

<https://www.craindetroit.com/commentary/opinion-funding-policy-changes-needed-close-michigans-mental-health-workforce-gap>

## CRAIN'S DETROIT BUSINESS

Commentary:

### **Opinion: Funding, policy changes needed to close Michigan's mental health workforce gap**



By Robert Sheehan  
March 16, 2023

Michigan residents with mental illnesses, developmental disabilities or substance use disorders rely on more than 100,000 mental health clinicians and Direct Support Professionals (DSPs) — staff of the state's comprehensive public mental health system — for recovery and the ability to live a full life. Due to unprecedented turnover and vacancies in mental health positions in Michigan, many individuals find themselves unable to access the treatment and support they need.

The work of mental health clinicians and caregivers is both rewarding and challenging. Over the last decade, the pay for these professionals has not kept pace with the market, making recruitment and retention of these essential workers extremely difficult. While there are many factors contributing to these challenges, low wages and administrative burdens have proven to be the primary driving factors of this turnover.

A recent survey of public mental health service providers in Michigan by our Community Mental Health Association (CMHA) found the average vacancy rate across mental health employers was 19 percent, with the vacancy rate for some mental health employers at 63 percent. Among direct care worker positions — providing hands-on support — the average vacancy rate was 27 percent, with vacancy rates for some of these employers above 85 percent. For these workers, the turnover rate averages 40 percent, with a shocking four out of every 10 workers leaving every year. This shortage

has hindered the ability of the public and private mental health systems in Michigan to ensure access to care, and the proper intensity and duration of that care.

The problems caused by this vacancy rate are many, including:

- Lack of staff to meet demand, causing access delays for persons needing care
- Lack of continuity of staffing
- Extremely high caseloads, causing dramatically increased workload and stress for mental health workers

There are 60 million Americans with mental health conditions, and nearly half go without treatment. In Michigan, nearly 1.5 million residents have a mental health condition, and 355,000 adults have a serious mental illness. Even the young are impacted, with 119,000 Michiganders ages 12 to 17 experiencing depression.

The struggle to maintain a mental health workforce has real impact on those who are suffering. A 2022 survey by the advocacy group Consumers for Quality Care found that 58 percent of Michigan residents reported it was difficult to find mental health providers that are affordable or covered by insurance. Even when insurance covers treatment, finding an available provider can prove extremely difficult.

There are, however, solutions that can be implemented to solve the issue of staffing shortages in the behavior health field.

- Increase wages: Increase starting wages of DSP and DCW staff to \$18 per hour, through increases in Medicaid and General Fund dollars provided to state programs.
- Cross-sector efforts: Behavioral health workforce plans should be jointly developed and implemented by MDHHS, MDE, and their stakeholders in communities across the state.
- Background check requirements: Change Michigan's laws and policies on criminal background checks to include a "rehabilitation review", similar to those authorized in 17 other states, to increase the potential pool of applicants for direct support careers.
- Tuition reimbursement and stipends: Provide publicly financed tuition reimbursement and stipends to support Michiganders in their pursuit of their undergraduate and graduate degrees in mental health disciplines – social work, psychology, psychiatry, nursing.
- Sign-on bonuses: Create the Behavioral Health Crisis Continuum Workforce Sign-On Bonus, which would provide a sign-on bonuses of \$3,000 for social workers, licensed professional counselors, and other behavioral health clinicians entering into a public sector behavioral health position.

There is much that can be done to alleviate the administrative and documentation burden in the state's public mental health system. While some administrative-related demands are expected, the excessive levels of non-value-added demands causes many health and human services professionals to leave the field.

- Reduce documentation demands: The documentation demands required of clinicians within Michigan's public mental health system are far greater than mental health

practitioners in schools and those in private practices. Simplify the burden to increase available time for working with patients.

- Lean record-keeping: Developing a lean clinical recordkeeping system that supports rapid engagement and immediate access to care, especially for persons with episodic and brief needs for mental health services.
- Limit reporting requirements: Michigan's public mental health system is burdened by a large number of reporting requirements, many with little or no value.
- Streamline training and credentialing requirements: Modify training requirements for clinical staff and clinical supervisors in a way that does not reduce the clinical skills of these practitioners.

While not all these changes may be possible at once, the staffing issues in the mental health field require that something be done so the needs of Michigan residents facing mental health concerns can be better served. It's not a matter of whether we should do something — it's a question of how much we can do.

*Robert Sheehan is CEO of the Community Mental Health Association of Michigan.*