



MICHIGAN HEALTH

ENDOWMENT FUND

Behavioral Health Access Study

Health Policy Issues Group

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MSU Legislative Leadership Program



Behavioral Health Access Study

OVERVIEW

- Funded by the Michigan Health Endowment Fund (competitively bid)
- Completed by Altarum
 - Initiated June 2018, released July 2019

Behavioral Health Access Study

OVERVIEW

- Advised throughout by stakeholder advisory group

Robert Sheehan	MI Association of Community Mental Health Boards
Dominick Pallone	Michigan Association of Health Plans
Dave Schneider	MDHHS
Jon Villasurda	MDHHS
Laura Appel	Michigan Health & Hospital Association
Kevin Fischer	National Association of Mental Illness
Amy Zaagman	MI Council of Maternal and Child Health
Steve Velzen-Haner	Reliance Community Care Partners
John Barnas	Michigan Center for Rural Health
Pat Rinvelt	National Network of Depression Centers

Behavioral Health Access Study

PURPOSE AND SCOPE

- Assess adequacy of access to behavioral healthcare in Michigan, including:
 - Mild to moderate mental illness, serious mental illness, substance use disorder, and co-occurring conditions
 - Outpatient, intensive outpatient, and residential services
- Assess barriers to access to treatment and opportunities to address them
- Inform Health Fund future grantmaking and collaborative efforts to increase access

Behavioral Health Access Study

PURPOSE AND SCOPE

Not included in the study:

- Persons with intellectual/developmental disabilities
- Inpatient psychiatric, chronic pain treatment, Medication Assisted Treatment (MAT)
- Supportive services such as housing

Numbers in Need

STEP 1

National Survey on Drug Use and Health

2016-2017 combined data

Any mental illness in the past year

- US average: **18.6% of adults**
- Michigan average: **18.3% (ranked 32nd)**

Perceived unmet need for mental health services

- US average, **5.5% of adults**
 - Private insurance, 4.9%
 - Medicaid/CHIP, 8.5%
 - Other public, 3.2%
 - Uninsured, 6.2%
- Michigan average: **(no state data)**

Any substance use disorder in the past year

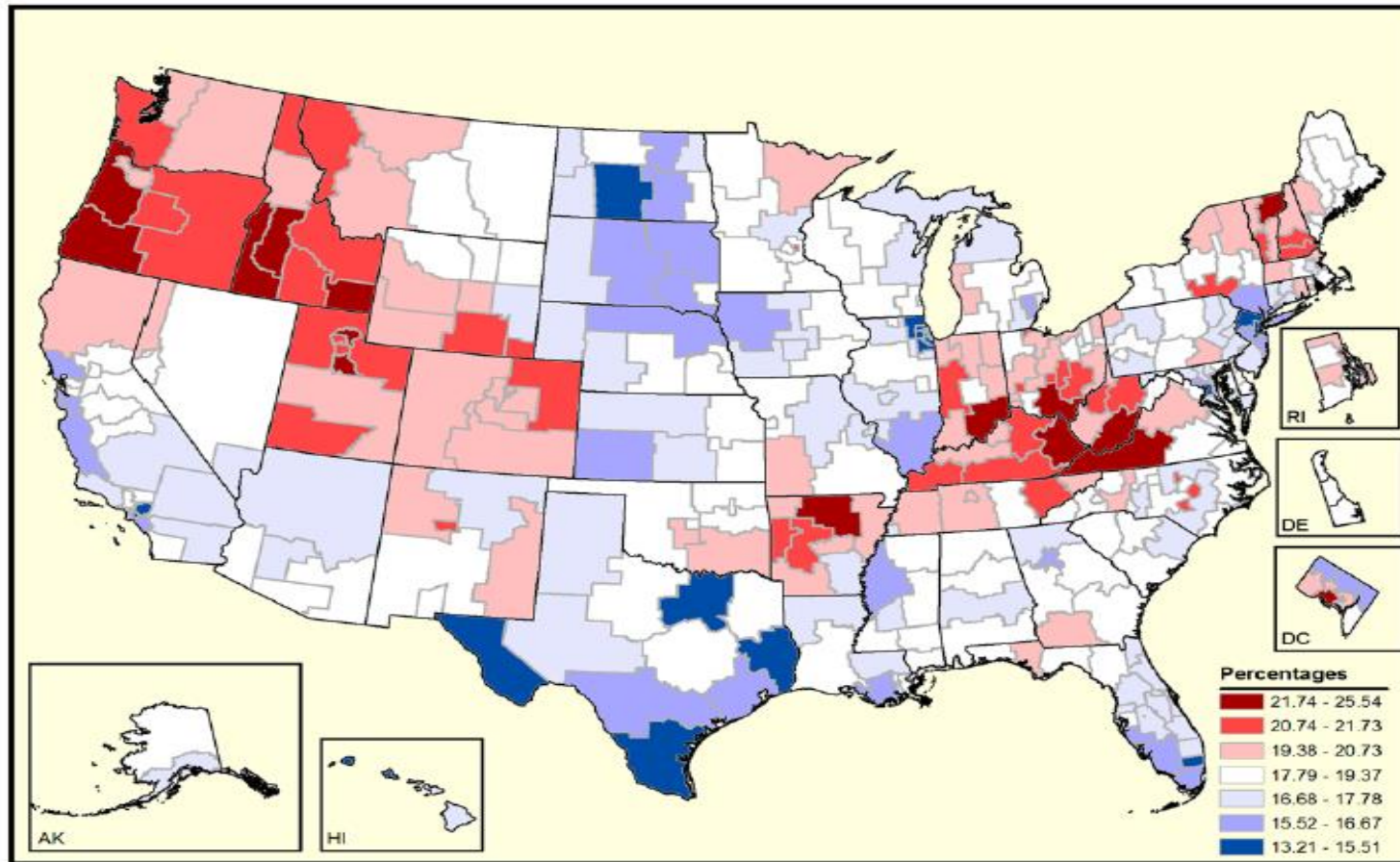
- US average: **7.4% of those 12 and older**
- Michigan average: **7.6% (ranked 26th)**

Needing but *not* receiving SUD treatment in the past year

- US average: **6.8% of those 12 and older**
- Michigan average: **6.9% (ranked 28th)**

National Survey on Drug Use and Health

2014-2016, Any Mental Illness past year



Numbers Treated

Using claims data compare numbers receiving care with prevalence (need)

- Prevalence: Michigan population data x prevalence rates
- Number receiving care using 2016 claims data (Michigan specific, actual claims)
- Unmet need drilled down by payer type, age/sex, type of care, condition, and geographic location
- A very basic measure of access – definition of “treated” only one service for BH condition

Barriers to Care

Explore barriers to care through:

- Population and provider survey data
- Behavioral health provider supply data and comparisons to populations/standards
- Review of literature



STUDY RESULTS

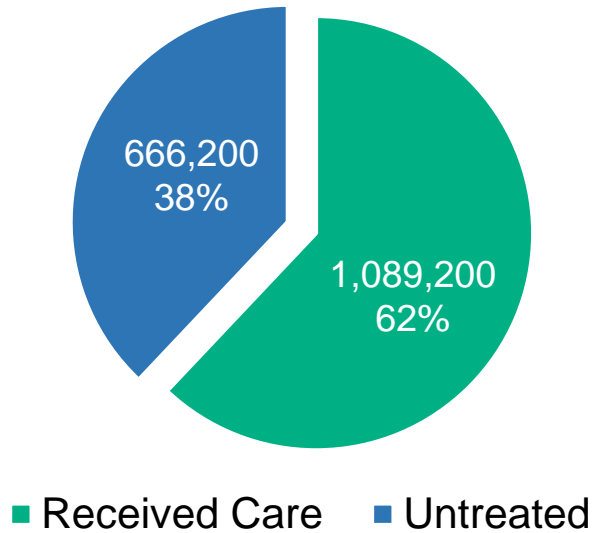
Learning.
Opportunities for action.

ALL INSURANCE TYPES – ANY MENTAL ILLNESS

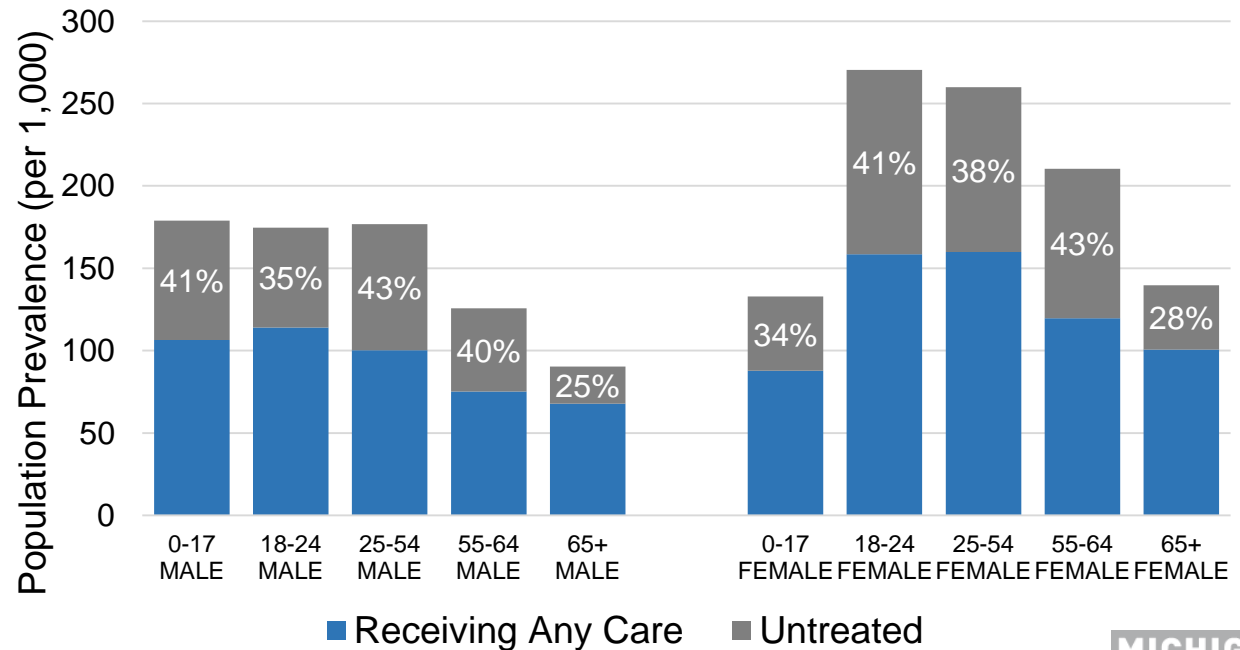
2016 Michigan population estimate: **9,928,300**

- Prevalence of Any Mental Illness: **1,755,000 (17.7%)**

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

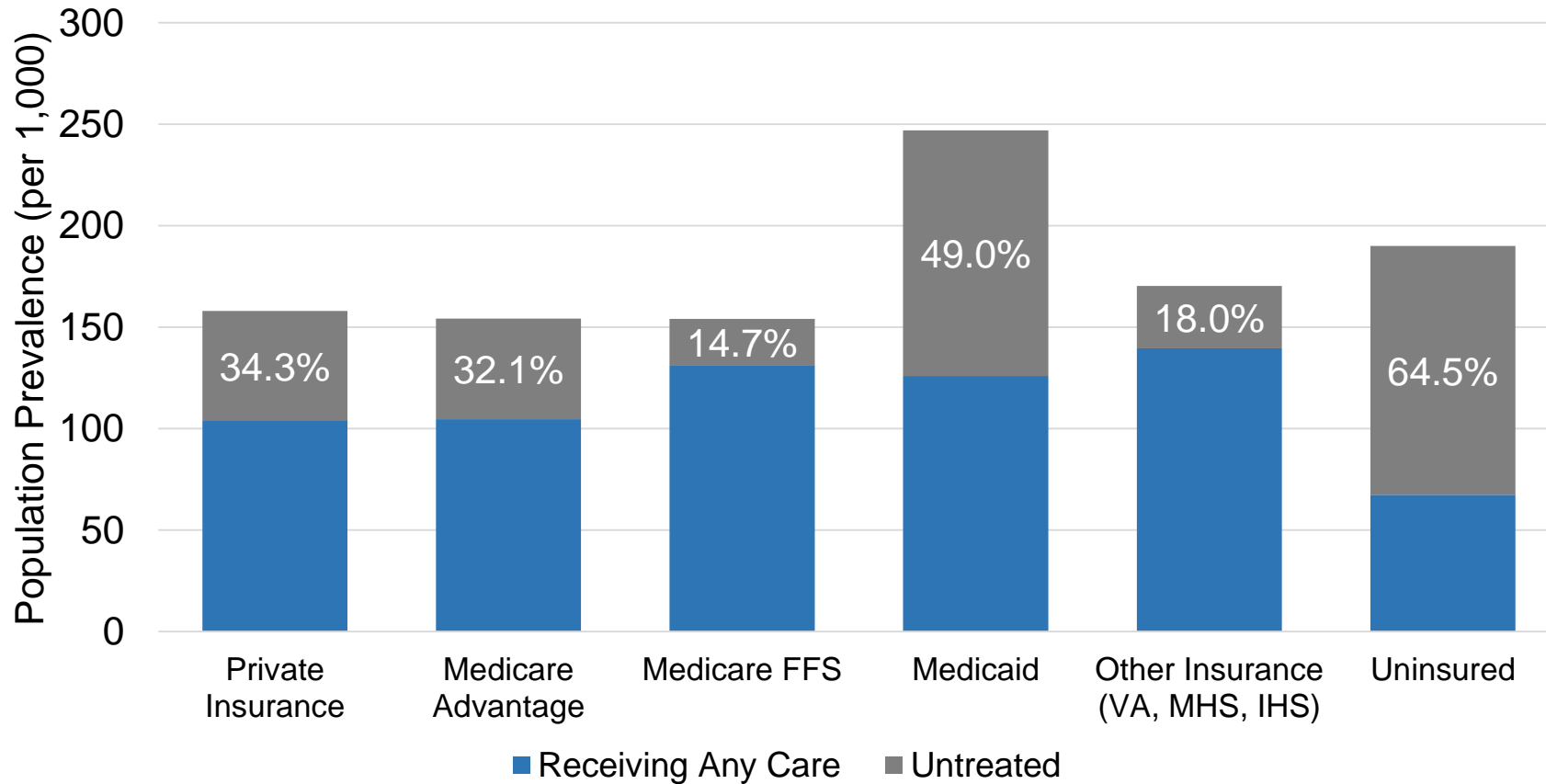


Any Mental Illness Unmet Need in Michigan, by Age & Sex



BY INSURANCE TYPE – ANY MENTAL ILLNESS

Any Mental Illness Unmet Need in Michigan, by Payer Type

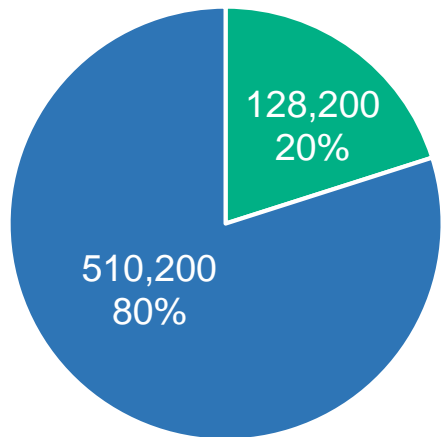


ALL INSURANCE TYPES – SUBSTANCE USE DISORDER

2016 Michigan population estimate: **9,928,300**

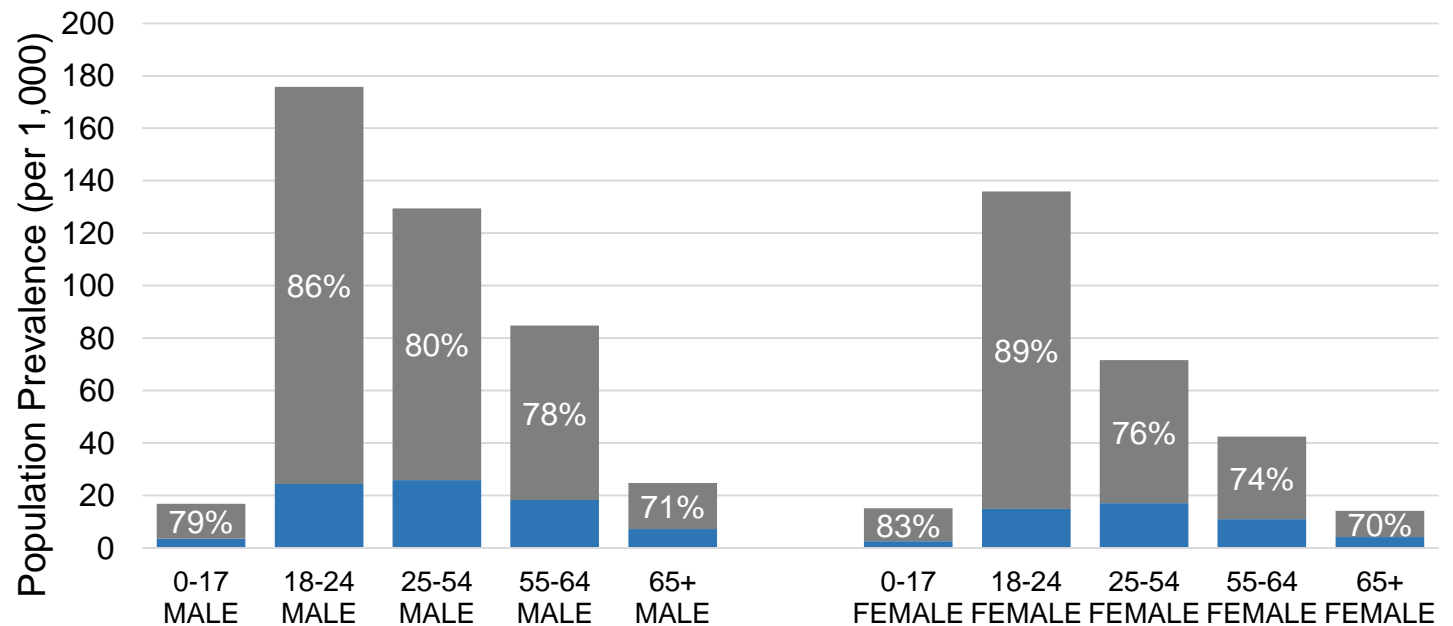
- Prevalence of Any Substance Use Disorder: **638,000 (6.4%)**

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



■ Received Care ■ Untreated

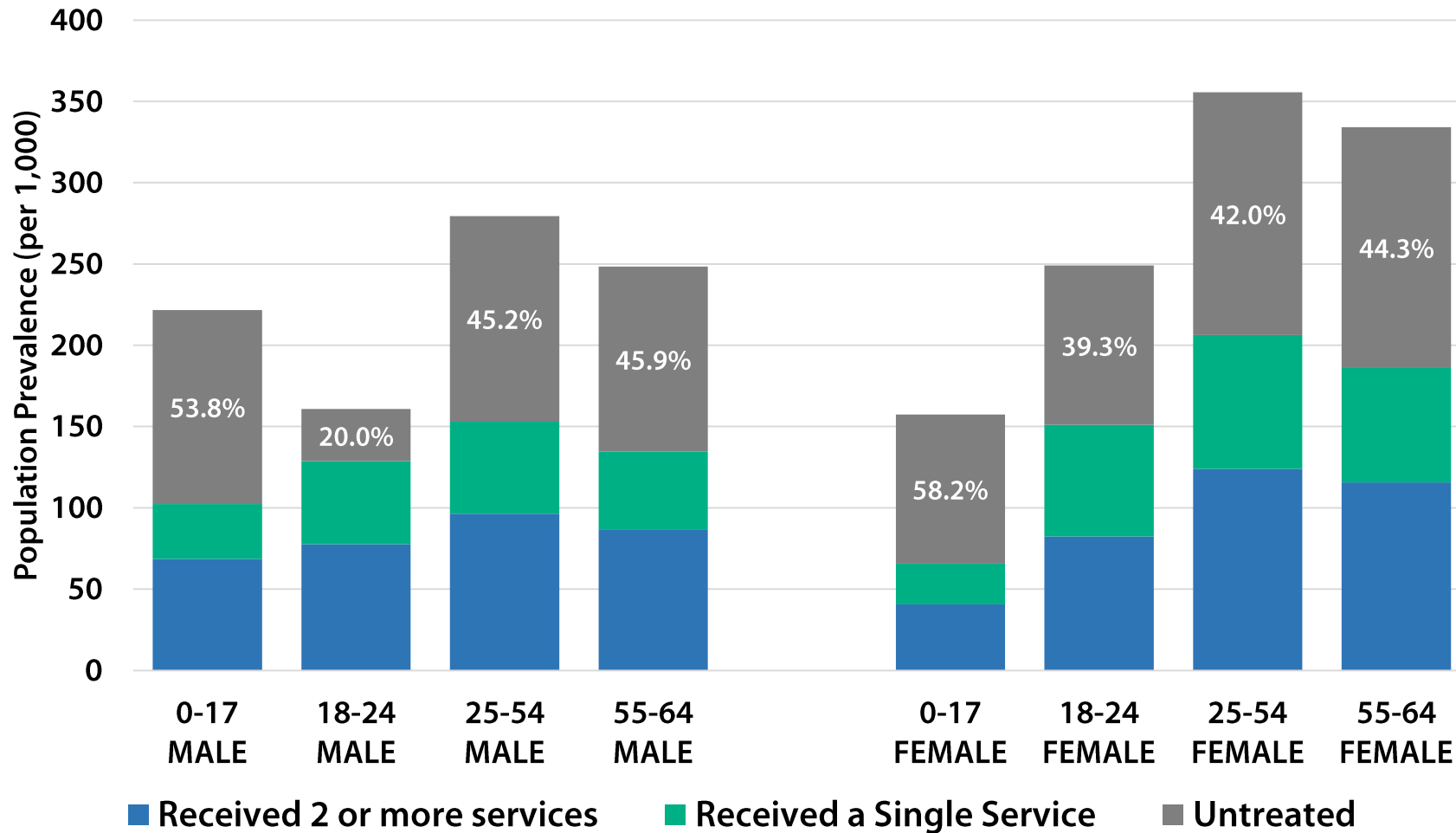
Any Substance Use Disorder Unmet Need in Michigan, by Age & Sex



■ Receiving Any Care ■ Untreated

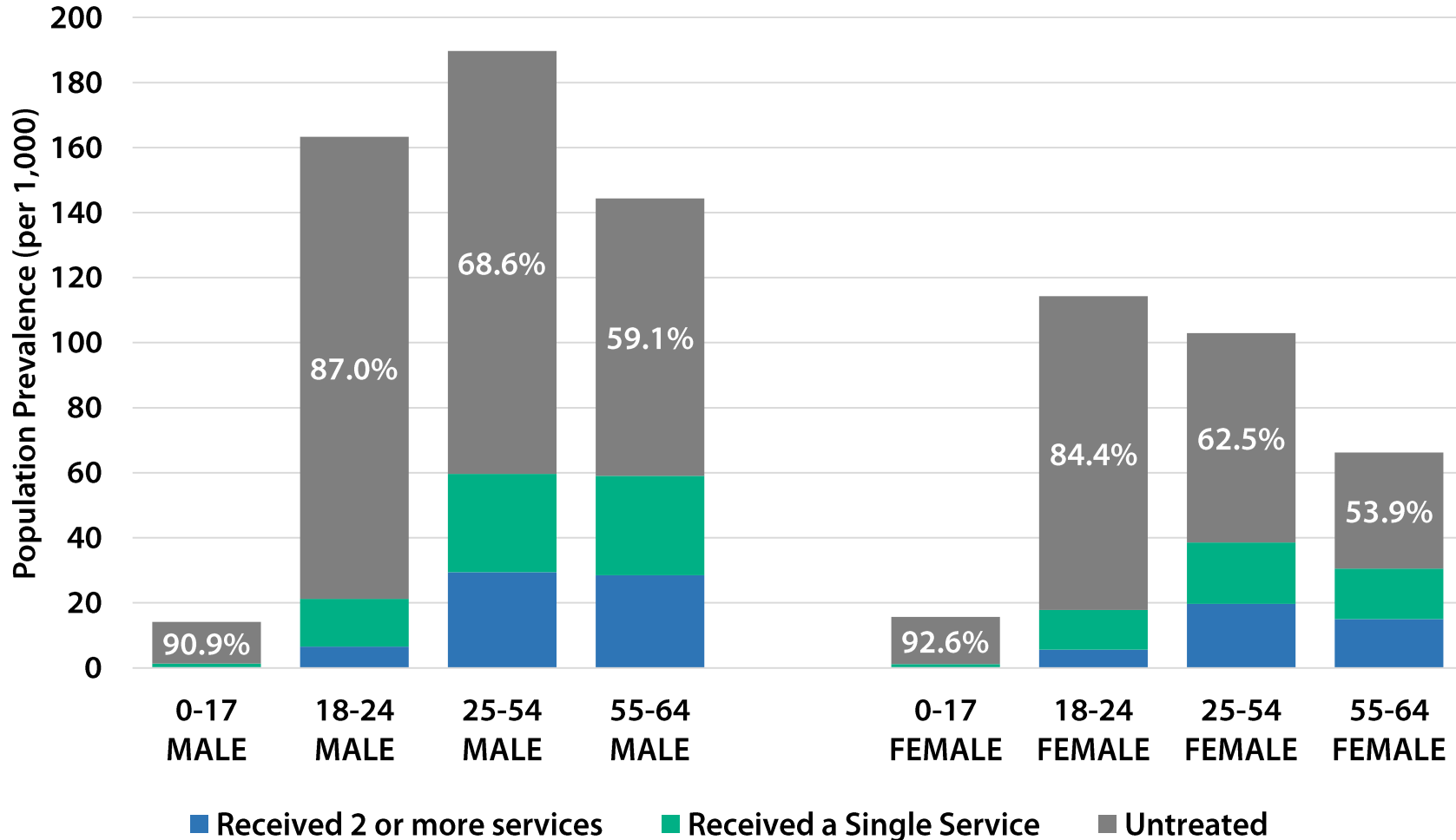
MEDICAID ENROLLEES – ANY MENTAL ILLNESS – AGE/SEX

Prevalence and Unmet Need by Age and Sex, Any Mental Illness



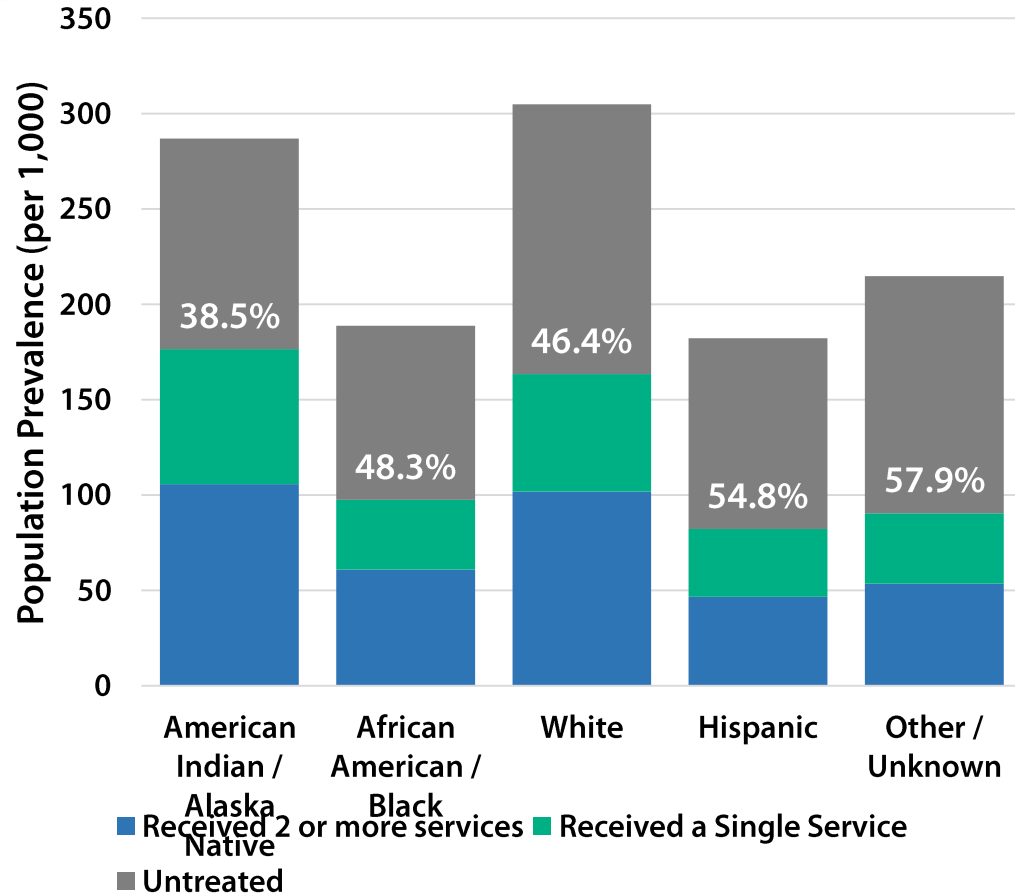
MEDICAID ENROLLEES – SUBSTANCE USE DISORDER – AGE/SEX

Prevalence and Unmet Need by Age and Sex, Substance Use Disorder

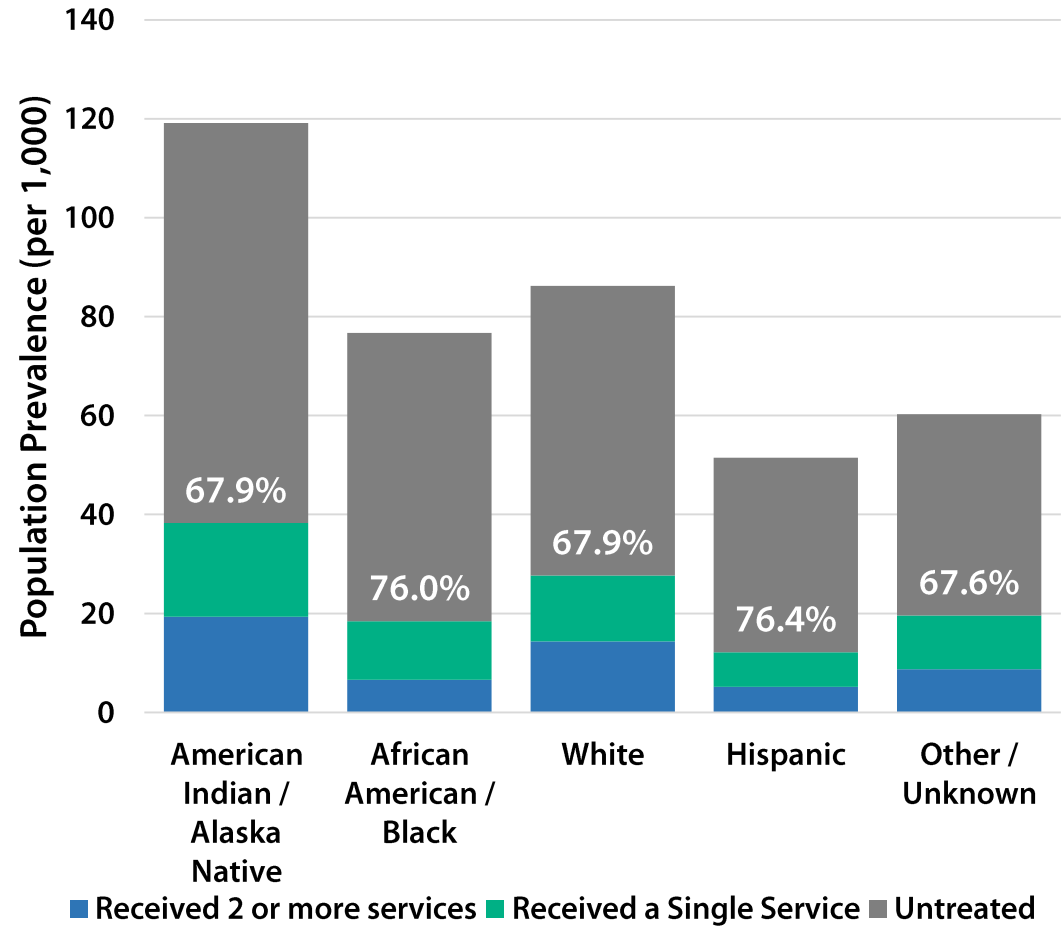


MEDICAID ENROLLEES – ANY MENTAL ILLNESS AND SUBSTANCE USE DISORDER – RACE

Prevalence and Unmet Need by Race for Medicaid Enrollees with Any Mental Illness

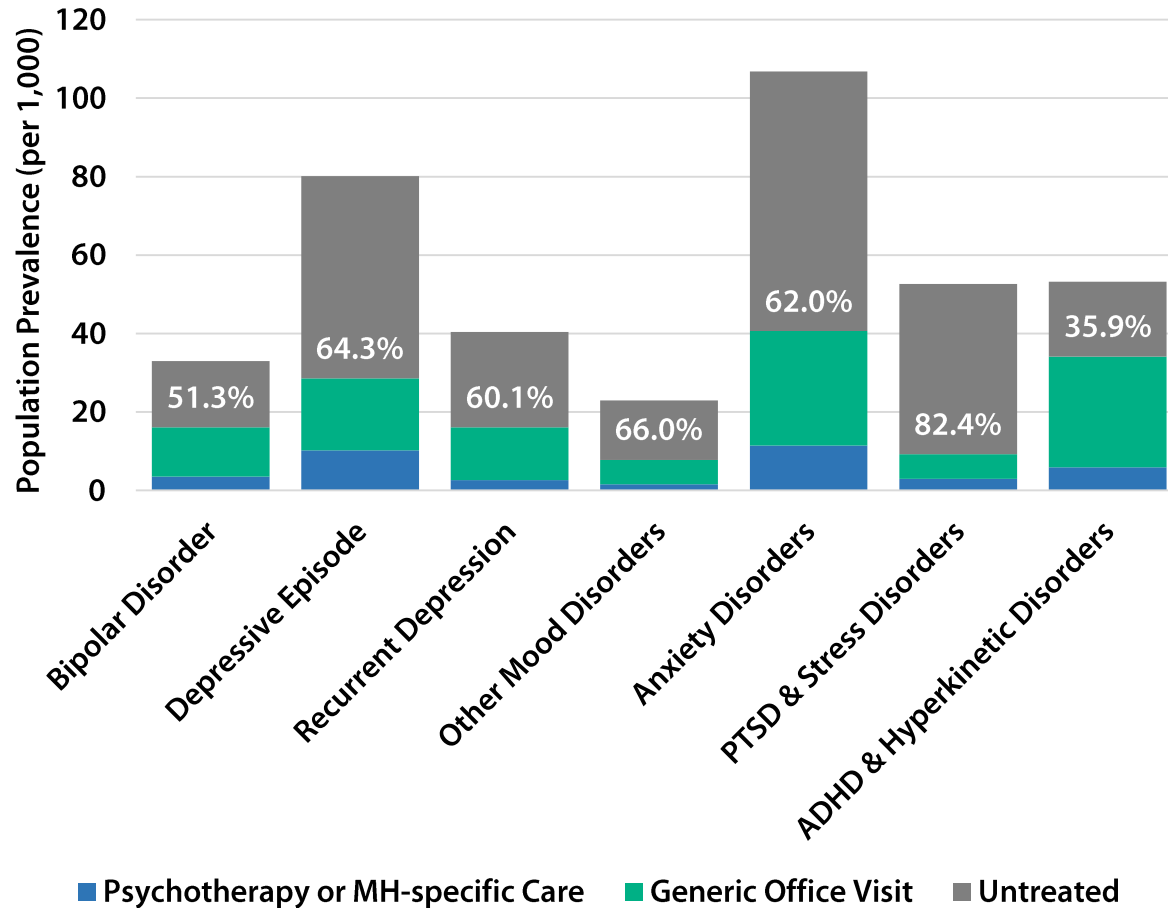


Prevalence and Unmet Need by Race for Medicaid Enrollees with a Substance Use Disorder



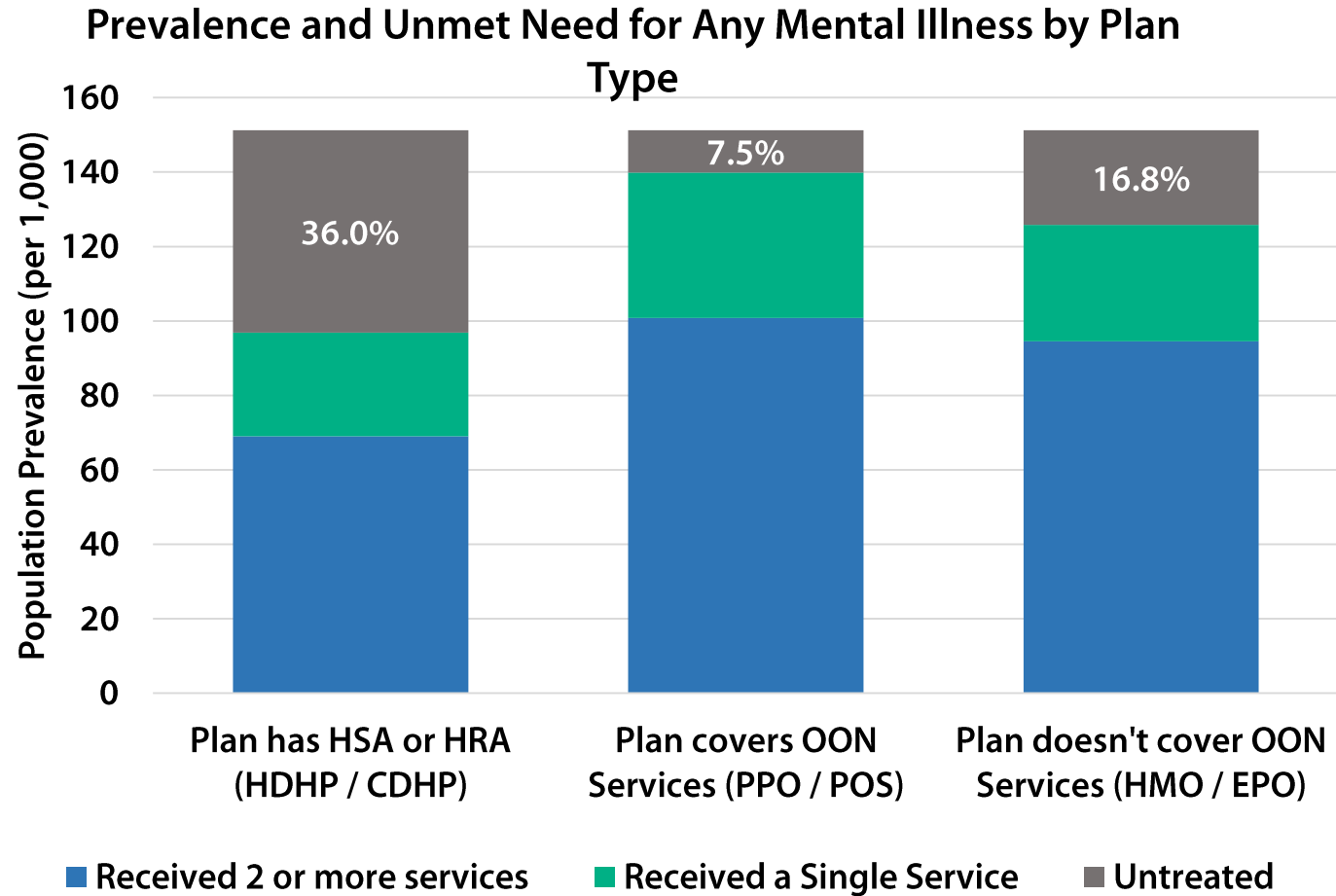
MEDICAID ENROLLEES – COMMON MENTAL ILLNESS CONDITIONS

Prevalence and Unmet Need by Common Mental Illness Conditions



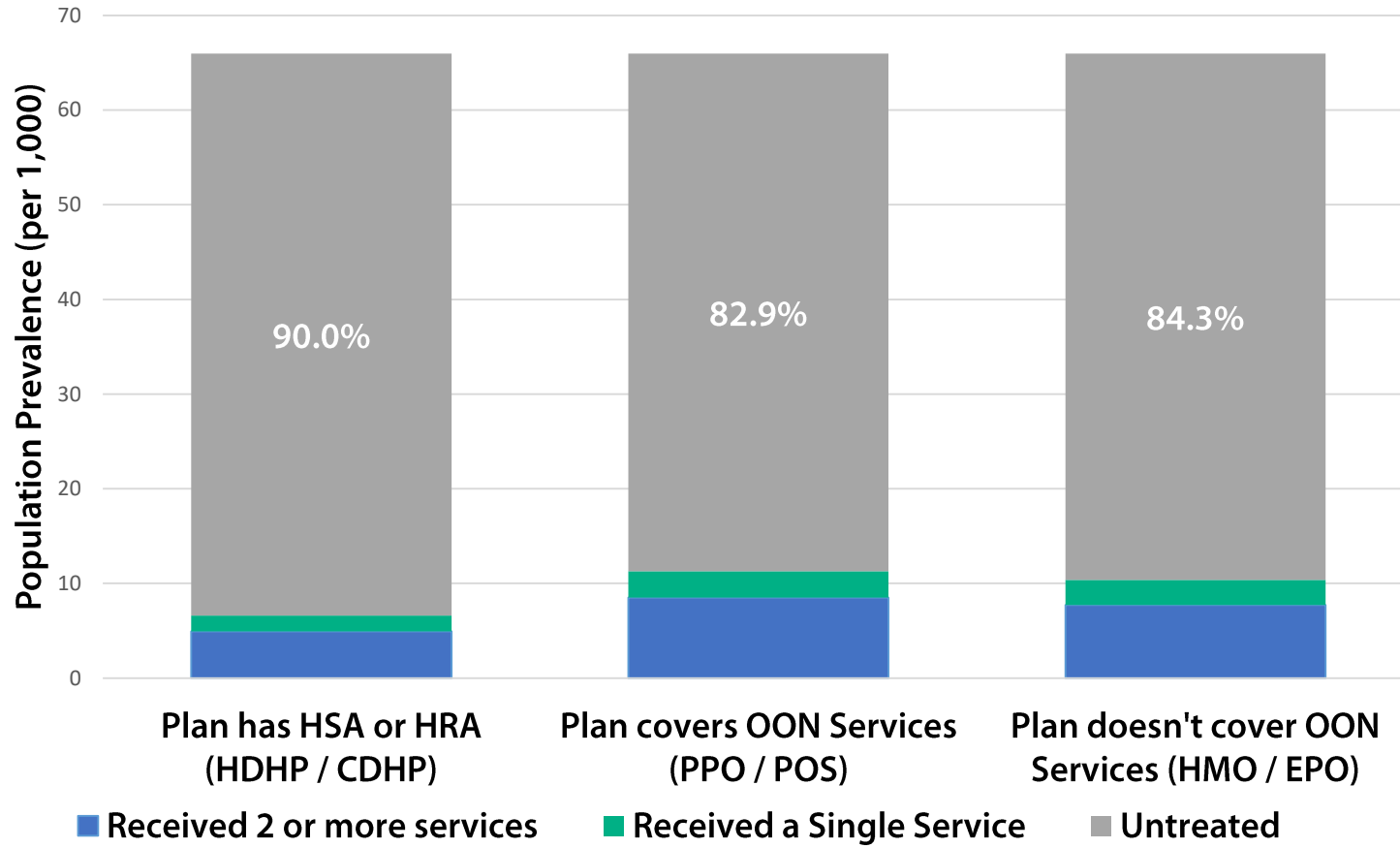
Percent of Members with a PIHP Paid Claim, by Mental Illness Condition	
Any Mental Illness	22%
Bipolar Disorder	41%
Depressive Episode	8%
Recurrent Depression	40%
Other Mood Disorders	29%
Anxiety Disorders	4%
PTSD & Stress Disorders	22%
ADHD & Hyperkinetic Disorders	10%

PRIVATELY INSURED – ANY MENTAL ILLNESS

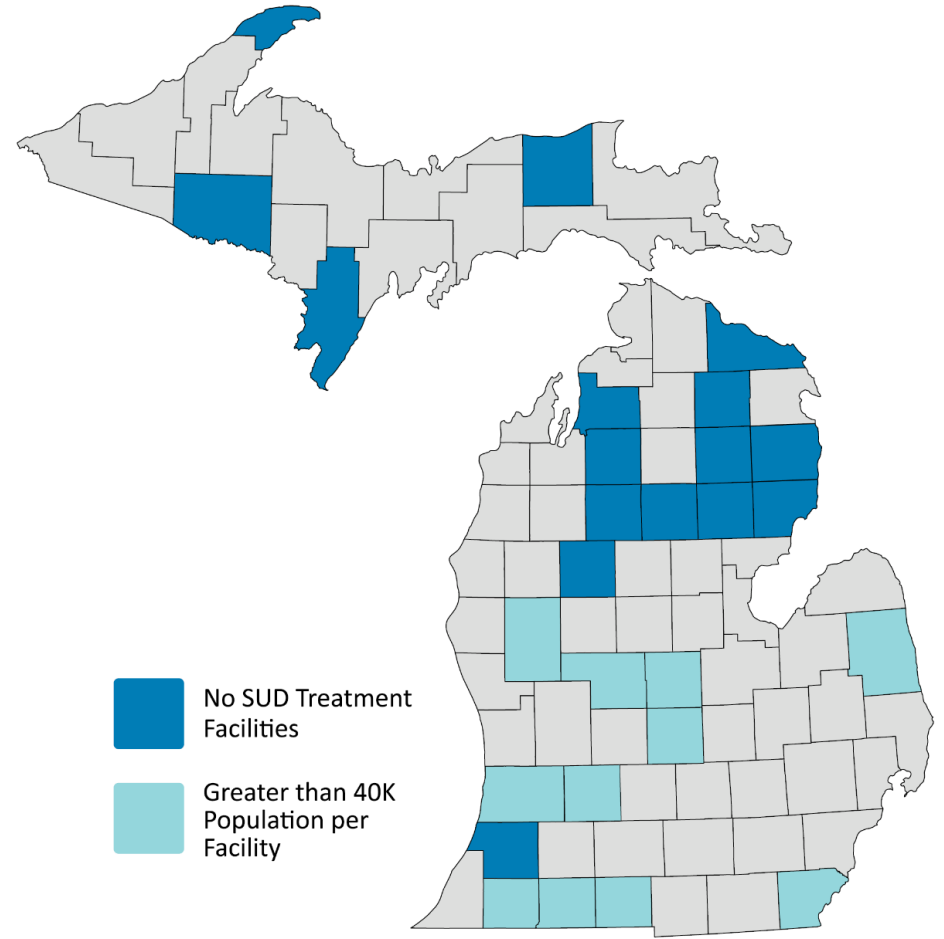
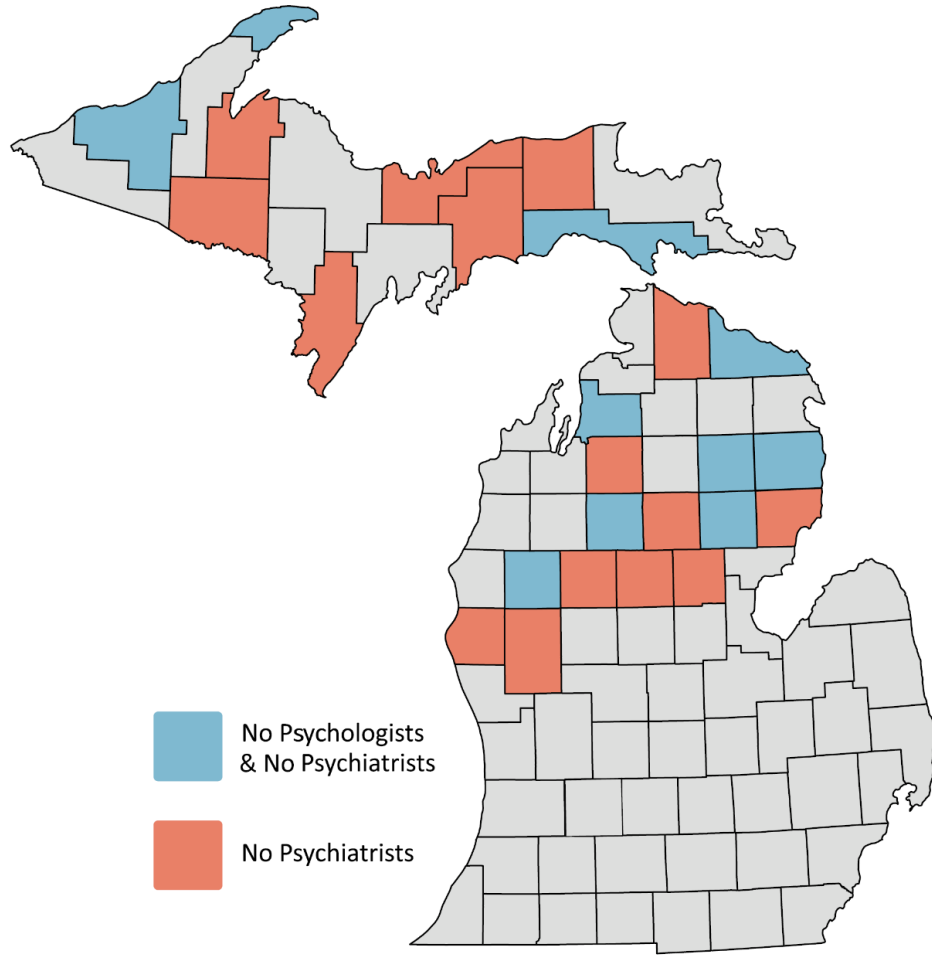


PRIVATELY INSURED – SUBSTANCE USE DISORDER

Prevalence and Unmet Need for Substance Use Disorder by Plan Type



BEHAVIORAL HEALTH PROVIDER SUPPLY, BY COUNTY



Is the supply of providers available? Affordable?

- Psychiatrists are **least likely** of all specialties to be accepting new patients.
- Psychiatrists are **least likely** of all specialties to accept insurance – Medicare, Medicaid, and private insurance.
- Most physicians participate in Medicare; of those who do not, **more than 40%** are psychiatrists (5.7% of psychiatrists vs 0.4% of all other specialties)
- In Michigan, behavioral health care utilization in outpatient clinics was **6.5 times more likely** to be out-of-network than medical/surgical care (17.8% vs 2.7%)



STUDY RECOMMENDATIONS AND NEXT STEPS



INCREASE THE EFFECTIVE SUPPLY OF PROVIDERS

1. Expand the number or size of clinician training programs
2. Expand training programs for other licensed or certified behavioral health workers
3. Recruit applicants from rural or underserved communities
4. Increase retention of behavioral health workforce in Michigan
5. Expand existing provider capacity in needed BH competencies (e.g., MAT)



INCREASE THE EFFECTIVE SUPPLY OF PROVIDERS

6. Remove restrictions on scope of practice
7. Promote effective use of trained lay providers
8. Maximize reach and productivity of providers through telemedicine
9. Expand use of school-based health centers
10. Integrate delivery of behavioral health and primary care



ADDRESS AFFORDABILITY

11. Maintain recent coverage expansions

- Healthy Michigan
- Mental Health parity

12. Encourage plan design to lower patient cost burden for BH care

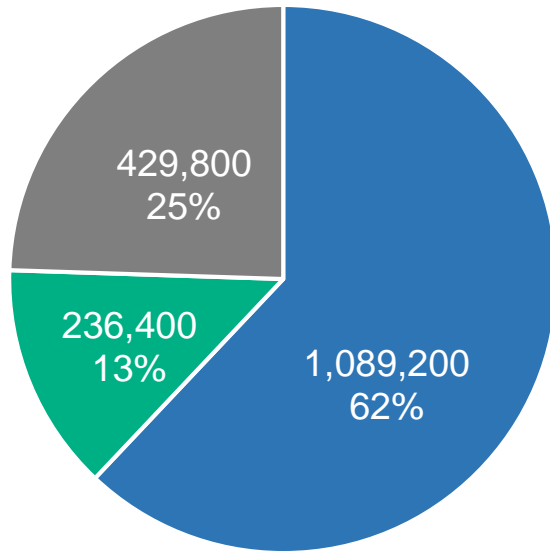


INCREASE WILLINGNESS TO SEEK TREATMENT

- 13. Increase public awareness of resources and how to access
- 14. Improve access to non-emergency medical transportation
- 15. Support patient self care and technology-assisted self-monitoring and treatment

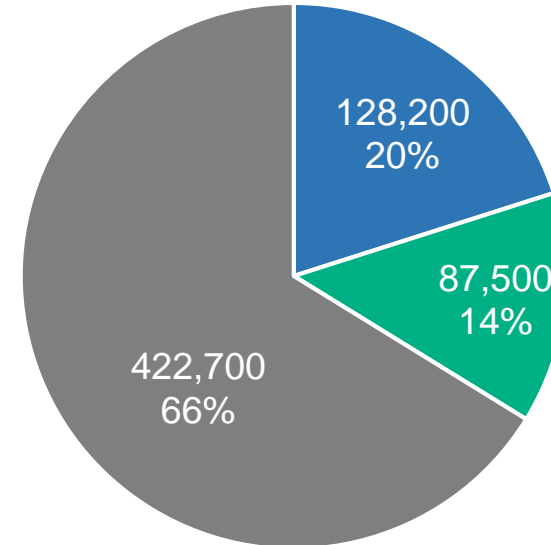
Improvement If All Geographies Performed At Level of Greatest Current Access Per July 2019 Study

Unmet Need for Any Mental Illness if Best MI Access is Statewide



- Received Care
- Would Receive Care Under Best MI Regions
- Remaining Untreated

Unmet Need for SUD Care if Best MI Access is Statewide



- Received Care
- Would Receive Care Under Best MI Regions
- Remaining Untreated

THANK YOU!

More Information?

Health Fund – Behavioral Health

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