

Nick Stumo-Langer

From: Abigail Malterer <abigail.malterer@horizonhomes.org>
Sent: Tuesday, March 12, 2024 5:46 PM
To: Nick Stumo-Langer
Subject: HF4289

My name is Abby Malterer and I am a constituent residing in Rural Minnesota. I am writing in regards to HF4289 pertaining to Licensed graduate social workers temporarily allowed to engage in clinical practice without supervision if providing crisis response services and to provide treatment supervisions to individuals on crisis teams. Social workers across rural Minnesota are experiencing an increase in burnout, increasing caseloads with more acuity and high turnover. Having the ability to have well-trained LGSWs to temporarily engage in clinical practice will help improve the shortage in rural areas. It will reduce burnout amongst social workers and improve the ability for clients to have access to improved services in rural areas, especially in crisis situations. It will also improve the work-life balance amongst current LICSWs to reduce the turnover rate. I have been impacted by this due to being one of the only 2 LICSWs on-call 24/7 for a rural crisis service program and took a leave of absence due to the burnout and impact it was causing my family. I think having the ability to pull from qualified LGSWs would vastly improve services provided to clients and reduce the turnover rate amongst clinicians in rural settings.

Abby Malterer, MSW, LICSW
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Joint Statement in Support of HF4289

Chair Fisher and Committee Members, thank you for allowing us to testify on HF4289. This statute change will allow for an amazing learning opportunity for Licensed Graduate Social Workers (LGSWs) as they prepare to become Licensed Independent Clinical Social Workers (LICSWs) in the rural workforce and help us develop skills needed for when we engage in independent practice.

The scope of practice for an LGSW to become an LICSW means “applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups. Clinical social workers may also provide the services described in the definition of practice of social work” according to the Board of Social Work.

There is an ongoing shortage of mental health professionals in rural areas. The National Rural Health Association wrote “more than 60 percent of rural Americans live in areas where there is a shortage of mental health professionals. Metropolitan residents have access to 80 percent of working social workers and 90 percent of psychologists and psychiatrists. Meanwhile, 65 percent of mental health services in rural areas are provided by primary health care providers, and the mental health crisis responder is frequently a law enforcement officer. These numbers suggest that quality mental health care is a gamble for rural Americans.”

With this information it is imperative to provide adequate training to our future clinical social workers and to support our current LICSWs in rural areas to improve the mental health services in rural Minnesota. Many of the current LGSWs within our agency have the knowledge, experience, and education to provide leadership in crisis services, however, are stifled due to the limitations of their scope.

At periods of time, for our organization there have been only 2 LICSWs providing on-call coverage 24 hours a day, 7 days a week. The mobile team averaged between 120-140 assessments a month creating increased stress, burnout, and high turnover with our LICSWs due to the high volume of work and shortage of LICSWs available. These concerns are not limited to our crisis team and has been a sentiment that we have heard about from rural crisis teams across Minnesota.

Chair Fisher and Committee Members, we appreciate your time and willingness to learn how you can help improve access to mental health crisis services in rural areas.

References:

Minnesota Board of Social Work (2024). *Supervised Practice*. BOSW.
<https://mn.gov/boards/social-work/licensees/supervisedpractice.jsp>

Pollack, D., & Markowitz, M. (2021, November). *Is there a shortage of rural social workers?*. NRHA. <https://mn.gov/boards/social-work/licensees/supervisedpractice.jsp>

Sincerely,

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Corporate Mental Health Professional

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Mr. Nick Stumo-Langer

I am writing on behalf of the proposed bill: [HF4289 \(Hanson, J.\)](#) Licensed graduate social workers temporarily allowed to engage in clinical practice without supervision if providing crisis response services and to provide treatment supervisions to individuals on crisis teams.

My name is Stacey Berent, MSW, LGSW. I currently work on a mobile crisis outreach team with Northern Pines Mental Health. Last May our agency opened a Mental Health Urgent Care Clinic to help alleviate the strain on local emergency rooms and assist the growing mental health crisis. Our team serves six counties which include Crow Wing, Cass, Wadena, Morrison, Todd and Aitkin. I have been part of this team for 2.5 years and recently became an LGSW. Our team has been understaffed for years, not only as professionals but as practitioners as well. Our team had a 25% increase in calls in 2023 which resulted in burnout and staff turnover. It takes a special person to work in the crisis field and currently we do not have applicants pouring in. With the service area we cover we should ultimately have five professionals to serve our team and we currently have three and twelve practitioners, and we have seven. I am working towards the next level of licensure which is LICSW and as of now that will take two years to achieve with the current requirement from the Minnesota Board of Social Work.

If this bill were to pass, I and potentially other LGSW's would be able to greatly assist our team by adding additional professionals. This would allow me to provide supervision and consultations to our practitioners. Currently our three professionals work 70 plus hours a week each to cover our team for supervision and consultations.

There is most definitely a shortage of licensed professionals within the State of Minnesota to assist with the growing Mental Health Crisis. The current process to become a licensed professional in the State of Minnesota is a daunting and almost defeating process. Consideration of this bill to pass would be greatly appreciated on my behalf and many others throughout the state.

Sincerely,
Stacey Berent, MSW, LGSW
Northern Pines Mental Health
March 11, 2024

Nick Stumo-Langer

From: Tim Malterer <maltererfarmsinc@gmail.com>
Sent: Tuesday, March 12, 2024 5:43 PM
To: Nick Stumo-Langer
Subject: HF4289

My name is Tim Malterer and I am a constituent residing in Rural Minnesota. I am writing in regards to HF4289 pertaining to Licensed graduate social workers temporarily allowed to engage in clinical practice without supervision if providing crisis response services and to provide treatment supervisions to individuals on crisis teams. Social workers across rural Minnesota are experiencing an increase in burnout, increasing caseloads with more acuity and high turnover. Having the ability to have well-trained LGSWs to temporarily engage in clinical practice will help improve the shortage in rural areas. It will reduce burnout amongst social workers and improve the ability for clients to have access to improved services in rural areas, especially in crisis situations. It will also improve the work-life balance amongst current LICSWs to reduce the turnover rate.



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