid Expansion.

Please refer to Figure 1 and Table 3 for data on the number of uninsured people with a substance use disorder eligible for coverage under the New Medicaid Expansion Program.

FIGURE 1

**Uninsured Adults Age 18–64 with Incomes ≤138% FPL (18 Million)
Eligible for Coverage Under the **MEDICAID EXPANSION****

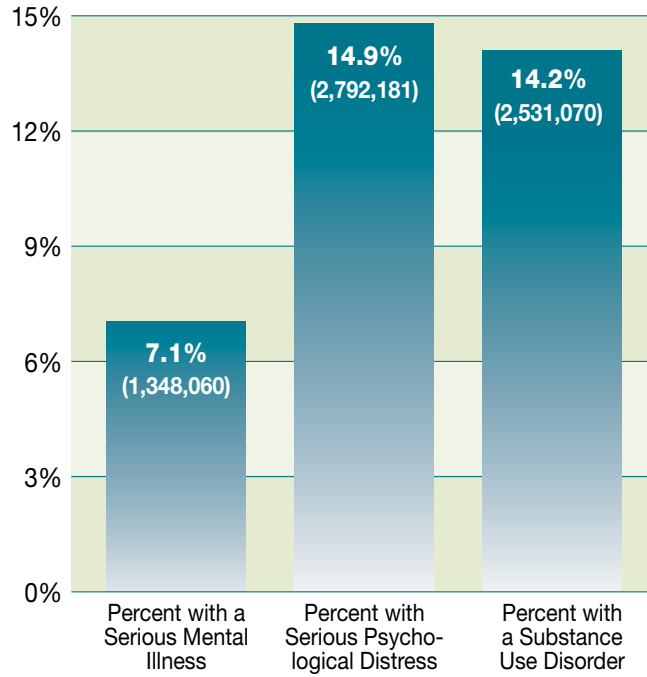
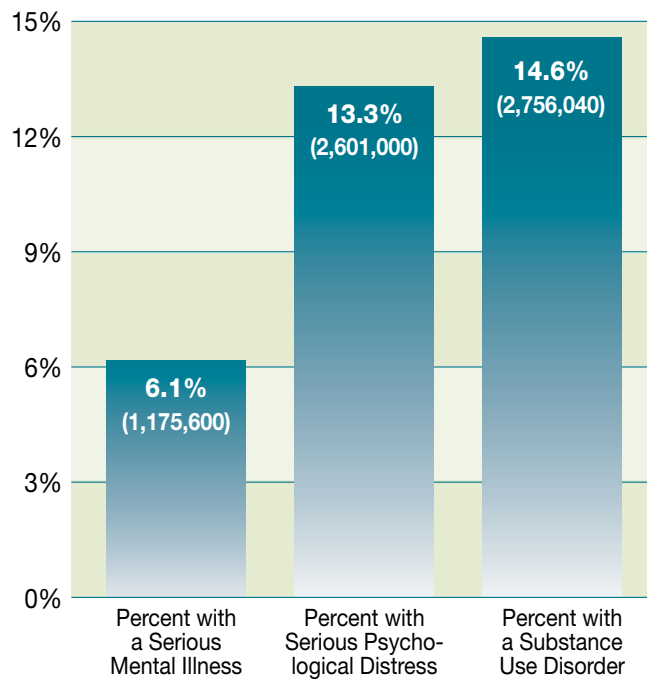


FIGURE 2

**Uninsured Adults Age 18–64 with Incomes between 133–399% FPL (19.9 Million)
Eligible for Coverage Under the **HEALTH INSURANCE MARKETPLACES****

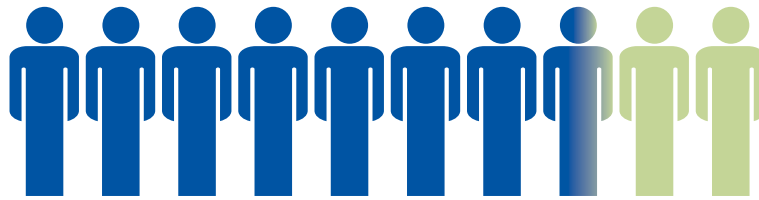


Over **10.6 million** people who are uninsured and eligible for coverage under the **Medicaid Expansion program** live in the 25 states that have rejected the Expansion.

4 million uninsured people (3.7 million) with a **Serious Mental Illness (SMI)**, in **Serious Psychological Distress (SPD)** or have a **Substance Use Disorder (SUD)**

If the 25 states do not participate in the **New Medicaid Expansion**, those citizens who experience the misfortune of residing in those states, will see their hopes of a healthier and better life dashed when they learn during the enrollment process that they will not be able obtain health insurance.

are eligible for health insurance coverage through the New Medicaid Expansion Program in the 25 States that have refused to participate in the program.



Nearly 8 in 10

of all uninsured persons with a mental health condition or substance use disorder who are eligible for coverage in the non-expansion states (3.7 million people), reside in the 11 Southern states that have rejected the Medicaid Expansion (2.7 million people).

Nearly 75 percent (2.7 million adults) of all uninsured persons with a **serious mental health condition or substance use disorder**, who are eligible for coverage in the **25 non-expansion states** (3.7 million), reside in the 11 Southern states that have rejected the Medicaid Expansion.

Number of Uninsured Adults with Serious Mental Health and Substance Use Conditions Eligible for Coverage in the 25 Non-Medicaid Expansion States

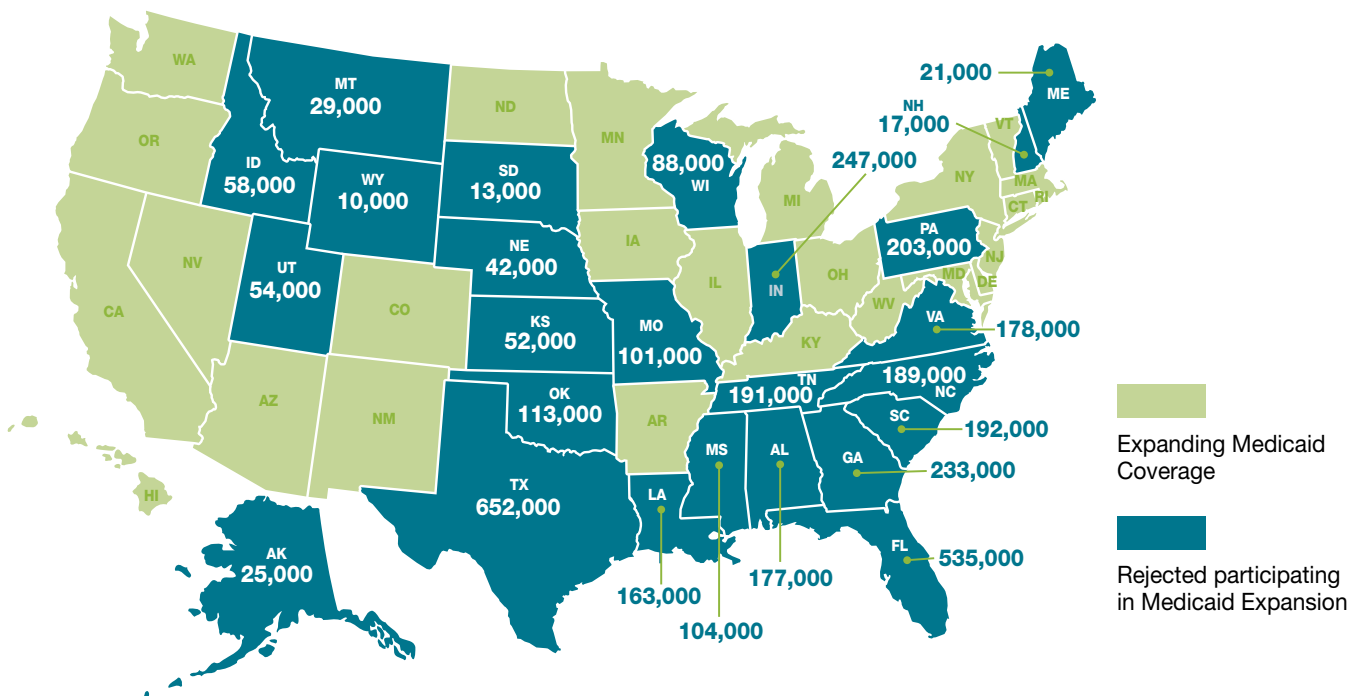


FIGURE 3

Number of Uninsured People with a **SERIOUS MENTAL ILLNESS (SMI) Eligible for Coverage under the New Medicaid Expansion Program and in States Rejecting the Expansion**

1. Total Eligible for Medicaid Expansion in U.S. (50 states)	18,705,110
2. Total Eligible Number and % in States that Have Rejected Medicaid Expansion (25 states)	10,616,315 (57% of #1)
3. Number and % of Uninsured Persons with SMI Eligible under Medicaid Expansion (50 states)	1,348,062 (7.2% of #1)
4. Number of Uninsured Persons and % with SMI in States that Have Rejected the Medicaid Expansion (25 states)	768,342 (7.4% of #2) (57% of #3)
5. Number of Uninsured Persons and % Eligible for Medicaid Expansion who reside in Southern States (11*) that Have Rejected the Medicaid Expansion	7,924,499 (74% of #2)
6. Number of Uninsured Persons and % Eligible with SMI who reside Southern States (11*) that have Rejected Expansion or Leaning No, out of all States that Have Rejected Medicaid Expansion	555,493 (70% of #4)
7. Number of Uninsured Persons and % of People with SMI who are eligible and reside in Southern States (11*) that Have Rejected Medicaid Expansion, Out of all people nationwide with SMI Who are Eligible Under the Medicaid Expansion	555,493 (41% of #3)

**Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia (Arkansas and Kentucky are the only Southern States to indicate their intent to participate in the New Medicaid Expansion as of January 30, 2014)*

FIGURE 4

Number of Uninsured People with **SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Eligible for Coverage under the New Medicaid Expansion Program and in States Rejecting the Expansion**

1. Total Eligible for Medicaid Expansion in U.S. (50 states)	18,705,110
2. Total Eligible and % in States that Have Rejected the Expansion (25 states)	10,616,315 (57% of #1)
3. Number and % of Uninsured Persons in U.S. with SPD Eligible under the Medicaid Expansion (50 states)	2,792,181 (15% of #1)
4. Number of Uninsured Persons and % with SPD in States that Have Rejected the Medicaid Expansion (25 states)	1,551,792 (14.3% of #2) (56% of #3)
5. Number of Persons and % Eligible for Medicaid Expansion who Reside in Southern States (11*) that Have Rejected the Medicaid Expansion	7,924,499 (74% of #2)
6. Number of Uninsured Persons and % Eligible with SPD Who Reside in Southern States (11*) that Have Rejected Medicaid Expansion	1,158,934 (74% of #4)
7. Number of Uninsured Persons and % of People with SPD who are eligible and reside in Southern States (11*) that Have Rejected Medicaid Expansion, Out of all people nationwide with SPD Who are Eligible Under the Medicaid Expansion	1,158,934 (42% of #3)

**Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia (Arkansas and Kentucky are the only Southern States to indicate their intent to participate in the new Medicaid Expansion as of January 30, 2014)*

FIGURE 5**Number of Uninsured People with a **SUBSTANCE USE DISORDER (SUD)** Eligible for Coverage under the New Medicaid Expansion Program and In States Rejecting the Expansion**

1. Total Eligible for Medicaid Expansion (50 states)	18,705,110
2. Total Eligible and % in States that Have Rejected the Expansion (25 states of 50)	10,616,315 (57% of #1)
3. Number and % of Uninsured Persons in U.S. with SUD Eligible under the Medicaid Expansion (50 states)	2,531,070 (13.3% of #1)
4. Number and % of Uninsured Persons with SUD in States that Have Rejected the Medicaid Expansion (25 states)	1,366,248 (13.6% of #2) (54% of #3)
5. Number and % of Uninsured Persons Eligible for Medicaid Expansion who Reside In Southern States (11*) that Have Rejected the Medicaid Expansion	7,924,499 (75% of #2)
6. Number of Uninsured Persons and % Eligible with SUD who reside In Southern States (11*) that Have Rejected Medicaid Expansion	1,007,523 (74% of #4)
7. Number of Uninsured Persons and % of People with SUD who are eligible and reside in Southern States (11*) that Have Rejected Medicaid Expansion, Out of all people nationwide with SUD Who are Eligible Under the Medicaid Expansion	1,007,523 (40% of #3)

**Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia (Arkansas and Kentucky are the only Southern States to indicate their intent to participate in the Medicaid Expansion as of January 30, 2014)*

Additional findings on the impact of the new health insurance marketplaces on people with mental health conditions can be found in the next section.

and Medicaid Expansion on Uninsured People with Serious Mental Health Conditions

We have projected that on top of the 6.7 million uninsured people with a mental illness who are eligible through the **Medicaid Expansion** Program, another 6.6 million people with mental

health conditions will be eligible for coverage through the New ACA's State **Health Insurance Marketplaces** or exchanges beginning in 2014.

Uninsured People with Serious Mental Illness

Nearly 1.2 million uninsured people with a serious mental illness (SMI) are eligible for health insurance coverage under the New State **Health Insurance Marketplaces** (50 states).

Over 2.5 million uninsured persons with a SMI are eligible for coverage under the ACA's New **Medicaid Expansion** Program and **Health Insurance Marketplaces** (50 states).

FIGURE 6

Number of Uninsured People with **SERIOUS MENTAL ILLNESS (SMI)** Eligible for Coverage Under **ACA State Health Insurance Marketplaces**

1. Total Number of People Eligible for Coverage Through State Health Insurance Marketplaces	19,272,997
2. Number of Uninsured Persons and % with SMI Eligible for Coverage under the Health Insurance Marketplaces	1,175,565 (6.1%)
3. Number of Uninsured Persons with SMI Eligible for Coverage under the ACA's New Medicaid Expansion Program and State Health Insurance Marketplaces (50 states)	2,523,627

Uninsured People with Serious Psychological Distress Conditions

Over 2.6 million uninsured people with a serious psychological distress (SPD) are eligible for health coverage under the State **Health Insurance Marketplaces** (50 states).

Nearly 5.4 million uninsured persons with SPD are eligible for coverage under the ACA's New **Medicaid Expansion** Program and State **Health Insurance Marketplaces** (50 states).

FIGURE 7

Number of Uninsured People With **SERIOUS PSYCHOLOGICAL DISTRESS (SPD)** Eligible for Coverage Under **ACA State Health Insurance Marketplaces**

1. Total Number of People Eligible for Coverage Through State Health Insurance Marketplace	19,272,997
2. Number of Uninsured Persons and % with SPD Eligible for Coverage under the Marketplaces	2,601,185 (13.5%)
3. Number of Uninsured Persons with SPD Eligible for Coverage under the ACA's New Medicaid Expansion Program and State Health Insurance Marketplaces (50 states)	5,393,364

Uninsured People with Substance Use Disorders

Nearly 2.8 million uninsured people with a substance use disorder (SUD) are eligible for health coverage under the New State **Health Insurance Marketplaces** (50 states).

Over 5.2 million uninsured persons with SUD are eligible for coverage under the ACA's New **Medicaid Expansion Program** and State **Health Insurance Marketplaces** (50 states).

FIGURE 8

Number of Uninsured People with a **SUBSTANCE USE DISORDER (SUD)** in the U.S. Eligible for Coverage under **ACA State Health Insurance Marketplaces**

1. Total Number of People Eligible for Coverage Through State Health Insurance Marketplace	19,272,997
2. Number of Uninsured Persons and % with SUD Eligible for Coverage under the Marketplaces	2,756,039 (14.3%)
3. Number of Uninsured Persons with SUD Eligible for Coverage under the ACA's New Medicaid Expansion Program and State Health Insurance Marketplaces (50 states)	5,287,109

Additional findings on the impact of promoting ACA coverage expansions on the **Traditional Medicaid** Program can be found in the next section.

Total Impact of the ACA's Coverage Expansions

on Promoting Health Insurance Through the TRADITIONAL MEDICAID PROGRAM

We have projected that another 8 million people with mental health conditions are currently eligible for coverage through the **Traditional Medicaid Program** that began in 1966. With the heavy advertising and promotion of insurance benefits

under the ACA's coverage expansions, a process known as the "Welcome Mat or "Woodwork" Effect will occur as people learn about eligibility under the older Traditional Medicaid Program, where the federal match rate is lower.

Uninsured People with Serious Mental Illness

Nearly 2.2 million uninsured people with a **Serious Mental Illness (SMI)** are eligible for Coverage under the Traditional Medicaid Health Insurance Program (Line 2).

Nearly 3.5 million uninsured people with a SMI are eligible for health insurance through

both the Traditional Medicaid program and the New Medicaid Expansion.

In total, over 4.7 million uninsured people with a SMI are eligible for coverage under the ACA Health Insurance **Expansions** and the Current Medicaid Program (Lines 2 and 3).

FIGURE 9

Number of Uninsured People with a **SERIOUS MENTAL ILLNESS (SMI)** Eligible for Coverage under the **Traditional Medicaid Health Insurance Program**

1. Total Number of Uninsured People Eligible for Coverage Through Traditional Medicaid	18,013,270
2. Number of Uninsured Persons and % with SMI Eligible for Coverage through Traditional Medicaid	2,138,164 (11.9%)
3. Number of Uninsured Persons with SMI Eligible for Coverage under the ACA's New Medicaid Expansion Program and Health Insurance Marketplaces	2,523,627,126

Uninsured People with Serious Psychological Distress Conditions

Over 4 million persons with **serious psychological distress (SPD)** are eligible for health insurance coverage through the Traditional Medicaid Program (Line 2).

Over 6.8 million uninsured people with SPD are eligible for health insurance through both the

Traditional Medicaid Program and New Medicaid Expansion Programs

In total, over 9.4 million uninsured people with SPD are eligible for coverage under the ACA Health Insurance Expansions and the Current Medicaid Program (Lines 2 and 3).

FIGURE 10

Number of People with **SERIOUS PSYCHOLOGICAL DISTRESS (SPD)** Eligible for Coverage under the **Traditional Medicaid Health Insurance Program**

1. Total Number of Uninsured People Eligible for Coverage Through Traditional Medicaid	18,013,270
2. Number of Uninsured Persons and % with SPD Eligible for Coverage Through Traditional Medicaid	4,007,954 (22.2%)
3. Number of Uninsured Persons with SPD Eligible for Coverage under the ACA's New Medicaid Expansion Program and Health Insurance Marketplaces	5,393,366

Uninsured People with Substance Use Disorders

Over 2.3 million persons with a **substance use disorder (SUD)** are eligible for health insurance coverage through the **Traditional Medicaid Health Insurance Program**(Line 2).

*Over 4.8 million uninsured people with a SUD are eligible for health insurance through **both***

the Traditional and New Medicaid Expansion programs.

In total, over 7.5 million uninsured people with SUD are eligible for coverage under the ACA Health Insurance Expansions and the Traditional Medicaid Program (Lines 2 and 3).

FIGURE 11

Number of People with a **SUBSTANCE USE DISORDER (SUD)** in the U.S. Eligible for Coverage under the **Current Medicaid Health Insurance Program (CMHIP)**

1. Total Number of People Eligible for Coverage Through CMHIP	18,013,270
2. Number of Uninsured Persons and % with a SUD Eligible for Coverage Through CMHIP	2,283,879 (12.7%)
3. Number of Uninsured Persons with a SUD Eligible for Coverage under the ACA's New Medicaid Expansion Program and Health Insurance Marketplaces	5,287,109

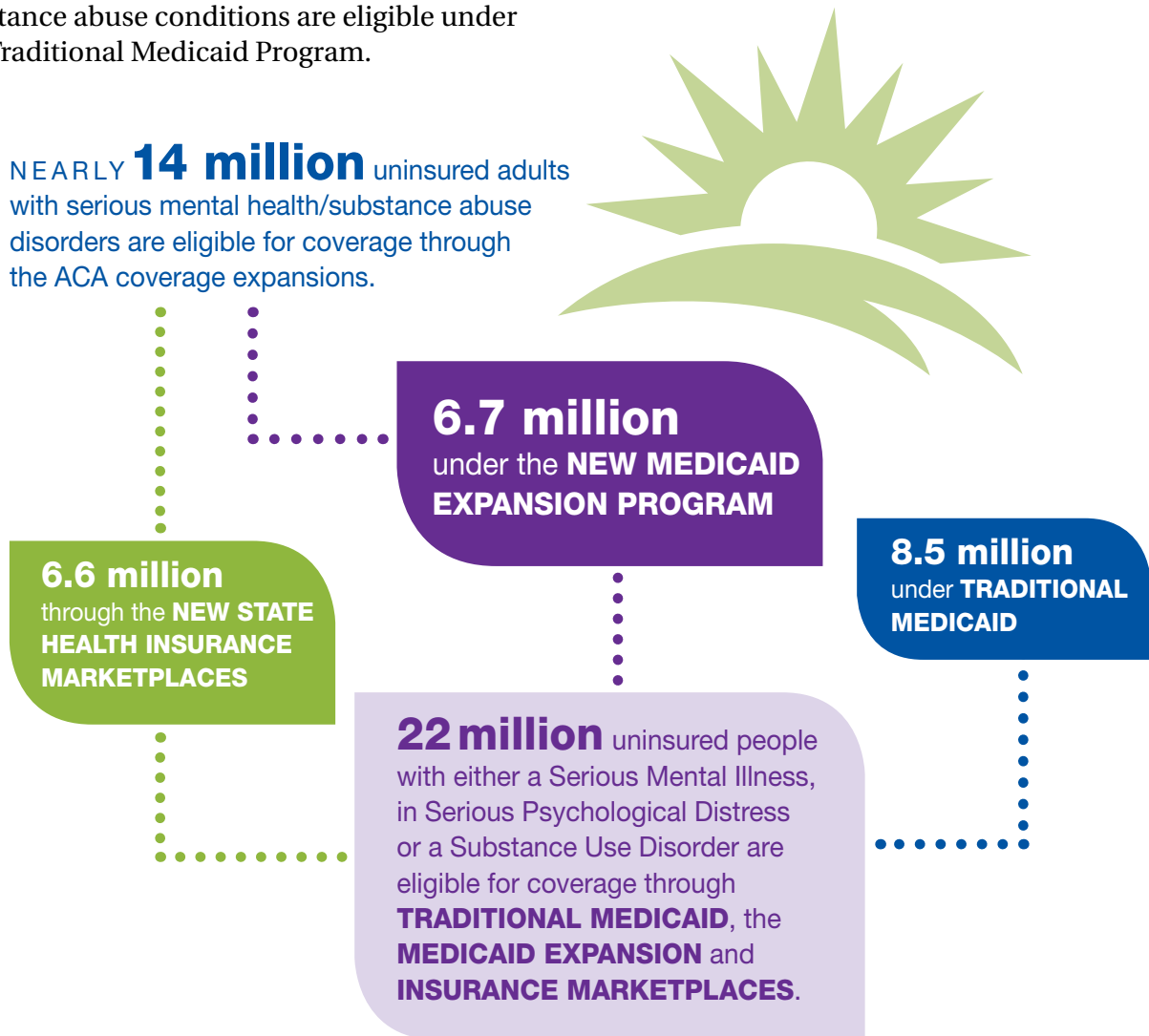
Overarching Coverage Findings

Based on our analysis of the number of uninsured people with mental health conditions or substance use disorders who are eligible under the three coverage areas, we have developed the following overarching findings:

Over **13.3 Million Uninsured People** with Mental Health/Substance Use Disorders are Eligible for Coverage under the Medicaid Expansion and Insurance Marketplaces. Another 8.5 million who are uninsured with mental health disorders and substance abuse conditions are eligible under the Traditional Medicaid Program.

About **22 Million Uninsured People** (21.8 million) with either a Serious Mental Illness, in Serious Psychological Distress or a Substance Use Disorder, are eligible for Health Insurance Coverage through the Traditional Medicaid Program, the New Medicaid Expansion Program and the State Health Insurance Marketplaces.

NEARLY **14 million** uninsured adults with serious mental health/substance abuse disorders are eligible for coverage through the ACA coverage expansions.



Key National Characteristics

of Uninsured People With a Mental Illness

Major Findings

The majority of uninsured people with a serious mental illness have no more than a high school education, are between the ages of 18–34—and are eligible for health insurance coverage under New Medicaid Expansion program.

- Nearly 18 percent of uninsured adults living below 139 percent of the FPL between the ages of 18–34 and eligible for coverage under the New Medicaid Expansion program, suffer from **serious psychological distress**.
- Nearly 13 percent of uninsured African-American adults living below 139 percent of the FPL and eligible for coverage under the New Medicaid Expansion program, suffer from **serious psychological distress**.
- Nearly 18 percent of uninsured African-American adults living below 139 percent of the FPL and eligible for coverage under the New Medicaid Expansion program, suffer from a **substance use disorder**.

TABLE 4

National Prevalence Rates for Mental Health Populations among Uninsured Adults Aged 18 to 64 by Federal Poverty Level and Demographic Characteristics

Gender	< 138% FPL			139–399% FPL		
	Percent with SMI	Percent with SPD	Percent with SUD	Percent with SMI	Percent with SPD	Percent with SUD
Male	4.9	12.3	20.5	4.2	10.6	18.7
Female	9	17.6	7.7	8.4	17	9.2
Age						
18–34	7.3	17.2	17.6	7	16.2	20.8
35+	6.6	12.7	10.7	4.9	10.4	8.5
Race/Ethnicity						
Non-Hispanic White	11.1	21.4	17.3	8.1	16.3	15.9
Non-Hispanic Black	4.9	12.9	15.2	4.1	10.8	14.5
Non-Hispanic Other	6.3	12.7	9.7	4.5	10.7	11
Hispanic	3.3	8.8	10.7	2.9	9	12.9
Education						
< High School	5.5	13.2	15.6	4.4	10.9	15.6
High School Graduate	7.8	15.1	13.2	6.3	13.6	15.4
College	8.1	17.4	13.4	6.7	14.6	13.4
Population Density						
Core Based Statistical Area: 1 million +	5.6	12.7	13	5.8	13	15.3
Core Based Statistical Area: < 1 million	8	17.6	15.8	6	13.9	14.4
Non- Core Based Statistical Area	8.9	17.1	14.8	6.7	13.5	13
Overall Health						
Excellent	3.5	8.9	10.4	3.4	8.4	10.6
Very Good	5.5	13.4	14.1	5.5	12.8	16.2
Good	6.1	14.4	14	6.3	14	15
Fair/Poor	14.5	24.6	18.4	11.7	22.8	16.7

Source: SAMHSA, 2011

Key State Characteristics

of Uninsured People With a Mental Illness

- Nearly 2 in 3 uninsured people in Utah, as well as Minnesota, with a serious mental illness who are eligible for coverage in the New Medicaid Expansion program are between the ages of 18–34.
- Over one-third of the uninsured population with a serious mental illness in the states of Mississippi and Louisiana are **African-American** residents, and eligible for health insurance coverage under New Medicaid Expansion Program.
- Over one-third of the uninsured population with a serious mental illness in the states of California, Texas and New Mexico are **Hispanic** residents, and are eligible for health insurance coverage under the New Medicaid Expansion program.
- Almost the entire uninsured population with a serious mental illness in the states of Vermont and West Virginia are **White** residents, and are eligible for health insurance coverage under the New Medicaid Expansion program.
- Over one-third of the uninsured population with a serious mental illness in the states of California and Texas have less than a high-school education, and are eligible for health insurance coverage under New Medicaid Expansion program.
- About one-third of the uninsured population with a serious mental illness in California, Minnesota, and New Mexico have only a high-school education, and are eligible for health insurance coverage under New Medicaid Expansion program.
- About one-third of the uninsured population with a serious mental illness in Delaware and Tennessee have a college education, and are eligible for health insurance coverage under New Medicaid Expansion program.

More information on state-by-state characteristics will appear in an upcoming AMHCA report.

Characteristics of Uninsured People with **SERIOUS MENTAL ILLNESS** Eligible for Coverage in the New Medicaid Expansion Population

Age

- Age 18–34—Highest State Percentage:
62% in Utah; 61% in Minnesota
- Age 35–64—Highest State Percentage:
55% in New Hampshire; 54% in Hawaii

Race/Ethnicity

White

- Highest State Percentage:
98% in Vermont; 95% in West Virginia & Maine
- Lowest State Percentage:
40% in New Mexico; 45% in California

African-American

- Highest State Percentage:
36% in Mississippi; 34% in Louisiana;
28% in South Carolina
- Lowest State Percentage:
1% in New Hampshire and Maine

Hispanic

- Highest State Percentage:
38% in California; 37% in Texas;
36% in New Mexico
- Lowest State Percentage:
0% in Maine; 1% in West Virginia

Other (e.g., Asian-Pacific)

- Highest State Percentage:
46% in Hawaii; 30% in Alaska;
26% in South Dakota

Education

< High School

- Highest State Percentage:
38% in California; 33% in Texas;
32% in New Mexico; 30% in Delaware
- Lowest State Percentage:
8% in Maine and South Dakota;
10% in Wyoming

High School Graduate

- Highest State Percentage:
49% in Maine; 45% in New Hampshire
- Lowest State Percentage:
30% in California; 34% in Minnesota
and New Mexico

College

- Highest State Percentage:
52% in North Dakota; 49% in Maine
- Lowest State Percentage:
29% in Delaware; 30% in Tennessee

Access to Health Insurance and Mental Health Services

The decision by state officials to not participate in the Medicaid Expansion means that these 25 “Left Behind States” are going to commit millions of their fellow citizens who are suffering with a mental illness—as well as millions more with chronic or serious conditions—to poor health, more poverty, and more despair. The dream of receiving affordable health insurance and health care will be dashed.

The passage of the ACA was a major milestone in long-standing efforts to ensure access for all Americans to appropriate, high-quality and affordable mental health care and prevention and treatment services.

Many of the most prominent features of the ACA were instrumental in establishing the **centrality** of overall mental health services within the overall health care delivery system—such as the designation of mental health and addiction services as one of the ten categories of essential health benefits (EHB).

As originally conceived, this designation as an essential health benefit provides for a comprehensive range of prevention and treatment services to be covered, including early identification and screening, early interventions and acute treatment, and chronic care management activities such as case management.

Under our current mental health—and overall health-care system—we wait until young adults with severe mental health conditions become very sick and have suffered serious consequences before treating them. Young people who show signs of mental health disorders often do not receive treatment because of a lack of health insurance, or stigma or because they lack information about where to go for care. Yet delayed treatment is associated with incomplete and prolonged recovery.

If the 25 states do not expand Medicaid, millions of uninsured people with mental illness will be left out in the “coverage cold”. And needlessly.

What better way to dramatically reduce stigma, discrimination and outright rejection that have kept people with a mental illness from seeking needed care and help, than opening up the “Coverage Door” to those with mental illness so it is treated like any other illness. That is exactly what the ACA’s Medicaid Expansion Program will do if all states participate in the initiative.

The ACA provision to cover mental health and addiction services as an essential health benefit class in the coverage expansions, coupled with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008—which required that financial requirements and treatment limitations for mental health and addiction benefits be no more restrictive than those requirements and/or limitations for medical/surgical benefits—provides an opportunity to usher in a golden age for the coverage of mental health and addiction prevention and treatment services.

Moreover, the ACA transforms the Medicaid program from one, which had in the past targeted specific groups of people such as pregnant mothers and children living in poverty, to a much more comprehensive health insurance program open to all individuals living under 139 percent of the Federal Poverty Level (about \$16,000 for an individual and \$33,000 for a family of four).

The ACA provides important incentives for states to expand their Medicaid programs to cover all the safety net population, including generous Federal matching funds that begin at 100 percent in 2014 and gradually is reduced to 90 percent in 2020, far above the traditional Federal Medicaid

match levels.

In addition, the ACA contains many provisions that are supportive of the integration of mental health services into primary care and general medical sectors. These include support for the establishment of “patient-centered health homes”, which emphasize their importance as vehicles for establishing evidence-based approaches of integrated care, as well as the establishment of Accountable Care Organizations (ACOs), which, because of their assumption of full clinical and financial risk for a defined population, elevate early screening and intervention for co-morbid mental health conditions—such as depression, anxiety and panic disorders, and risky drinking/substance abuse—to a central position.

Co-morbidity is a major driver of increased cost and poorer clinical outcomes for chronic medical conditions. Several studies show that people with mental illness die prematurely—in some cases 30 years earlier—than other health care consumers due to an increased risk of developing medical conditions like diabetes. The lack of coordination among providers who treat people with mental health conditions leads to increased premature mortality and morbidity.

There is no practical or financial argument for governors and legislators in the 25 states that have rejected the Medicaid expansion to continue on their dangerous path that denies their citizens needed health care and mental health services.

By going down this road, states will leave their most impoverished, vulnerable and sickest citizens “out in the coverage cold”, when all they have to do is participate in the New Medicaid Expansion Program—with minor costs to their

states—to address the needs of these individuals.

Participating in the new program will allow policymakers to place their states on a new path that will help people receive timely effective care, instead of poor citizens begging for charity care in our public and private emergency rooms, at

best. So we make this plea: Expand Medicaid immediately. Don't go down in history as denying people with mental illness critically important health insurance.

The health and lives of these individuals are on the line and in your hands.

The Medicaid Expansion will significantly reduce the number of uninsured adults with mental illnesses, particularly in Southern states, where major reductions would occur with the new ACA coverage program.

The new coverage initiative will help stop the deterioration in access to services that nonelderly adults with mental illness have been experiencing over the last decade. The likelihood of having a usual source of care has declined for people with mental illness, while the likelihood of having an emergency room visit has increased.

The Affordable Care Act provides significant resources for states to expand Medicaid to cover lower-income individuals with mental illness to ensure they receive affordable and quality mental health and health care services. It is an effective policy to help assure that all people have access to health care.

Take Action

We urge mental health association leaders and grassroots advocates to work together with other health care groups to meet with state officials in the non-expansion states to reconsider their positions on Medicaid expansion.

Use the data in this report to document the number of people in your state who are eligible for coverage under the Medicaid Expansion to show how the expansion helps your community.

You can help make Medicaid Expansion a priority by:

- Contacting your elected officials at the state level;
- Writing a Letter to the Editor or Guest Column in your local media, and
- Creating or joining state campaigns and grassroots efforts to inform residents and policymakers about the benefits of the New Medicaid Expansion Program.

The expansion effort has the potential to afford people with mental health diagnoses greatly expanded access to mental health and substance use treatment in an integrated and community-based setting, with a person-centered treatment focus. Medicaid Expansion—due to providing people with mental illness a consistent source of health coverage—will lessen reliance on costly and traumatizing crisis and inpatient care, and transition people to community-based models of care.

The New Medicaid Expansion Program has the capacity to help states redirect funds from jails, prisons, and crisis-driven services, such as traditional homeless shelters and hospital emergency departments into community-based programs and evidence-based treatments.

We can and must improve mental health services in our country; ensure quality, safety and adequate oversight; and improve access to recovery-based care.

The new Medicaid expansion initiative is good for people with mental illness.

Conclusion

Overall, the ACA and the Medicaid Expansion will have an extremely positive effect for people with mental health conditions by providing new coverage options for people with mental illnesses and substance use disorder to obtain health insurance. Nearly 14 million people with mental illness are eligible for coverage under the ACA, with 6.7 million people eligible through the Medicaid Expansion effort.

We believe the decisions of those 25 states to not participate in the Medicaid Expansion is misguided, alarming, and a dangerous stance on many policy levels—**for health, budgetary and financial reasons.**

The health care reform law expands Medicaid eligibility and creates a way for lower-income and other uninsured individuals to purchase health insurance.

Make no mistake: Improvements in care for people with mental illness begins with better access to health insurance coverage.

*For what is at stake financially for states under the new Medicaid Expansion, see Part II of **Dashed Hopes** in the coming days!*



of the Major Mental Health and Substance Use Conditions

Serious Mental Illness (SMI)

Respondents to the National Survey of Drug Use and Health (NSDUH) data meet the criteria for SMI in the past year if they have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) that has resulted in serious functional impairment that substantially interferes with or limits one or more major life activities. Adult NSDUH respondents' mental illness is determined based on modeling their responses to questions on distress (Kessler-6 [K6] scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule [WHODAS]). Conditions such as major depression, bipolar disorder, and schizophrenia are included in this category.

Serious Psychological Distress (SPD)

Respondents to the NSDUH are determined to have SPD if they have a score of 13 or higher on the Kessler-6 (K6) scale. The Kessler-6 (K6) scale consists of six questions that gather information on how frequently adult respondents experienced symptoms of psychological distress during the past month or during the one month in the past year when they were at their worst emotionally. These questions ask about the frequency of feeling (1) nervous, (2) hopeless, (3) restless or fidgety, (4) sad or depressed, (5) that everything was an effort, and (6) no good or worthless. Conditions such as panic, anxiety, and mood disorders are included in this category.

Substance Use Disorder (SUD)

An adult is defined as having a SUD if they meet the criteria for abuse or dependence for illicit drugs or alcohol. Abuse of illicit drugs or alcohol is defined as meeting one or more of the four criteria for abuse included in the DSM-V. Dependence on illicit drugs or alcohol is defined as meeting three out of seven dependence criteria (for substances that included questions to measure a withdrawal criterion) or three out of six dependence criteria (for substances that did not include withdrawal questions) for that substance, based on criteria included in DSM-V. Additional criteria for alcohol and marijuana dependence since 2000 included the use of these substances on 6 or more days in the past 12 months.

About This Report

Joel E. Miller, M.S. Ed. **AMHCA Executive Director** **and Chief Executive Officer**



With over 30 years of experience in healthcare and mental health policy, Mr. Miller has advocated for the creation of federal and state policy and regulatory solutions to improve the delivery and financing of health care and mental health care in the United States.

Prior to his role at AMHCA, he led the development and implementation of NASMHPD's policy agenda and regulatory strategies designed to support State Mental Health Agencies and the state public mental health systems.

Mr. Miller also served as Senior Vice President at the National Coalition on Health Care (NCHC), where he oversaw the evaluation and dissemination of innovative research about the nation's health care system.

At the National Alliance on Mental Illness (NAMI), Mr. Miller led NAMI's State Policy team, dedicated to improving the financing and delivery of mental health services for people with mental illness, and addressing mental illness issues across the lifespan.

He has published over 50 articles and reports on mental health delivery and financing issues.

Contact Information

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American Mental Health Counselors Association



AMHCA is a growing community of 7,100 clinical mental health counselors (CMHCs). AMHCA's mission is to enhance the profession of clinical mental health counseling through licensing, advocacy, education and professional development.

Sources of Data on Mental Illness and Substance Use for the AMHCA Report

The National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S Department of Health and Human Services is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, non-institutionalized population in the United States aged 12 years or older. In recent years, it has also included information on mental health conditions and use of mental health and substance abuse services.

Data from NSDUH, the American Community Survey (ACS)—an ongoing statistical survey sponsored by the U.S. Census Bureau—and additional data sets were used to determine projections that included data from SAMHSA's report on *Behavioral Health Treatment Needs for Assessment Toolkit for States*.

Acknowledgements

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Dashed Hopes; Broken Promises; More Despair:

*How the Lack of State Participation in the Medicaid Expansion
Program Punishes Americans with Mental Illness*

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