MISSOURI DEPARTMENT OF MENTAL HEALTH

The Implications of ACA Medicaid Expansion for Missouri's Public Behavioral Health Services

Prevalence estimates and service utilization trends tell us that nearly 50,000 of the 300,000 Missourians who would be insured by the ACA Medicaid expansion would seek behavioral health services annually through DMH.

- 65% will seek substance use disorder treatment, and
- 35% will seek help for a serious mental illness

The majority of these newly covered individuals will not be new to DMH.

About 34,000 indigent individuals, who could qualify under Medicaid expansion, now seek DMH services annually. Their services are currently covered by state funds, or federal block grant monies, or charity care delivered by DMH's contracted community behavioral health providers.

But with no insurance or Medicaid coverage, and with a stretched DMH budget, indigent care services are limited and crisis focused.

Today, the average annual cost for all individuals receiving DMH behavioral health services is about $2,800 - or $140 million for 50,000 people.

The 10% state match required in the out year under ACA expansion would cost only $14 million annually, and can be fully funded from cost offsets in DMH's existing core budget as indigent consumers become Medicaid eligible.

But that is not the whole story about the impact ACA expansion would have on Missouri's public behavioral health programs.

DMH's current behavioral health system has major problems: It is hard to access, crisis oriented and deep-ended, meaning it provides high cost services to people only after they have become very sick. Most of its community program dollars are focused on people who are categorically eligible for Medicaid, and for ancillary services that Medicaid doesn't cover.

Now, only a small percentage of the Missourians who seek DMH's help for substance use disorders qualify for Medicaid, and young adults with serious mental illness only become Medicaid-eligible after being determined disabled, usually through a lengthy federal eligibility process that is extremely difficult to navigate for people with serious mental illnesses.

What this means, in real-world terms, is that most young adults, experiencing early-stage mental illnesses, like Schizophrenia or Bipolar Disorder, will go for years with inadequate treatment, or none at all.

As their illnesses progress, they move from crisis to crisis, appearing in hospital ERs; they are involuntarily committed by courts to short-term, episodic inpatient treatment; and they often resist outpatient mental health treatment, either because they don't think they need it, or because they feel stigmatized by it.

And their desperate families don't know where to turn for help.

The sad outcome of all this is that thousands of confused, vulnerable young people decompensate and become long-term victims of poverty, poor health care, crime and abuse before they ever enter DMH's services continuum.

And although people with mental illness are far more likely to be victims of crime than perpetrators, a small number strike out at society. We hear about them in local, state and national news, and we mourn their actions.

The ACA Medicaid expansion can help change all this. New dollars and services can be tailored to young people in early stages of mental illness without the need for stigmatizing disability labels.

This would be of immeasurable value to vulnerable consumers and their exhausted families, and would represent a long overdue "sea change" toward early intervention in Missouri's behavioral health system.