Access to Behavioral Health Care in Michigan
Total Michigan 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

- 641,000 (32%) of the estimated 1.99 million Michiganders that experienced any mental illness (AMI) in 2019 are not receiving care. The most common mental illnesses with unmet needs 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 666,000 to 641,000.
- Among the 581,000 Michiganders with a SUD, only 28% received treatment, leaving nearly 421,000 with an unmet need for care. Alcohol, cannabis, and opioids are the most common substances resulting in a use disorder.
- The number of people receiving SUD treatment in 2019 increased slightly from 2016, up from 128,000 to 160,000.
- Prevalence of AMI and SUD are highest among Medicaid enrollees, the uninsured, and adolescents. 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 45% are untreated and for SUD treatment 77% are untreated.
- 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 336,000 people with a mental illness and 85,000 people with a SUD.

<table>
<thead>
<tr>
<th>2019 Unmet Need for Mental Illness</th>
<th>2019 Unmet Need for SUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recieved Care</td>
<td>Untreated</td>
</tr>
<tr>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>1,347,100</td>
<td>641,100</td>
</tr>
<tr>
<td>Recieved Care</td>
<td>Untreated</td>
</tr>
<tr>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>160,500</td>
<td>420,700</td>
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</tbody>
</table>

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.

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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 report.

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