

What We Investigated

Research Objective

Prior research has established that access to behavioral health services is a major problem for those with mental illness and substance use disorders (SUDs); however, a detailed understanding of gaps by condition, population characteristics, insurance type, and location is needed for states, funders, and providers to target resources to the greatest need. This work seeks to provide baseline estimates of unmet need for behavioral health care in Michigan, identify major gaps in access, and highlight evidence-based strategies to increase access.

Learning Objectives

Aim 1: Analyze unmet need and gaps in access to behavioral health services using results from patient surveys and medical claims analyses

Aim 2: Develop policy recommendations and potential investments to improve access to outpatient behavioral health care based on the results of unmet need assessments

Our Framework and Methods

Study Design

To assess gaps in access, we compared rates of behavioral health condition prevalence from surveys with observed rates of behavioral health outpatient treatment from medical claims. We produced results by population characteristics, payer type, sub-state region and metropolitan area, and major condition. We assessed provider shortages as a barrier to care using data on providers and facilities and examined other barriers through analyses of survey data. Policy recommendations were informed by literature review, evidence from other states, and advisory panels.

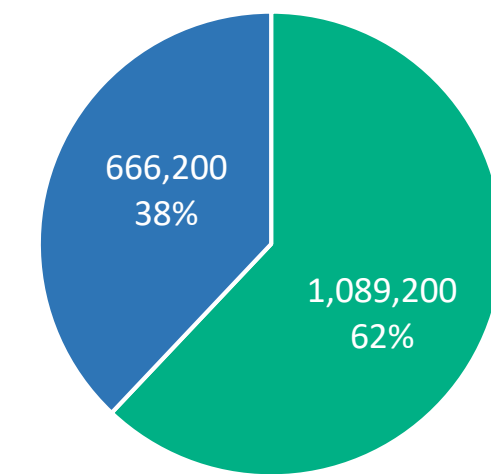
Population Studied

Rates of unmet need and observed utilization were computed to be representative of all Michigan residents during 2016. Populations used to estimate condition prevalence were samples from the National Survey on Drug Use and Health and National Survey of Children's Health. The populations studied to compute utilization of outpatient behavioral health care were Michigan residents covered by public and private insurers; including complete Michigan Medicaid claims, a sample of commercial claims from Truven MarketScan, and a sample of Medicare Fee-for-Service claims.

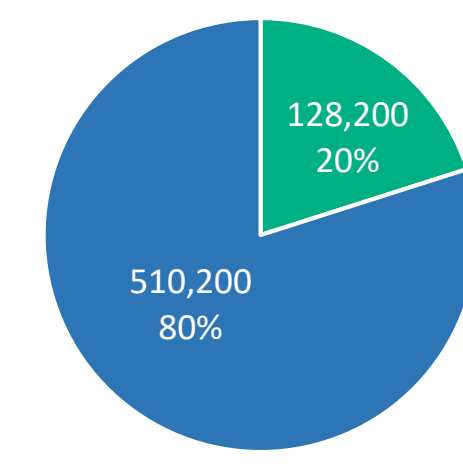
What we Found: Unmet Need

- Of the estimated 1.76 million Michigan residents with a mental illness in 2016, only 62% received outpatient mental health
- Among the 640,000 Michiganders with a SUD, rates of unmet need were far greater, with 80% not receiving care.
- Medicaid beneficiaries and privately insured had highest rates of unmet need

Any Mental Illness (AMI) Unmet Need, All of Michigan

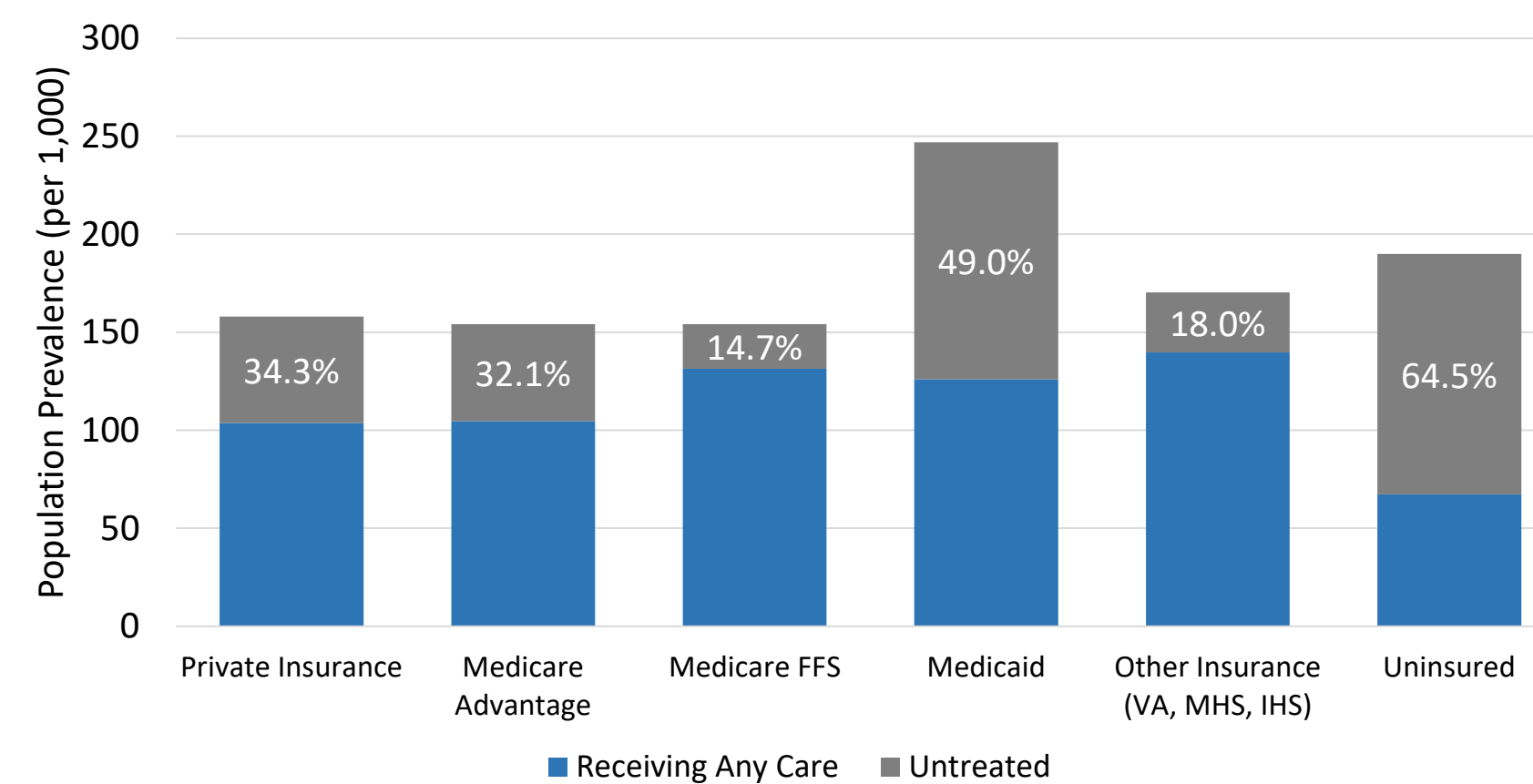


Substance-Use Disorder (SUD) Unmet Need, All of Michigan

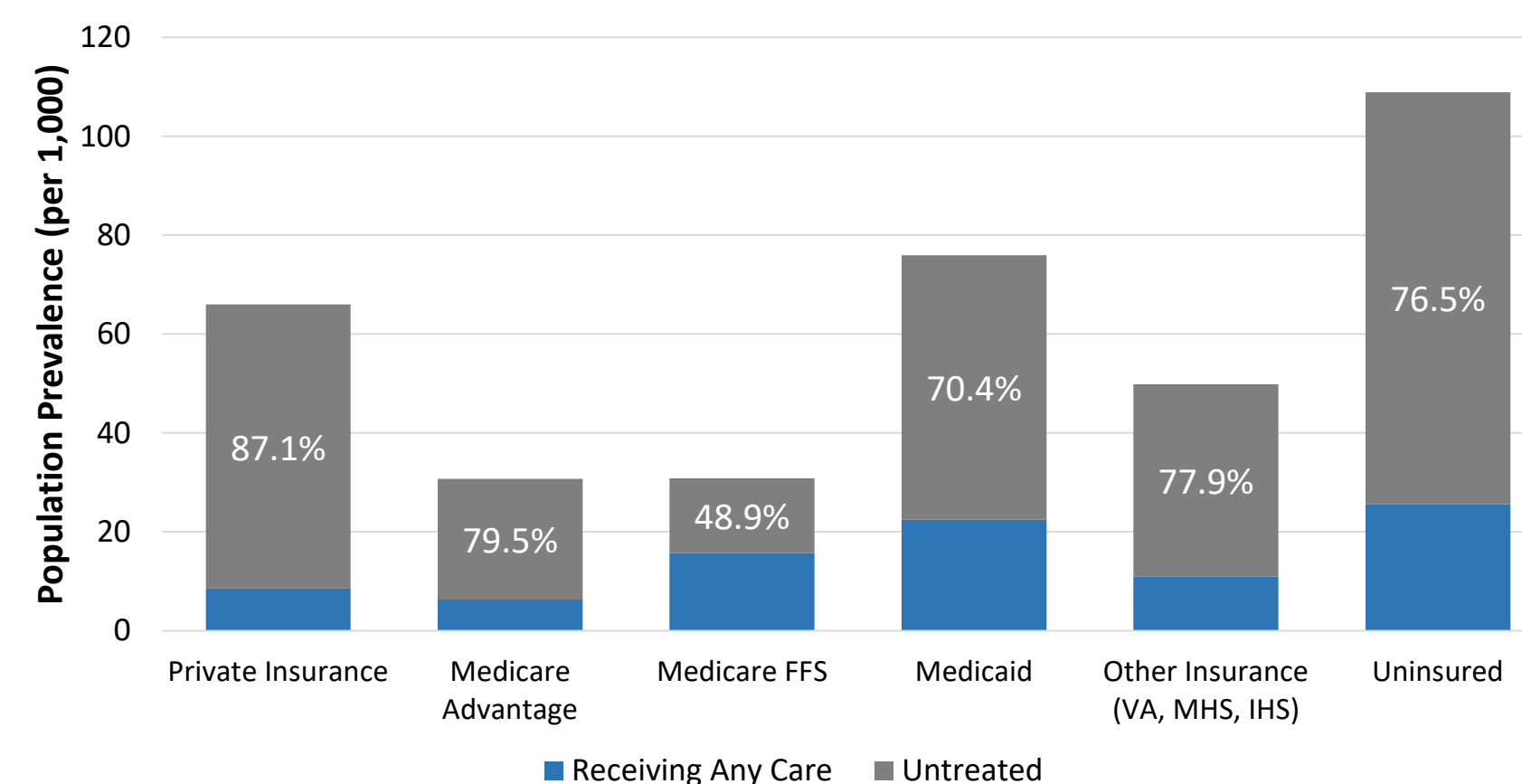


■ Received Care ■ Untreated

Any Mental Illness Unmet Need in Michigan, by Payer Type



Any Substance Use Disorder Unmet Need in Michigan, by Payer Type



What we Found: Barriers to Care

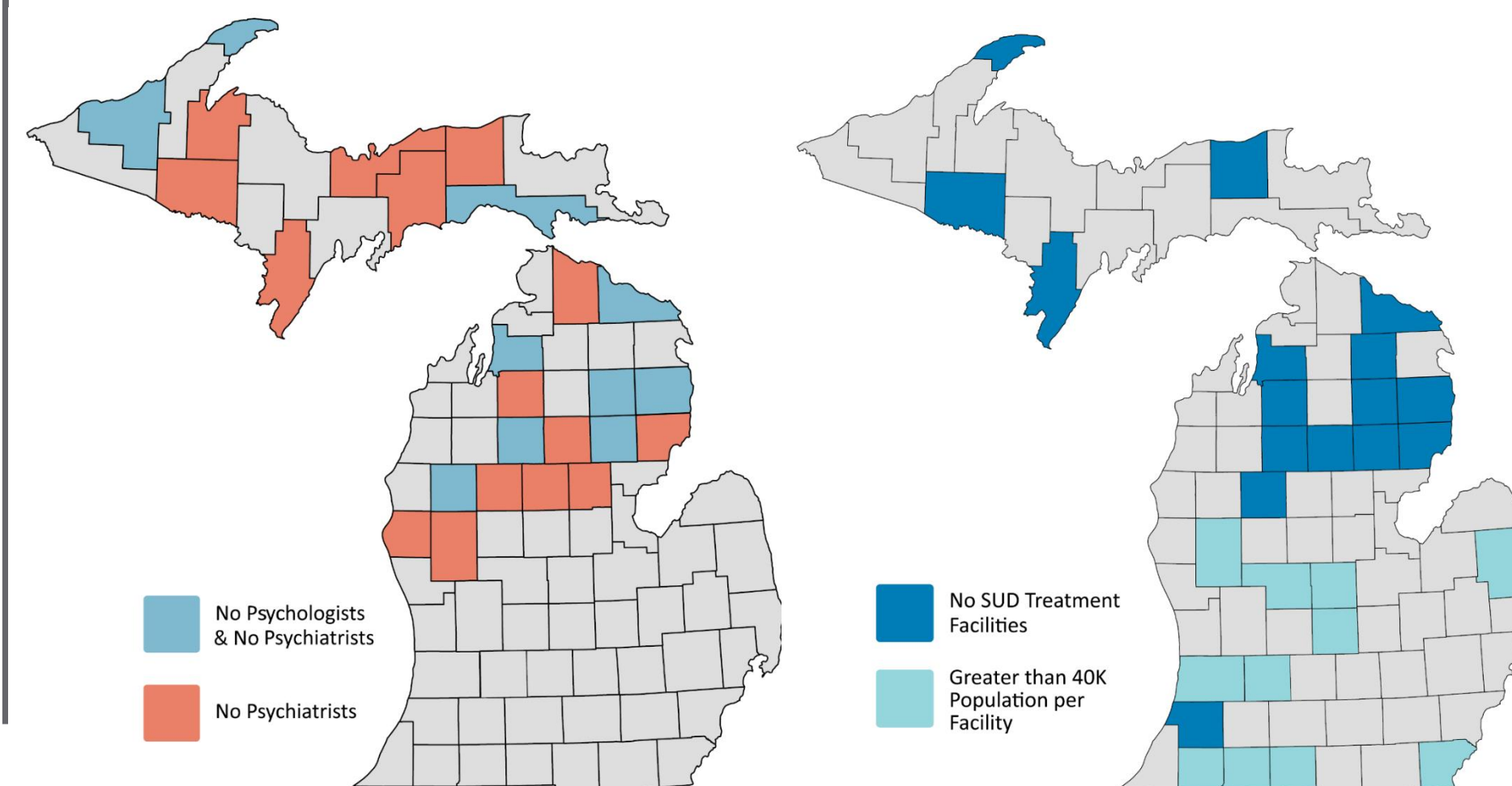
Self-Reported Reasons for Not Seeking Behavioral Health Treatment

TOP REASONS FOR NOT RECEIVING TREATMENT	% Citing Each Reason, AMI Care	% Citing Each Reason, SUD Care
Couldn't Afford Costs	40%	27%
Thought Could Handle/Not Ready to Get Treatment	28%	38%
Didn't Know Where to Go	22%	19%
Didn't Have Time	20%	5%
Not Enough Insurance Coverage	13%	12%
Concerned about Neighbors' Opinion	11%	14%
Didn't Want Others to Find Out	9%	4%

Source: 2016 National Survey on Drug Use and Health. Respondents could select multiple answers.

Self-Reported Reasons for Not Seeking Behavioral Health Treatment

TOP REASONS FOR NOT RECEIVING TREATMENT	% Citing Each Reason, AMI Care	% Citing Each Reason, SUD Care
Couldn't Afford Costs	29%	27%
Didn't Know Where to Go	23%	19%
Thought Could Handle/Not Ready to Get Treatment	18%	38%
Didn't Have Time	14%	5%
Concerned Might Get Committed/Have to Take Meds	16%	-
No Transportation/Too Far	11%	9%
Couldn't Afford Costs	29%	27%



Implications for Policy and Practice

Strategies to Increase Access in Michigan

- 15 recommendations in three categories
- Increase the effective supply of providers
- Address affordability
- Increase willingness to seek treatment

For the full report scan:



		Impact on Access → →		
		Low	Medium	High
Additional Cost	High		[2] Expand programs training non-clinician providers [3] Recruit from underserved areas and support provider training [12] Design insurance coverage to reduce patient cost burden for BH	[1] Expand programs training behavioral health clinicians
	Medium	[11] Maintain and enforce current coverage and parity [14] Improve access to NEMT	[4] Apply incentives to increase workforce retention in Michigan [8] Advance use of telemedicine	[7] Promote use of trained lay providers [9] Expand school-based care [10] Integrate behavioral health and primary care delivery
	Low	[5] Expand provider training in particular needed competencies [13] Increase public awareness of resources and paths to care [15] Support patient self care	[6] Expand scopes of practice to match full scope of training	

Conclusion

High rates of unmet need for outpatient behavioral services exist in Michigan, particularly for SUD treatment. Major access barriers include lack of behavioral health providers, patient cost burdens, and reluctance to seek care.