

HUSKY D AND BEHAVIORAL HEALTH

Connecticut expanded its Medicaid program in 2010 as part of the Affordable Care Act, creating a new form of coverage for low-income adults without minor children. HUSKY D, as the Medicaid expansion is known, covers more than 200,000 Connecticut residents.

HUSKY D has been particularly important as a source of coverage for behavioral health care. In 2016, 36 percent of individuals covered by HUSKY D received care for mental health or substance use disorders.¹

Faces of HUSKY D: Anabela Gomes

Anabela Gomes is a full-time student studying psychology at Naugatuck Valley Community College. She also works as a home care provider for a woman with medical needs, organizing her medications, taking her to appointments, and helping her with errands and housework.

Gomes credits HUSKY D with allowing her to work and attend school. HUSKY D covers her therapy and medications for depression and post-traumatic stress disorder.

“If I wasn’t on HUSKY D, I would be in a really bad place right now because I wouldn’t have the means of doing anything for my depression and PTSD,” she said.

It’s something she knows from experience.

Last year, Gomes was working three jobs. Because her income put her slightly above the income limit for HUSKY, she bought insurance through Access Health CT, the state’s health insurance marketplace. But her health plan’s out-of-pocket costs for getting care were too high for her to afford.

The lack of mental health care, coupled with stress over bills, caused her to have an anxiety-induced episode that required hospitalization. Her doctor at the hospital advised her to enroll in therapy after she was discharged, but Gomes said she couldn’t afford the out-of-pocket costs she would have to pay under her insurance.

Because of the time she spent in the hospital, she lost one of her jobs, and took medical leave from the others. She is now in school full time while working part time, and qualifies for HUSKY D.

“I definitely have a lot more access to the resources that I need,” she said. “I’ve been able to get very good mental health care, and that’s honestly been the main blessing of HUSKY for me, and I really, really need that.”

Continued

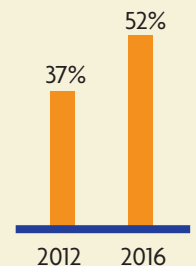
Anabela Gomes

Waterbury, Connecticut
22 years old

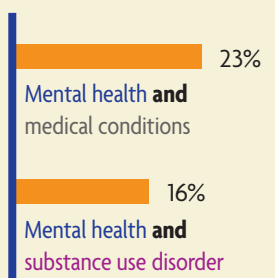


Timely treatment²

Members diagnosed with alcohol or drug dependence who received treatment within 14 days



Behavioral health diagnoses among HUSKY D members³



For more on HUSKY D, visit www.cthealth.org/publication/huskyd

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ENDNOTES

- 1 Beacon Health Options HUSKY D data dashboard for HUSKY D members, 2015-2016.
- 2 Community Health Network of Connecticut HEDIS data for HUSKY D, 2012 through 2016.
- 3 Beacon Health Options HUSKY D data dashboard for HUSKY D members, 2015-2016.
- 4 Office of the Chief Medical Examiner (CT), "Connecticut Accidental Drug Intoxication Deaths," March 1, 2018, <http://www.ct.gov/ocme/lib/ocme/AccidentalDrugIntoxication2012-2017.pdf>
- 5 Agency for Healthcare Research and Quality, "Opioid Hospital Stays/ Emergency Department Visits – HCUP Fast Stats, Healthcare Cost and Utilization Project," December 2017, Rockville, MD, accessed March 7, 2018. www.hcup-us.ahrq.gov/faststats/OpioidUseServlet?location1=CT&characteristic1=01&setting1=ED&location2=&characteristic2=01&setting2=IP&expansionInfoState=hide&dataTablesState=hide&definitionsState=hide&exportState=hide
- 6 Beacon Health Options HUSKY D data dashboard for HUSKY D members, 2015-2016.



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100 Pearl Street, Hartford, CT 06103
www.cthealth.org



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Like the rest of the nation, Connecticut is in the midst of a crisis. Record numbers of state residents are dying from opioid overdoses, including close to 1,000 in 2017,⁴ and far more are struggling with addiction. The rate of opioid-related emergency department visits doubled in Connecticut between 2008 and 2015.⁵

In 2016, nearly one in 10 HUSKY D members – 9.5 percent – had been diagnosed with an opioid use disorder.⁶

Rebecca Allen and Patricia Rehmer have unique perspectives from which to view the epidemic, and the critical role HUSKY D has played in the state's response.

View from the frontlines

Rebecca Allen is the director of recovery support services at Connecticut Community for Addiction Recovery. She oversees a team of "recovery coaches" – individuals who get dispatched to emergency rooms when someone comes in after overdosing.

That moment, after an overdose, can be an opening, a time when a person considers getting treatment. Allen's team is there to help facilitate it.

While there are many barriers to getting someone into treatment, since the creation of HUSKY D, insurance hasn't been one of them.

"I've been working in this field for close to 20 years now, and the difference the expansion of HUSKY has made to people suffering from alcohol or substance use disorders is huge," Allen said. "Twenty years ago, even 10 years ago, it was so difficult to get people into treatment."

Now, Allen's team often works with people who are uninsured but qualify for HUSKY D. They can get signed up in the hospital – an important step, because having health insurance is critical to getting a treatment bed.

"The window, sometimes, for people that want treatment or need treatment, is small," Allen said.

"So being able to link people to treatment that quickly is really great."

A statewide lens

Patricia Rehmer has viewed the expansion of HUSKY from two vantage points. In 2010, when Medicaid was expanded, Rehmer was Connecticut's commissioner of mental health and addiction services. She now leads the Behavioral Health Network of Hartford HealthCare, a health system that includes six hospitals as well as Rushford, a provider of substance use disorder and mental health treatment programs.

"It really was the door opening up for individuals, especially young, single men who were struggling with opioid addiction," Rehmer said. That population included young adults who were too old to remain on their parents' health plans and those who had grown up in the foster care system. It also included young adults with addiction issues who were no longer connected with their families.

"Many families cut off their young adults because they've kind of been through hell and back, lost a lot of money, trust has been broken," Rehmer said. "Our work is to get them reconnected with their families, but if they don't have HUSKY D, it makes it very, very difficult."

Although people with disabilities were eligible for Medicaid before HUSKY D, many people with substance use disorders did not meet qualifications for that coverage, Rehmer noted.

Rehmer worries about the possibility of cutbacks to HUSKY D and what that would mean for those who would lose coverage.

"My fear is that we're going to end up with a lot more overdoses," she said. "If they cut it, we will have (emergency departments) that are seeing people that overdose...The recovery coaches will have a harder time finding beds for the individuals that don't have HUSKY coverage."