

Bolter: MDHHS mental health plan adds bureaucracy, not care

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When your car is working, you don't generally take it to your mechanic and demand they replace the engine, or the transmission.

Yet Michigan's Department of Health and Human Services (MDHHS) is proposing to do just that by pushing to enact new unnecessary layers of bureaucracy for many Michigan mental health patients.

Unfortunately, this is now the second instance of the MDHHS advancing a costly proposal without regard for true need, financial cost or human impact. Just last year, we fought a legal battle against the MDHHS proposal to bid out the management of the state's public mental health system. Rather than simplifying the system, the deeply flawed and legally dubious proposal added complexity and failed to address real concerns raised by Michiganians.

The MDHHS spent more than \$3 million aggressively pursuing that process, only to pull it from consideration after a judge ruled it unlawful.

Now, the MDHHS continues to pursue a similarly ill-informed idea known as the "Mental Health Framework." As designed, this effort will likely introduce additional layers of bureaucracy and new hurdles for individuals seeking mental health services.

The agency is proposing to pass individuals with mild to moderate mental health needs off to private health insurance companies. This is a dangerous departure from the current structure that allows local

specialized Community Mental Health (CMH) agencies to provide expert support.



By definition, the framework’s focus on individuals with “mild to moderate” mental health conditions raise additional questions about the types of services being discussed. Services such as psychiatric inpatient care, crisis residential treatment, or intensive targeted case management are designed for individuals experiencing severe symptoms or acute crises.

It is difficult to understand how these services would suddenly appropriately apply to individuals whose needs are categorized as mild or moderate. This change would create confusion and blur important distinctions in levels of care. Public policy should reinforce clear clinical pathways, ensuring that the most intensive services remain focused on individuals with the most serious needs. This proposal does the opposite

The proposal also introduces new assessments, administrative processes and shifting lines of responsibility between CMH agencies and private Medicaid health plans. For someone already struggling to navigate the mental health system, additional steps can easily become barriers to care rather than improvements.

Hospitals and providers across the state have already warned that the framework's training, billing and operational requirements could slow access to treatment. The impact would be a new strain on an already overextended behavioral health workforce.

Importantly, the framework also appears to disrupt a system that already has clearly defined responsibilities under Michigan law. The Michigan Mental Health Code outlines that CMH agencies are responsible for coordinating services, including psychiatric inpatient admissions. The proposal to shift management of certain psychiatric inpatient benefits for individuals with mild to moderate conditions to private Medicaid health plans could break the supportive relationship that currently exists between hospitals, community providers and CMH agencies.

Today, when someone is admitted for psychiatric care, the public mental health system works to coordinate discharge planning and connect that person to housing, medication management and ongoing treatment in the community. Sound clinical decisions about psychiatric hospitalization depend on a working knowledge of available community-based alternatives, and Michigan's CMH system is the only entity that currently has both the responsibility and the infrastructure to manage that coordination effectively.

Equally troubling is the lack of clarity around why this sweeping change is being proposed in the first place. There has been no clear explanation as to how the MDHHS framework proposal will improve care. Period.

Care providers, CMH agencies, hospitals and advocacy organizations have all raised concerns noting this proposal appears to address a relatively small number of disputes. In an attempt to reduce a few small issues between health plans, the MDHHS's answer is to impose a large administrative burden on the entire mental health system — truly a “solution” in search of a problem.

From our vantage point, we see both opportunities and risks for change in the mental health space. We are open to sharing our perspective to help make the process more seamless for patients and practitioners, whose experience remains central to our work. At the same time, any proposed changes must prioritize affordability and ensure that resources are directed as much as possible toward direct services. We should move away from administrative changes that add cost without meaningfully improving patient experience or outcomes.

We are urging the MDHHS to forgo yet another pointless proposal and join with us in looking for collaborative opportunities to drive meaningful change for Michigan residents.

Alan Bolter is CEO of the Community Mental Health Association of Michigan.