

Representative Mohamud Noor, Chair, Human Services Committee

Minnesota House of Representatives

Dear Chair Noor and Committee Members

#### In support of HF 1993

March 26, 2025

On behalf of Alluma, Inc., a Certified Community Behavioral Health Clinic, I am writing in support of Representative Federick's House File 1993. As a provider of behavioral health and substance use disorder services for over 60 years in rural and frontier communities in northwest Minnesota, we understand the challenges that persistent workforce shortages create in addressing the needs of individuals in our region.

HF 1993 helps expand access to substance use disorder treatment and increase efficiencies for our licensed clinical staff by allowing them to work at the top of their licenses and integrate across mental health and substance use disorder care.

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce and service access shortage dilemma, these agencies across Minnesota need to expand access to treatment to clients we serve and be able to best use our clinicians' time. However, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment.

The field of substance use disorder is going through changes with integrated services models and the implementation of ASAM criteria at a time when we see the need for substance use disorder treatment increase exponentially as an ongoing ramification of the pandemic. Individuals need more treatment and are presenting with more acute illnesses. These factors come together to add challenges to an already challenged system that creates an acute access crisis for substance use disorder treatment and care. Our region consistently scores as a 16 or higher on HRSA's workforce shortage scale for primary, behavioral and dental care and as this becomes more commonplace in Minnesota, it severely adds to a lack of providers in the State's current model. This combination of increasing workforce shortages and sustainable reimbursements results in agencies and programs shrinking or shuttering their services while those remaining struggle to keep up with long waiting lists and backed up appointments.

We encourage you to support HF 1993 as a next step in integrating care around our whole clients and communities and ensuring access to treatment services for Minnesotans by:

- Also allowing licensed mental health professionals, clinical trainees and nurses who have the individual licensed clinical scope to provide comprehensive assessments
- Expanding qualifications to be a treatment coordinator
- Conducting a study on removing the limits on licensed health professionals' ability to provide substance use disorder treatment services when they have the individual clinical scope

We thank you for your work, alongside other legislative members in supporting Minnesota's mental health and substance use disorder system of care. We encourage your support of HF 1993 as part of a comprehensive and integrative approach to the wellbeing of individuals, families and communities, ensuring timely access to treatment services for Minnesotans before more intensive services are needed, resulting in the optimization of finite resources and being good stewards of publicly funded services.

Sincerely

Shauna Reitmeier, Chief Executive Officer



Representatives Mohamud Noor, Chair Human Services Committee Minnesota House of Representatives March 26<sup>th</sup>, 2025

Dear Chair Noor and Committee Members,

On behalf of Central Minnesota Mental Health Center, I am writing in support of Representative Frederick's House File 1993.

CMMHC is Benton, Sherburne, Stearns, and Wright counties' most comprehensive resource for mental health treatment, training, education, and information and is the region's only nonprofit Certified Community Behavioral Health Clinic (CCBHC). We provide a continuum of support that is clinically grounded and trauma-informed. Every integrated treatment or recovery plan respects the uniqueness of the individual in whatever state of their mental health - whether during a time of crisis or when mental health illness, anxiety, depression, stress, substance use, or everyday challenges prevent living the healthiest life possible.

HF 1993 helps expand access to substance use disorder treatment and increase efficiencies for our licensed clinical staff by allowing them to work at the top of their licenses and integrate across mental health and substance use disorder care.

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time. However, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment.

The field of substance use disorder is going through changes with integrated services models and the implementation of ASAM criteria. We are seeing the need for substance use disorder treatment increase exponentially coming out to the pandemic. Individuals are needing more treatment and are more acutely sick. All this change is happening while we are in an access crisis for substance use disorder treatment and care. Agencies and programs are shrinking or shuttering their services out of lack of workforce and sustainable reimbursements. The ones remaining are trying to keep up with long waiting lists and backed up appointments.

We encourage you to support HF 1993 as next step to integrating care around our whole clients and communities and ensuring access to treatment services for Minnesotans by:

 Also allowing licensed mental health professionals, clinical trainees and nurses who have the individual licensed clinical scope to provide comprehensive assessments

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Mental Health
cmmhc.org
CMMHC Waite Park
411 3rd St. N,



- Expanding qualifications to be a treatment coordinator
- Conducting a study on removing the limits on licensed health professionals' ability to provide substance use disorder treatment services when they have the individual clinical scope.

We thank you for yours and the legislature's good work of continuing to increase access across our mental health and substance use disorder system.

Sincerely,

Jessica Brandon

**Chief Executive Officer** 



Representatives Mohamud Noor, Chair Human Services Committee Minnesota House of Representatives March 26<sup>th</sup>, 2025

### Dear Chair Noor and Committee Members

On behalf of Mental Health Resources, I am writing in support of Representative Frederick's House File 1993.

Founded in 1976, Mental Health Resources (MHR) is a non-profit 501(c)(3) mental health agency providing community-based mental health services, outpatient co-occurring substance use disorder treatment, and supportive services to nearly 14,000 people with serious and persistent mental illness in 2024 primarily in Ramsey, Dakota, and Hennepin Counties. MHR directly provides recovery-oriented, community-based services that support people with serious and persistent mental illness to live successfully in the community. These services include: Targeted Case Management (TCM) services, Assertive Community Treatment (ACT), Special Needs Basic Care Coordination (SNBC), Outpatient co-occurring substance use disorder treatment and peer support services, Intensive community based services, In-home therapy through our outreach clinic, Community Support Program (CSP) and drop-in center, and a Housing Voucher Program.

HF 1993 helps expand access to substance use disorder treatment and increase efficiencies for our licensed clinical staff by allowing them to work at the top of their licenses and integrate across mental health and substance use disorder care.

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time. However, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment.

The field of substance use disorder is going through changes with integrated services models and the implementation of ASAM criteria. We are seeing the need for substance use disorder treatment increase exponentially coming out to the pandemic. Individuals are needing more treatment and are more acutely sick. All this change is happening while we are in an access crisis for substance use disorder treatment and care. Agencies and programs are shrinking or shuttering their services out of lack of workforce and sustainable reimbursements. The ones remaining are trying to keep up with long waiting lists and backed up appointments.



We encourage you to support HF 1993 as next step to integrating care around our whole clients and communities and ensuring access to treatment services for Minnesotans by:

- Also allowing licensed mental health professionals, clinical trainees and nurses who have the individual licensed clinical scope to provide comprehensive assessments
- Expanding qualifications to be a treatment coordinator
- Conducting a study on removing the limits on licensed health professionals' ability to provide substance use disorder treatment services when they have the individual clinical scope.

We thank you for yours and the legislature's good work of continuing to increase access across our mental health and substance use disorder system.

Sincerely,

Ann Henderson

Ann Henderson, CEO Mental Health Resources ahenderson@mhresources.com 651-365-3588



# Minnesota Association of Community Mental Health Programs

Representatives Mohamud Noor, Chair Human Services Committee Minnesota House of Representatives March 26<sup>th</sup>, 2025

Dear Chair Noor and Committee Members

On behalf of the Minnesota Association of Community Mental Health Programs – MACMHP, I am writing in support of House File 1993, which helps expand access to substance use disorder treatment and increase efficiencies for licensed clinical staff by allowing them to work at the top of their licenses and integrate across mental health and substance use disorder care.

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time. However, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment.

The field of substance use disorder is going through changes – integrated services models and the onset of ASAM criteria. MACMHP's member agencies, including the state's CCBHCs, all provide the full continuum of behavioral health services and employ the full staff compliment. This at the same time that we are seeing the need for substance use disorder treatment increase exponentially coming out to the pandemic. Individuals are needing more treatment and are more acutely sick. All this change is happening while we are in an access crisis for substance use disorder treatment and care. Agencies and programs are shrinking or shuttering their services out of lack of workforce and sustainable reimbursements. The ones remaining are trying to keep up with long waiting lists and backed up appointments.

We encourage you to support HF 1993 as next step to integrating care around our whole clients and communities and ensuring access to treatment services for Minnesotans, which includes:

- Also allowing licensed mental health professionals, clinical trainees and nurses to provide comprehensive assessments, if within their individual clinical scope
- Expanding qualifications to be a treatment coordinator
- Conducting a study on removing the limits on licensed health professionals' ability to provide substance use disorder treatment services when they have the individual clinical scope.

We thank you for yours and the legislature's good work for our mental health and substance use disorder system.

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Jin Lee Palen, Executive Director



# MINNESOTA CHAPTER

MINNESOTA SOCIETY
for Clinical Social Work

Representative Mohamud Noor, Chair Representative Joe Schomacker, Chair Human Services March 26, 2025

Chair Noor, Chair Schomacker, and Human Services Committee Members,

On behalf of the National Association of Social Workers, MN Chapter (NASW - MN) and the MN Society for Clinical Social Work (Clinical Society), we are writing in support of HF1993, a bill that expands the substance abuse treatment providers to mental health professionals with training in the subject matter.

Clinical social workers (LICSW) make up the largest group of mental health providers in Minnesota. NASW - MN is the largest membership organization of professional social workers in our state, representing nearly 2000 social workers, and the Clinical Society is a professional group who advance the practice of clinical social work in Minnesota. Collectively, our organizations offer experience and expertise in mental health practice.

Social workers make up the largest group of mental health professionals in Minnesota. Licensed independent clinical social workers (LICSW) are trained in diagnostic assessments, including substance use disorders, and in the screening for all of the co-occurring disorders required in the comprehensive assessment. Social workers with LICSW qualifications frequently work in substance abuse settings and yet, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment. It hinders our work with clients when we limit the duties of professionals with similar qualifications.

We support strong and appropriate licensing laws that ensure protection for the public. Yet, we must balance this with supporting our professionals by ensuring our regulations are up to date, and accurately reflect updated best practices so that we have the workforce we need to support individuals struggling with substance abuse. Licensed social workers with established clinical scope have the skills necessary to provide comprehensive assessments and treatment coordination.

Thank you for your consideration.

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Sincerely,

Karen E. Goodenough, PhD, LGSW

**Executive Director** 

**NASW-MN** 

Cc: Representative Luke Frederick

James Stolz, LICSW, LADC Legislative Committee Clinical Society

James Stolz, LACSW, LADC



Representatives Mohamud Noor, Chair Human Services Committee Minnesota House of Representatives March 26th, 2025

Dear Chair Noor and Committee Members

On behalf of Range Mental Health Center (RMHC), I am writing in support of Representative Frederick's House File 1993.

## About Range Mental Health Center:

- We are a private, not-for-profit mental health services provider and a Certified Community Behavioral Health Clinic (CCBHC)
- We were the first rural community mental health center in the United States <u>and</u> the first in Minnesota to provide services developed specifically for persons with serious and persistent mental illness.
- RMHC was established in 1961 and was the 16th federally designated community mental health center in the nation.
- Mental health services are provided each year to more than 5,000 adults, children and families. Our service area covers northern St. Louis County and expands for more than 6,800 square miles.

HF 1993 helps expand access to substance use disorder treatment and increase efficiencies for our licensed clinical staff by allowing them to work at the top of their licenses and integrate across mental health and substance use disorder care.

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time. However, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment.

The field of substance use disorder is going through changes with integrated services models and the implementation of ASAM criteria. We are seeing the need for substance use disorder treatment increase exponentially coming out to the pandemic. Individuals are needing more treatment and are more acutely sick. All this change is happening while we are in an access crisis for substance use disorder treatment and care. Agencies and programs are shrinking or shuttering their services out of lack of workforce and sustainable reimbursements. The ones remaining are trying to keep up with long waiting lists and backed up appointments.

We encourage you to support HF 1993 as next step to integrating care around our whole clients and communities and ensuring access to treatment services for Minnesotans by:

- · Also allowing licensed mental health professionals, clinical trainees and nurses who have the individual licensed clinical scope to provide comprehensive assessments
- · Expanding qualifications to be a treatment coordinator
- · Conducting a study on removing the limits on licensed health professionals' ability to provide substance use disorder treatment services when they have the individual clinical scope.

We thank you for yours and the legislature's good work of continuing to increase access across our mental health and substance use disorder system.

Sincerely,

Annmarie Florest

Annmarie Florest, MSW, LICSW **Chief Executive Officer** Main - 624 S 13th St, Virginia, MN 55792 218-749-2881 Ext. 117 aflorest@rangementalhealth.org



March 25, 2025

Representatives Mohamud Noor, Chair Human Services Committee Minnesota House of Representatives

## **Dear Chair Noor and Committee Members**

I am writing today encourage you to support of Representative Frederick's House File 1993 on behalf of our team at Washburn Center for Children.

Washburn Center is staffed by multidisciplinary professionals serving communities across a continuum of care for children's mental health. The communities we serve – the 11 counties surrounding the metro – are living in and through a historic mental health crisis. As a community-based mental health care provider we meet kids and families where they live, learn and play.

The youth in our care (nearly 4,000 last year) are navigating mental health challenges that outpace what we imagined for this generation—any generation. Washburn Center is their safety net; their access to life-changing care.

HF 1993 helps expand access to substance use disorder treatment and increase efficiencies for our licensed clinical staff by allowing them to work at the top of their licenses and integrate across mental health and substance use disorder care.

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across service lines. In this workforce shortage and service access shortage, these agencies need to expand access to treatment to clients served and best use clinicians' time. However, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment.

The field of substance use disorder changing with integrated services models and the implementation of ASAM criteria. We are seeing the need for substance use disorder treatment increase exponentially coming out of the pandemic. Individuals need more treatment, and their conditions are more acute. It's happening as we are in an access crisis for substance use disorder treatment and care. Agencies and programs are shrinking or shuttering services because of workforce shortages and sustainable reimbursements. Those remaining are weighed down with long waiting lists and backed up appointments.

Please support HF 1993 as a next step to integrating care around whole clients and communities and ensuring access to treatment services for Minnesotans by:

- Also allowing licensed mental health professionals, clinical trainees and nurses who have the individual licensed clinical scope to provide comprehensive assessments.
- Expanding qualifications to be a treatment coordinator.
- Conducting a study on removing the limits on licensed health professionals' ability to provide substance use disorder treatment services when they have the individual clinical scope.



We are grateful for your collective efforts to increase access across our mental health and substance use disorder system. The returns will be measurable for our communities, schools, faith centers and workplaces.

Regards,

Craig F. Warren

Chief Executive Officer

Cray & Warrey

Washburn Center for Children

March 26, 2025

REPRESENTATIVE MOHAMUD NOOR, CHAIR

HUMAN SERVICES COMMITTEE

MINNESOTA HOUSE OF REPRESENTATIVES

Chair Noor and Committee Members,

On behalf of Woodland Centers, I writing in support of Representative Frederick's House File 1993.

Woodland Centers is a private non-profit 501(c)(3) comprehensive community mental health center established in 1958. We serve seven rural counties in the west central region of Minnesota – Chippewa, Big Stone, Kandiyohi, Lac Qui Parle, Meeker, Renville, and Swift. Woodland Centers catchment area encompasses approximately 5000 square miles with a population of approximately 114,000. Approximately 75% of the clients served at Woodland Centers are enrolled in Minnesota Health Care Programs and another 15% are enrolled in Medicare. Approximately 90% of our clients are eligible for sliding fee scale reductions and around 85% of these individuals are provided a 100% sliding fee scale reduction. Woodland Centers serves approximately 5,000 unduplicated individuals each year ranging in age from toddlers to the elderly.

HF 1993 helps expand access to substance use disorder treatment and increase efficiencies for our valuable licensed clinical staff by allowing them to work at the top of their licenses and integrate across mental health and substance use disorder care.

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time. However, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment services.

The field of substance use disorder is going through substantial changes – integrated services models, the onset of ASAM 4 criteria and substantial increased demand for substance use disorder services. Despite increasing demand, access to treatment remains delayed due to a severe shortage of Licensed Alcohol and Drug Counselors (LADCs), particularly in rural areas. This workforce gap results in long wait times, staff burnout, and significant barriers to care. Agencies and programs are shrinking or shuttering their services out of lack of workforce and sustainable reimbursements.

HF 1993 directly addresses these challenges by expanding the pool of professionals eligible to conduct SUD assessments—the critical first step in accessing care. By allowing trained mental health professionals, clinical trainees, and registered nurses to complete comprehensive assessments, this bill increases the number of qualified providers, reducing delays and ensuring individuals receive timely support.

HF 1993 also strengthens treatment coordination by expanding the professionals who can assist clients in navigating services. Effective treatment coordination is essential to long-term recovery, ensuring individuals can access the care and community resources they need at the right time.

Furthermore, the bill calls for a study on removing unnecessary restrictions that prevent licensed health professionals from providing SUD care within their scope of practice. Eliminating these barriers is crucial in addressing the substance use crisis and ensuring every available healthcare professional can contribute to expanding access to treatment.

We thank you for yours and the legislature's good work for our mental health and substance use disorder system. We encourage you to support HF 1993 as next step to integrating care around our whole clients and communities and ensuring access to treatment services for Minnesotans.

Sincerely

Chief Executive Officer

Woodland Centers