



Minnesota Association of Community

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Representative Joe Schomacker, Chair
Health and Human Services Reform Committee
Minnesota House of Representatives

March 15, 2018

Dear Chair Schomacker and Committee Members

Thank you for this opportunity to offer our strong support for Representative Albright's *H.F. 3432*.

Minnesota Community Mental Health Programs' Perspective

The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 32 community-based mental health providers and agencies across the state. Collectively, we serve over 100,000 Minnesota families, children and adults. Our mission is to serve *all* who come to us seeking mental and chemical health services, regardless of their insurance status, ability to pay or where they live. As *Essential Community Providers*, we serve primarily culturally diverse, low-income, uninsured and public healthcare program insured Minnesotans, who cannot access services elsewhere.

In this mental health workforce shortage, it is becoming nearly impossible for providers to maintain the staffing complement for various service lines, following current eligibility criteria. We must develop options that do not sacrifice quality and client care but also recognize the two separate, but valid, realities that mental health service providers face every day—state requirements and definition barriers for qualified personnel. We are committed to quality of care and the delivery of effective behavioral health services, while acknowledging the reality of what resources are available. We believe we can change specific requirements while also retaining quality.

MACMHP is an active partner with the members of *Aspire MN* and the *Mental Health Providers Association of Minnesota (MHPAM)*. Our work this past summer and fall to construct these new common baseline background qualifications recognizes the reality that today's pool of passionate and qualified candidates have varying amounts and differing combinations of background experiences in behavioral science academia, robust internships focused on interacting with persons accessing mental health services, lived experience either providing care to someone with mental illnesses or living with mental illnesses themselves, and work experience in our Health and Human Services system. In the face of our current workforce shortage, our community mental health service system simply cannot afford to lose out on the passion and commitment of individual that don't meet today's narrow, prescriptive and at times complex and confusing background qualification requirements.

In development of this proposal over the last 10 months, we worked diligently to keep the mental health advocacy community, including NAMI MN and the Mental Health Legislative Network. We also kept the Department of Human Services well informed of the details of our proposal, and worked collaboratively with them to address any concerns that arose with the proposal.

MACMHP thanks you for your dedication to this important work and this opportunity to provide you with our support for Representative Albright's *H.F. 3432*. Please do not hesitate to contact me regarding these comments and general information on community mental health programs.

Respectfully Submitted

Jin Lee Palen
Executive Director
Minnesota Association of Community Mental Health Programs