

Michigan's Mental Health Framework Talking Points

Hospital leaders are concerned that the Mental Health Framework puts behavioral health access at risk.

- Policy changes must increase rather than restrict access to behavioral health services for Medicaid patients.
- Hospitals are concerned that additional administrative and operational requirements may reduce provider participation in Medicaid, further limiting access to care for vulnerable populations.

The Mental Health Framework creates unnecessary delays in accessing crisis care.

- Patients experiencing a behavioral health crisis should receive timely treatment without delays caused by redundant administrative or assessment requirements.
- Requiring multiple screenings before care begins will delay access to urgently needed treatment.
- There is no reason multiple assessments should be completed by different entities to evaluate the same patient for the same clinical presentation. Similar redundant processes are not required when providing care for physical health needs.

Providers were not given sufficient time to meaningfully implement this policy change.

- Providers need time to successfully implement the changes outlined in the policy and modify internal processes accordingly.
- Policy enforcement should be delayed until statewide training capacity and implementation infrastructure are fully established.

The Mental Health Framework adds administrative burden for clinicians.

- Extensive training and certification requirements remove clinicians from direct patient care during a period of severe workforce shortages.
- Clinicians are already licensed and qualified experts in their field, and additional testing requirements reduce clinical capacity in the short-term without long-term benefit to patient outcomes.
- Completion of the Michigan Department of Health and Human Services (MDHHS) training should be sufficient and the testing and credentialing requirement should be removed.

The Mental Health Framework does not fix any existing documentation inefficiencies in Michigan's public behavioral health system.

Brian Peters, Chief Executive Officer

- Requiring providers to document patient information in multiple, non-integrated systems creates unnecessary administrative work and reduces time available for direct patient care.
- Hospital and Community Mental Health Service Providers use different electronic medical record systems from hospitals, and the data does not and will not integrate effectively, regardless of what assessment tool is used.
- MDHHS should make resources available to hospitals and community mental health partners to ensure IT infrastructures are equipped to share data.

Providers lack clarity on the assessment expectations from MDHHS, and trainings that have been offered are insufficient.

- Providers need clear guidance about when reassessments are required to prevent unnecessary duplication of efforts.
- Requiring assessments each time a patient's condition changes will increase costs and administrative complexity without improving care delivery. Patients in crisis have frequent and evolving changes in condition, and assessments should only be required annually.

Required trainings are inaccessible and insufficient.

- Many required trainings have been cancelled by MDHHS. Providers need reliable access to training to implement this policy effectively.
- Allowing for greater flexibility will increase training uptake. Virtual or on-demand training options should be provided.

The policy change lacks the data necessary to warrant this level of change to the current care delivery model.

- Providers need transparent data demonstrating how new assessment tools will impact visit times, patient access and outcomes.
- Statewide policy changes should be supported by clear evidence showing measurable impact on patient care.

The policy requirements are too broad and impact too many providers who do not need this level of training.

- Expanding requirements to all providers risks overwhelming an already strained behavioral health workforce.
- Implementation strategies should prioritize specific provider types to maintain clinician capacity and protect patient access to care during the rollout.