

Access to Behavioral Health Care in Michigan

Medicaid Population, 2019

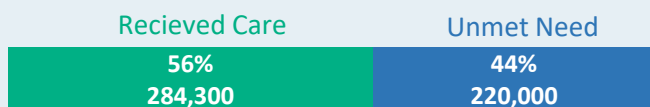
Project Summary

Access to behavioral health care is a critical issue. Lack of access can result in unmet needs, delays in care, financial burden, and reduced health and wellbeing. In this study we update our assessment of access to mental health and substance use disorder (SUD) treatment using 2019 administrative claims data for Michiganders covered under private insurance, Medicaid, or Medicare. Our measure of access is the percent of individuals with behavioral health needs who received at least one instance of treatment in the year of study. While this does not account for the quality or completeness of care Michiganders receive, the results provide an updated picture of this basic definition of access to quantify any changes in access since 2016 and to set a new benchmark for comparison to future assessments of post-pandemic behavioral health needs and access.

Unmet Need for Behavioral Health Care in Michigan – Medicaid Enrollees

- ▲ Almost half of the 504,000 Medicaid enrollees that experience any mental illness (AMI) are not receiving care. The most common unmet needs for mental illnesses are *Anxiety Disorders* and *Depressive Episode*.
- ▲ The total number of people with AMI increased between 2016 and 2019, but treatment also increased so the number of people untreated remained about the same, declining slightly from 236,000 to 220,000.
- ▲ Among the 126,000 Medicaid enrollees with a SUD, almost half did not receive treatment in 2019, leaving nearly 59,000 with an unmet need for care. Alcohol, cannabis, and opioids are the most common substances resulting in a use disorder.
- ▲ The prevalence of AMI and SUD is highest among adults aged 25-54. Men are at greater risk for SUD and women have a higher prevalence of AMI.
- ▲ There is significant geographic variation in levels of unmet need across the state. In the areas of Michigan with the worst access to AMI treatment 59% are untreated and for SUD treatment 64% are untreated.

2019 Unmet Need for Mental Illness



2019 Unmet Need for SUD



Barriers to and Recommendations for Access for Behavioral Health Care

- ▲ Major barriers to behavioral health care access include shortages of providers, costs of care, and a reluctance to seek care.
- ▲ Behavioral health provider capacity is low in the northern half of the lower peninsula and parts of the upper peninsula; nine counties in these areas have neither a psychiatrist nor a psychologist and twenty are without a SUD treatment facility.
- ▲ To expand access, state policymakers and other stakeholders can act to: increase retention of behavioral health providers in Michigan, remove restrictions on scope of practice to fully leverage all members of the health care team, promote effective use of trained lay providers such as Peer Support Specialists and Recovery Coaches, use telemedicine to extend the reach of the behavioral health workforce, expand school-based behavioral health care, and better integrate primary care and behavioral health care delivery.

Details on specific findings and recommendations are available in the full report.

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This work was contracted by the Michigan Health Endowment Fund and completed by Altarum to study access to behavioral health care in Michigan. Complete findings, companion data for other insurance types, and a description of methods are available in the accompanying reports.