

Access to Behavioral Health Care in Michigan

Medicare Population

Project Summary

Access to behavioral health care is a critical issue. Lack of access can result in unmet needs, delays in care, and financial burden. In this study we assessed access indicators using 2016 administrative claims data for 1.6 million Michiganders with Medicare coverage to identify major gaps and barriers to mental health and substance use disorder (SUD) treatment in Michigan. These results, along with stakeholder input, inform recommendations for improving access to behavioral health care in Michigan.

Unmet Need for Behavioral Health Care in Michigan – Medicare Enrollees

- ▲ One-fifth of the 250,000 Medicare enrollees in Michigan that experience any mental illness (AMI) are not receiving care. The most common unmet needs for mental illnesses are *Anxiety Disorders* and *Depressive Episode*.
- ▲ Among the 50,000 Medicare enrollees with a SUD, only 41% received treatment, leaving 29,600 with an unmet need for care. Alcohol, cannabis, and opioids are the most common substances resulting in a use disorder.
- ▲ Prevalence of AMI and SUD is highest among enrollees under the age of 65, many of whom receive Medicare due to a disability.
- ▲ Men are at greater risk for SUD and women have a higher prevalence of AMI.
- ▲ There is geographic variation in levels of unmet need across the state. Unmet need for AMI care varies up to 37% while the unmet need for SUD care varies from 40% to 68%.
- ▲ Expanding access to behavioral health care in all of Michigan to the same rates of care seen in best access areas of the state would improve access for 40,600 people with a mental illness and 7,800 people with a substance use disorder.

Current Unmet Need for Mental Illness

Received Care	Unmet Need
79%, 197,800	21%, 51,700

Current Unmet Need for SUD

Received Care	Unmet Need
41%, 20,200	59%, 29,600

Barriers to 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; seven counties in these areas have neither a psychiatrist nor a psychologist and no substance use disorder treatment facility.

Recommendations and Strategies to Improve Access

With these data, state policymakers and other stakeholders can act to:

- 1) Increasing retention of behavioral health providers in Michigan
- 2) Removing restrictions on scope of practice to fully leverage all members of the health care team
- 3) Promoting effective use of trained lay providers such as Peer Support Specialists and Recovery Coaches
- 4) Using telemedicine to extend the reach of the behavioral health workforce
- 5) Expanding school-based behavioral health care
- 6) Integrating primary care and behavioral health care delivery.

Details on specific policy recommendations are available in the full reports.

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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.