

Behavioral Health Needs in Tennessee

Access to coverage and treatment for Tennesseans with mental health and substance use disorders is vital to the health and well being of individuals and the state. Across the nation, and in Tennessee, Medicaid plays a critical role in providing access to care and necessary treatment for many of these individuals.

Why Access to Care is Critical

Individuals who are uninsured often lack consistent access to care and treatment, which is especially detrimental if these individuals also have a mental health or substance use disorder. It is estimated that more than 1.1 million Tennesseans (ages 18-64) have a mental health or substance use disorder (28% of this population);¹ however, only 18% of these individuals who were uninsured sought treatment in 2014.²

What Does “Behavioral Health” Mean?

Mental health and substance use disorders are often related and are collectively referred to as “behavioral health.”

Untreated behavioral health conditions not only have serious effects on individuals' lives—individuals with severe mental illness die 10-25 years earlier than the general population³—but they also have alarming economic effects. The total economic cost of untreated behavioral health needs is estimated to be between \$150 and \$200 billion per year.⁴

Access to care is also a key component of working towards a solution to the opioid crisis. States with the highest number of drug overdoses—of which Tennessee is one—would benefit from increased access to care and treatment. At least 1,451 Tennesseans died from an opioid overdose in 2015 (compared to 965 deaths from car accidents).⁵ Further, for every person who dies, the Centers for Disease Control (CDC) estimates that there are 851 people in various stages of misuse, abuse, and treatment.⁶ This estimate implies 1 in 6 Tennesseans may need help with an opioid problem.

Role of Medicaid in Treating Those with Behavioral Health Needs

Medicaid is crucial for individuals with behavioral health needs, who make up about 20% of Medicaid rolls.⁷ For this population, Medicaid is associated with fewer unmet needs for behavioral health treatment. For example, one study estimated that low-income adults with severe mental illness are 30% more likely to receive treatment if they have Medicaid coverage.⁸

There is also a large literature on the benefits of Medicaid coverage for individuals and providers. In states that expanded Medicaid, the number of people with behavioral health needs who were hospitalized while uninsured dropped from 20% in 2013 to 5% in 2015.⁹ After expanding Medicaid, Kentucky saw a 700% increase in Medicaid enrollees accessing substance use treatment services.¹⁰

In addition, several states reported that they expected substantial reductions in general funds needed to cover behavioral health programs and treatment for the uninsured. For example, Kentucky saved \$9 million in SFY 2014 (six months of savings) and expected to save \$21 million in SFY 2015 in state behavioral health spending.¹¹

Medicaid plays a vital role in providing care to 1.4 million Tennesseans, including the 1.1 million Tennesseans with behavioral health needs. Protecting Medicaid funding, ensuring the sustainability of the program, and finding ways to provide treatment to those who need it most are key for the health and vitality of Tennessee and its people.

Estimates of Individuals with Behavioral Health Needs in Tennessee

In 2016, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) estimated the prevalence of mental health or substance use disorders using data from the 2010-2014 National Survey of Drug Use and Health (NSDUH). We used these data, as well as data from the Behavioral Risk Factor Surveillance System (BRFSS) and the American Community Survey (ACS) to estimate the number of Tennesseans affected.

ASPE estimated that 28% of Tennesseans between ages 18-64 had a mental health or substance abuse disorder in 2014. Multiplying these prevalence estimates by Tennessee population estimates from the 2015 ACS, we estimate there were 1,131,000 adults in Tennessee with a mental health or substance abuse disorder. Of those, 232,000 were uninsured, with 97,000 falling below 138% FPL (\$16,643).

¹ Judith Dey et al, "Benefits of Medicaid Expansion for Behavioral Health," Office of the Assistant Secretary for Planning and Evaluation, March 28, 2016, <https://aspe.hhs.gov/system/files/pdf/190506/BHMedicaidExpansion.pdf>.

² Judith Dey et al, "Benefits of Medicaid Expansion for Behavioral Health," Office of the Assistant Secretary for Planning and Evaluation, March 28, 2016, <https://aspe.hhs.gov/system/files/pdf/190506/BHMedicaidExpansion.pdf>.

³ "Premature Death Among People With Severe Mental Disorders," World Health Organization, http://www.who.int/mental_health/management/info_sheet.pdf.

⁴ Catherine Rampell, "The Half-Trillion-Dollar Depression," New York Times Magazine, July 2, 2013, <http://www.nytimes.com/2013/07/02/magazine/the-half-trillion-dollar-depression.html>.

⁵ "1,451 Tennesseans Die from Drug Overdoses in 2015," Tennessee Department of Health, November 15, 2016, <https://www.tn.gov/health/news/46773>.

⁶ Holly Fletcher, "Opioid Abuse has Death Grip on Tennessee," Tennessean, April 2, 2016, <http://www.tennessean.com/story/money/industries/health-care/2016/04/02/opioid-abuse-has-death-grip-tennessee/82386402/>.

⁷ "Behavioral Health in the Medicaid Program – People, Use, and Expenditures, Report to Congress on Medicaid and CHIP," MACPAC, June 2015, <https://www.macpac.gov/wp-content/uploads/2015/06/Behavioral-Health-in-the-Medicaid-Program—People-Use-and-Expenditures.pdf>.

⁸ Judith Dey et al, "Benefits of Medicaid Expansion for Behavioral Health," Office of the Assistant Secretary for Planning and Evaluation, March 28, 2016, <https://aspe.hhs.gov/system/files/pdf/190506/BHMedicaidExpansion.pdf>.

⁹ "Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act," Office of the Assistant Secretary for Planning and Evaluation, January 11, 2017, <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>.

¹⁰ "Substance Use and the ACA in Kentucky," Foundation for a Healthy Kentucky, December 28, 2016, https://www.healthy-ky.org/res/images/resources/Full-Substance-Use-Brief-Final_12_16-002-.pdf.

¹¹ Deborah Bachrach, Patricia Boozang, and Dori Glanz, "States Expanding Medicaid See Significant Budget Savings and Revenue Gains," State Health Reform Assistance Network, April 2015, <http://www.statenetwork.org/wp-content/uploads/2016/03/State-Network-Manatt-States-Expanding-Medicaid-See-Significant-Budget-Savings-and-Revenue-Gains-March-2016.pdf>.