

Legislative Proposal

Summary

Amend Special Session HF 33 (Chapter 7), Article 11, Sec. 38 Direction to the Commissioner, as amended in 2021-2022 session, to make the deadline for the DHS report to the legislature December 15, 2024.

So far, 3 major accomplishments and other smaller ones

- Reduced the frequency with which treatment plans are required to be reviewed, which will allow providers to reduce the previous 50% of reviews that resulted in no change in the treatment plan. Providers have expressed, repeatedly, their great appreciation for this change.
- Reduced the proportion of utilization management reviews under the 1115 waiver from 100% of claims to 10% of outpatient claims and 15% of residential claims.
- Some suggestions on improving operation of Direct Access adopted.
- DAANES data entry computer functions partially restored to pre-Direct Access level. Assessment DAANES simplified to items answers from which are actually used.

Previous **legislation** on paperwork reduction and systems improvement for Substance Use Disorder Treatment funded through the Minnesota Department of Human services **required having contracting with a consultant** as an important component.

* DHS has taken 2-1/2 years to contract with consultant required in enabling legislation, normally takes under 6 months. We can't just depend on the Behavioral Health Division to bring material forward in a timely fashion.

* Consultant's work finishes June 30, 2024.

* Not moving the deadline forward will result in missing an entire year's legislative session before considering the recommendations. The current DHS report deadline would be September 30, 2025. We want to move it to December 15, 2024.

Paperwork Reduction and Systems Improvement Accomplishments (So Far)

As of February 20, 2024

Legislative:

Client Services Documentation

6/30/23 With the support of Billing and DAANES Action Team, DHS is adding two positions to the DAANES processing and programing staff.

Client Services Documentation

Following a MARRCH survey on the time required for client services documentation that showed the biggest time loss was for treatment plan reviews in which the treatment plan did NOT change and a DHS Focus group confirmation that this was a central concern of line staff, DHS includes a revision in their legislative bill of the minimum frequency for treatment plan reviews for the 2023 session.

DHS Bill to Amend Minnesota Statutes 245G.06 INDIVIDUAL TREATMENT PLAN.

Subd. 3b. Frequency of treatment plan reviews. (a) The license holder must ensure that a treatment plan review is completed and meets the requirements of subdivision 3, and is entered in each client's file by the alcohol and drug counselor responsible for the client's treatment plan according the frequencies in this subdivision.

(b) For a client in a residential program, a treatment plan review must be completed and entered once every 14 days.

(c) For a client in a nonresidential program a treatment plan review must be completed and entered once every 14 days unless the treatment plan clearly indicates services will be provided to the client less frequently according to paragraphs (d) and (e).

(d) For clients in a nonresidential program with a treatment plan that clearly indicates less than 20 hours of skilled treatment services will be provided to the client each week or less frequently than weekly, a treatment plan review must be completed and entered once every 30 days.

(e) For clients in a nonresidential program with a treatment plan that clearly indicates less than 5 hours of skilled treatment services will be provided to the client each month or less frequently, a treatment plan review must be completed and entered once every 90 days.

(f) Notwithstanding this subdivision, opioid treatment programs licensed according to section 245G.22 must complete treatment plan reviews according to the frequencies in section 245G.22, subd. 15, paragraph (c), clause (3).

Direct Access

- Some of Action Team Report Recommendations Amended into DHS Bill

254B.04, subdivision 6

Subd. 6. Local agency to determine client financial eligibility. (a) The local agency shall determine a client's financial eligibility for the behavioral health fund according to section 254B.04, subdivision 1a, with the income calculated prospectively for one year from the date of comprehensive assessment. The local agency shall pay for eligible clients according to chapter 256G. The local agency shall enter the financial eligibility span within ten calendar days of request. Client eligibility must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's substance use disorder treatment.

1115 Waiver

Administrative Change:

From 1115 Waiver Action Team Minutes:

At the request of Paperwork Reduction Action Teams, with other provider requests, and the agreement of DHS and Kepro, *Kepro moved from Utilization Management (UM) for 100% of all claims to UM for 10% of outpatient claims and 15% of residential claims.* This seems quite adequate to document compliance with the federal waiver and ASAM criteria.

8/15/22 Kepro stopped sending notices for UM review about assessment only clients. The query program was instructed to ignore assessment only claims.

1/23/23

- *Placement grid is now in the portal vs on paper*
- *Multiple document upload made possible*
- *Ability of Providers to add levels of care to their web description when added to license.*

Billing and DAANES

First and Second DAANES Reports: DAANES Feedback – DAANES : Users at MN Adult and Teen Challenge

- Accessing clear guidance on how to report DAANES data.

At the start of our work the DAANES web user handbook found online was created in October 2015 (although a 2020 version was emailed to DAANES users when the Comprehensive Assessment was rolled out). The 2020 DAANES manual was not on the DHS Website because it had not yet been made fully accessible for people with disabilities.

The out of date 2015 DAANES Manual was removed from the website and archived. With support from MARRCH and MARATP to ask providers for updated e-mail addresses, Angie McNeil-Olson again e-mailed the 2020 DAANES manual to providers electronically.

January 23, 2024 a new Assessment DAANES was released focusing questions on those most relevant to the purpose, the open eligibility period for BHF was extended to one year, and several of the skip patterns lost in transferring to Direct Access were restored. The forthcoming Billing and DAANES Action Team Report will indicate need for some additional answer categories and restoring the last skip pattern. A new DAANES manual was created and is distributed by e-mail. It will take some time before it can be posted on the web, as all web postings must be fully accessible to people with disabilities.

Budgetary: Additional staffing for DAANES DHS work. Two positions were hired as back-up, for processing and programing, but being shared with mental health have only been able to do mental health work since then. There is a position open to actually work with the current staff person once hired.

PMAPs

A presentation/ conference was held directly between PMAPs and Providers. This is the first such meeting ever.

Paperwork Reduction and Systems Improvement Historical Timeline

Fall, 2018 through June 30, 2023 Legislature mandates DHS report on Paperwork reduction and Systems Improvement.

Spring, 2020 Mandated report of DHS to legislature. Includes reference to Minnesota Department of Health research documenting that excessive paperwork is one of three top causes for LADC's leaving the profession.

Fall, 2020 DHS becomes aware of MARRCH intent to move forward with enabling legislation. DHS proposes a joint effort, saying it could meet every two weeks. After one more preparatory meeting, delay and failure to meet DHS agreed meeting schedule, until December following a request from the Governor's office.

Spring, 2021, DHS declining to meet pending passage of enabling legislation.

Summer, 2021 DHS declining to meet pending Mapping completion.

DHS Mapping completed by end of August. Then one meeting only.

Fall, 2021 Limited meeting until funding approved by federal government

January 2022 Federal funding approved. DHS initiates Focus Group study, which eventually confirms findings of provider survey on time involved for documentation.

June 30, 2021 It is obvious that DHS cannot contract with a consultant and prepare a meaningful report by the deadline in enabling legislation. Amendment to enabling legislation extends deadline for report to "two years following contracting with the specified consultant".

Uniform Service Standards fails to pass the legislature and DHS withdraws that part of its request for cooperation, but continues to pursue that goal on its own.

July 1, 2022 DHS hired a Project Manager for PWR and Systems Improvement: Andrea Suker. Within the month Steering Committee becomes active.

Fall, 2022 to Spring, 2023 Action Teams complete five major reports, including one that is updated since the first version. DHS gradually adds one representative to each of the six Action Teams. All reports submitted to Steering Committee.

October 17, 2022 Consultant RFP released. Anticipated start of contract November 28, 2022.

Early November, 2022 Submission deadline. Extended one week because of confusion by an applicant.

Early December, 2022 Official RFP review completed. Proposals were so different DHS did not know how to compare them for scoring. DHS unsure of proper procedure to move forward.

February, 2022 DHS moves forward through Best and Final Offer process.

Consultant RFP finally out. Responses within 3 weeks. Submissions were received.

June, 2022 DHS moves from agreement phase of contract to final steps for putting contract In Force.

December to July, 2023. Decision making about inconsistent approach of applicants and time engaging, drawing and signing contract, and putting contract in force.

Additional Documents Available Upon Request

- * DHS Report that is further basis for Enabling Legislation
- * NIATx Statewide Systems Powerpoint
- * LADC Provider Survey Questionnaire and Summary of Findings
- * DHS Focus Group Report
- * DHS System Mapping
- * Provider Level Detailed Mapping of Licensing Application and Use System
- * Billing Draft Mapping: Tribal
- * Billing Draft Mapping: Non-tribal
- * Consultant RFP
- * 1115 Waiver Action Team Reports
- * Direct Access Action Team Report
- * Licensing Application Action Team Report
- * Licensing Review Action Team Report
- * Second DAANES Report
- * Billing and DAANES Action Team Billing Report

Testimony in support of [HF4149 \(Frederick\)](#)

Dr. Kevin Doyle, LPCC, President/CEO, Hazelden Betty Ford Graduate School, Center City, MN

Date: March 11, 2024

My name is Kevin Doyle, and I serve as the President of the Graduate School at Hazelden Betty Ford. We were founded in 1999 to train addiction counselors, and we are an accredited higher education institution, having graduated over 1100 students since our founding. We are celebrating our 25th anniversary year in 2024.

I am pleased to write/speak in support of [HF4149](#). This bill would facilitate workforce expansion for those treating substance use disorders by providing another academic option (a master's degree, in addition to the currently required bachelor's degree) for those pursuing licensure as alcohol and drug counselors (LADCs) in Minnesota. A bachelor's degree would remain acceptable as well; the proposed change simply adds the master's degree as an option as an additional route to licensure. Coursework requirements would not change.

At a time when Minnesota and the nation face unprecedented levels of overdose deaths and the need for quality treatment is higher than ever, adding more ways for individuals to enter the workforce as licensed professionals is essential.

Thank you for your consideration.

Subject Substance use disorder treatment eligibility, provider qualifications, and rate modifications

Authors Frederick and others

Analyst Danyell A. Punelli

Date March 6, 2024

Overview

This bill makes various changes to provisions related to substance use disorder treatment eligibility, enhanced rates, and provider qualifications.

Summary

Section	Description
1	Education requirements for licensure. Amends § 148F.025, subd. 2. Clarifies that an applicant for alcohol and drug counselor licensure may have received a master's degree from an accredited school or educational program.
2	Qualifying accreditation; determination of same and similar standards. Amends § 245G.031, subd. 2. Modifies the definition of "accrediting body" in the chapter of statutes governing substance use disorder licensed treatment facilities by adding two accrediting bodies.
3	Student interns and former students. Amends § 245G.11, subd. 10. Modifies a limitation on percentage of substance use disorder treatment staff that may be students or former students by removing licensing candidates from the limitation.
4	Local agency to determine client financial eligibility. Amends § 254B.04, subd. 6. Reduces the amount of time local agencies have to enter the financial eligibility span for behavioral health fund services from within ten calendar days of the request to within five calendar days of the request. Specifies that the eligibility span begins from the date of the client's comprehensive assessment or the date services were initiated, and allows an affidavit alone to be proof of behavioral health fund eligibility.

Section	Description
5	<p>Rate requirements.</p> <p>Amends § 254B.05, subd. 5. Modifies requirements for eligible substance use disorder treatment services to receive a higher rate than the base rate. Allows a co-occurring mental health and substance use disorder program to receive an enhanced rate if the program employs one mental health professional; removes requirement for 25 percent of the staff to be mental health professionals or students or licensing candidates under supervision.</p> <p>Adds paragraph (j) to allow a license holder that is unable to provide all residential treatment services because a client missed a service to remain eligible to bill for the client's intensity level of services if the license holder can document the reason the client missed services and the interventions done to address the client's absence.</p> <p>Adds paragraph (k) to allow hours in a treatment week to be reduced in observance of federally recognized holidays.</p>
6	<p>Direction to the commissioner; substance use disorder treatment paperwork reduction.</p> <p>Amends Laws 2021, First Special Session ch. 7, art. 11, § 38, as amended by Laws 2022, ch. 98, art. 4, § 50. Modifies the timeline by which the commissioner of human services must take steps to implement paperwork reductions and system improvements and submit a report to the legislature.</p>



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CHEMICAL HEALTH PROGRAMS



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March 8, 2024

Rep. Peter Fischer (DFL)
District: 44A
551 State Office Building
St. Paul, MN 55155

Dear Mr. Fischer,

Subject: Seeking support for MARRCH's Policy [SF3984/HF4149](#) and Budget [SF4276/HF4190](#) Proposals

We are the Red Lake Band of Chippewa Indians, Chemical Health Programs, a dedicated provider of substance use disorder (SUD) services in Minnesota. Our mission is to offer compassionate, effective treatment to those battling substance use disorders, an issue that continues to devastate communities across our state, particularly in greater Minnesota areas. Rural counties in Minnesota have higher rates of treatment admission in spite of greater population in urban areas. We believe that disparities in treatment access as well as differences in need contributed to this situation.

The Substance Use Disorder (SUD) field has undergone substantial changes in a relatively short amount of time. Over the past several years, Minnesota has experienced **a net loss of 45 licensed SUD providers** (net loss of 25 in 2022, net loss of 20 in 2023). These losses are having a disproportionate impact in greater Minnesota (in 2022 42% of closures were outside of the 7 county metro area; 41% in 2023). Despite our unwavering commitment, we find ourselves at a critical juncture.

With overdose deaths at an all-time high, we are at a critical breaking point and need **immediate and long-term relief**. These 2024 legislative priorities were identified and developed by more than 240 SUD professionals across the state.

Policy [SF3984/HF4149](#)

Funding [SF4276/HF4190](#)

<ul style="list-style-type: none">• Create hard deadline for paperwork reduction recommendations• Expand alternative paths to licensure• Create a County Affidavit for the Behavioral Health Fund• Align SUD with American Society of Addiction Medicine (ASAM)• Submit an 1115 Waiver for Incarceration by January 2025	<ul style="list-style-type: none">• "Unstrike" SUD and include those services in the 3% increase and automatic inflation adjustment effective 2024• Adopt the SUD rate recommendations for Burnes & Associates• Develop a group peer rate• ASAM certification/Alternative Licensing Inspections• Deduct student loan payments from MN taxes
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The stark reality we face is one where, without immediate and targeted financial support, more providers will be forced to close their doors, thus limiting options for people needing help, and exacerbating an already dire public health crisis.

Investing in SUD services is an investment in the health and well-being of our state. It is a step towards:

- Stabilizing existing services to ensure no further loss of SUD providers.
- Enhancing access to treatment for individuals in both urban and rural areas, particularly in greater Minnesota where the need is most acute.
- Supporting recovery and reducing the broader social and economic impacts of substance use disorders on our communities.

The challenges we face are significant, but not insurmountable. With your support, we can ensure that individuals battling substance use disorders receive the care and support they need to rebuild their lives. We urge you to prioritize this funding increase, to stand with us in our mission, and to help stem the tide of this crisis that is ravaging our state.

We would gladly meet to discuss this request further. Any questions regarding MARRCH can be sent to Brian Zirbes at executivedirector@marrch.org. Thank you for considering our plea and for your ongoing commitment to the health and well-being of all Minnesotans.

Sincerely,

Salena Beasley

Administrative Officer
Red Lake Chemical Health Programs
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And;

Governor for Region 1
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March 8, 2024

Dave Baker

Representative

249 State Office Building

St. Paul, MN 55155

Dear Representative Baker,

Subject: Seeking support for MARRCH's Policy [SF3984/HF4149](#) and Budget [SF4276/HF4190](#) Proposals

Project Turnabout is a dedicated provider of substance use disorder (SUD) services in Granite Falls, Marshall, Willmar & Redwood Falls Minnesota. Our mission is to offer high quality, lost cost treatment to those battling substance use disorders, an issue that continues to devastate communities across our state, particularly in greater Minnesota areas. Project Turnabout serves roughly 1,850 patients a year and receives individuals seeking treatment from 84 of the 87 counties across the state.

The Substance Use Disorder (SUD) field has undergone substantial changes in a relatively short amount of time. Over the past several years, Minnesota has experienced **a net loss of 45 licensed SUD providers** (net loss of 25 in 2022, net loss of 20 in 2023). These losses are having a disproportionate impact in greater Minnesota (in 2022 42% of closures were outside of the 7 county metro area; 41% in 2023). Despite our unwavering commitment, we find ourselves at a critical juncture.

With overdose deaths at an all-time high, we are at a critical breaking point and need **immediate and long-term relief**. These 2024 legislative priorities were identified and developed by more than 240 SUD professionals across the state.



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- Stabilizing existing services to ensure no further loss of SUD providers.
- Enhancing access to treatment for individuals in both urban and rural areas, particularly in greater Minnesota where the need is most acute.
- Supporting recovery and reducing the broader social and economic impacts of substance use disorders on our communities.

The challenges we face are significant, but not insurmountable. With your support, we can ensure that individuals battling substance use disorders receive the care and support they need to rebuild their lives. We urge you to prioritize this funding increase, to stand with us in our mission, and to help stem the tide of this crisis that is ravaging our state.

We would gladly meet to discuss this request further. Any questions regarding MARRCH can be sent to Brian Zirbes at executivedirector@marrch.org. Thank you for considering our plea and for your ongoing commitment to the health and well-being of all Minnesotans.

Sincerely,

Marti Paulson

Chief Executive Officer

Project Turnabout Centers for Addiction Recovery

Email: mpaulson@projectturnabout.org

Phone: 320.894.5064



Representative Mary Frances Clardy

529 State Office Building *
St. Paul, MN 55155

Dear Representative Clardy.

Subject: Seeking support for MARRCH's Policy [SF3984/HF4149](#) and Budget [SF4276/HF4190](#) Proposals

My name is Tim Walsh, I am the CEO of NorthStar Regional treatment centers. We have multiple facilities in the Twin Cities area. Thank you for meeting with me yesterday for the Mental Health, Day on the Hill. I live in Mendota Heights and am a constituent of your district. Our treatment centers offer outpatient, residential, and sober homes services to thousands of Minnesotans per year, inclusive of people from district 53A. Providers like NorthStar serve over 50,000 Minnesotans per year.

In our meeting, I stressed that providers in the Substance Use Disorder (SUD) field are in a survival mode. Over the past several years, Minnesota has experienced **a net loss of 45 licensed SUD providers** (net loss of 25 in 2022, net loss of 20 in 2023). I also emphasized that SUD was inexplicably removed from the mental health rate increase last year at the last moment in conference committee (3% increase + an automatic inflator).

I sounded the alarm that overdose deaths are at an all time high, and SUD providers are at a critical breaking point and need **immediate and long-term relief**. These 2024 legislative priorities were identified and developed by more than 240 SUD professionals across the state.

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Per our professional association, MARRCH, “the stark reality we face is one where, without immediate and targeted financial support, more providers will be forced to close their doors, thus limiting options for people needing help, and exacerbating an already dire public health crisis.

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We would gladly meet to discuss this request further. Any questions regarding MARRCH can be sent to Brian Zirbes at executivedirector@marrch.org. Thank you for considering our plea and for your ongoing commitment to the health and well-being of all Minnesotans.

Please support HF4149 and HF4190.

Sincerely,

Tim Walsh

Tim Walsh, M.A., L.P.; DPA

CEO

NorthStar Regional

Tim.walsh@northstarregional.com

651-242-6293



Adult & Teen Challenge
Minnesota

March 8, 2024

Dear Chair Fischer and Members of the House Human Services Policy Committee,

Subject: Seeking support for MARRCH’s Policy [SF3984/HF4149](#) and Budget [SF4276/HF4190](#) Proposals

We are Minnesota Adult & Teen Challenge, a dedicated provider of substance use disorder (SUD) services across the state of Minnesota. Our mission is to offer compassionate, effective treatment to those battling substance use disorders, an issue that continues to devastate communities across our state, particularly in greater Minnesota areas.

The Substance Use Disorder (SUD) field has undergone substantial changes in a relatively short amount of time. Over the past several years, Minnesota has experienced a **net loss of 45 licensed SUD providers** (net loss of 25 in 2022, net loss of 20 in 2023). These losses are having a disproportionate impact in greater Minnesota (in 2022 42% of closures were outside of the 7 county metro area; 41% in 2023). Despite our unwavering commitment, we find ourselves at a critical juncture.

With overdose deaths at an all time high, we are at a critical breaking point and need **both immediate and long-term relief**. These 2024 legislative priorities were identified and developed by more than 240 SUD professionals across the state.

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Minnesota

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We would gladly meet to discuss this request further. Any questions regarding MARRCH can be sent to Brian Zirbes at executivedirector@marrch.org. Thank you for considering our plea and for your ongoing commitment to the health and well-being of all Minnesotans.

Sincerely,

Tom Truszinski

Chief Executive Officer

Minnesota Adult & Teen Challenge

Tom.Truszinski@mntc.org





Minnesota Alliance of Rural Addiction Treatment Programs

Executive Board

Marti Paulson
♦ President

March 8, 2024

Mary Roehl
♦ Vice President

Peter Fischer

Sue Marchel
♦ Treasure

Representative

551 State Office Building

St. Paul, MN 55155

Dear Representative Fischer,

Subject: Seeking support for MARRCH's Policy [SF3984/HF4149](#) and Budget [SF4276/HF4190](#) Proposals

Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) is a dedicated alliance made up of 25+ programs across greater Minnesota. Our mission is to advocate for and with other providers who treat patients from Rural Minnesota who are battling substance use disorders, an issue that continues to devastate communities across our state, particularly in greater Minnesota areas.

The Substance Use Disorder (SUD) field has undergone substantial changes in a relatively short amount of time. Over the past several years, Minnesota has experienced **a net loss of 45 licensed SUD providers** (net loss of 25 in 2022, net loss of 20 in 2023). These losses are having a disproportionate impact in greater Minnesota (in 2022 42% of closures were outside of the 7 county metro area; 41% in 2023). Despite our unwavering commitment, we find ourselves at a critical juncture.

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We would gladly meet to discuss this request further. Any questions regarding MARRCH can be sent to Brian Zirbes at executivedirector@marrch.org. Thank you for considering our plea and for your ongoing commitment to the health and well-being of all Minnesotans.

Sincerely,

Marti Paulson

President

Minnesota Alliance of Rural Addiction Treatment Programs (MARATP)

Email: mpaulson@projectturnabout.org

Phone: 320.894.5064

Center for Alcohol and Drug Treatment

02/27/2024

Rep. Peter Fisher

Dear Rep. Peter Fisher,

Subject: Seeking support for MARRCH’s Policy [SF3984/HF4149](#) and Budget [SF4276/HF4190](#) Proposals

We are the Center for Alcohol and Drug Treatment, a dedicated provider of substance use disorder (SUD) services in Duluth, Minnesota. Our mission is to offer compassionate, effective treatment to those battling substance use disorders, an issue that continues to devastate communities across our state, particularly in greater Minnesota areas. We serve approximately 5000 patients each year and employ 170 staff members.

The Substance Use Disorder (SUD) field has undergone substantial changes in a relatively short amount of time. Over the past several years, Minnesota has experienced **a net loss of 45 licensed SUD providers** (net loss of 25 in 2022, net loss of 20 in 2023). Nearly 40% of these losses are occurring in greater Minnesota (outside of the 5-county metro area). Despite our unwavering commitment, we find ourselves at a critical juncture.

With overdose deaths at an all-time high, we are at a critical breaking point and need **immediate and long-term relief**. These 2024 legislative priorities were identified and developed by more than 240 SUD professionals across the state.

Policy [SF3984/HF4149](#)

Funding [SF4276/HF4190](#)

<ul style="list-style-type: none">• Create hard deadline for paperwork reduction recommendations• Expand alternative paths to licensure• Create a County Affidavit for the Behavioral Health Fund• Align SUD with American Society of Addiction Medicine (ASAM)• Submit an 1115 Waiver for Incarceration by January 2025	<ul style="list-style-type: none">• “Unstrike” SUD and include those services in the 3% increase and automatic inflation adjustment effective 2024• Adopt the SUD rate recommendations for Burnes & Associates• Develop a group peer rate• ASAM certification/Alternative Licensing Inspections• Deduct student loan payments from MN taxes
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The stark reality we face is one where, without immediate and targeted financial support, more providers will be forced to close their doors, thus limiting options for people needing help, and exacerbating an already dire public health crisis.

Investing in SUD services is an investment in the health and well-being of our state. It is a step towards:

- Stabilizing existing services to ensure no further loss of SUD providers.
- Enhancing access to treatment for individuals in both urban and rural areas, particularly in greater Minnesota where the need is most acute.
- Supporting recovery and reducing the broader social and economic impacts of substance use disorders on our communities.

The challenges we face are significant, but not insurmountable. With your support, we can ensure that individuals battling substance use disorders receive the care and support they need to rebuild their lives. We urge you to prioritize this funding increase, to stand with us in our mission, and to help stem the tide of this crisis that is ravaging our state.

We would gladly meet to discuss this request further. Any questions regarding MARRCH can be sent to Brian Zirbes at executivedirector@marrch.org. Thank you for considering our plea and for your ongoing commitment to the health and well-being of all Minnesotans.

Sincerely,

Tina Silverness

Chief Executive Officer

Center for Alcohol and Drug Treatment

Tina@cadt.org or 715 817 6314

Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)

Our 2024 legislative priorities were identified and developed by more than 240 SUD professionals across the state.

2024 LEGISLATIVE PLATFORM

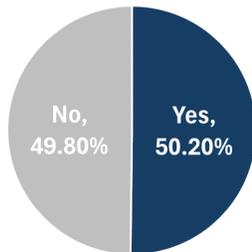
ISSUE: Substance use disorder (SUD) is a chronic disease. Minnesotans deserve quick access, and ample support throughout their recovery journey. Programs need adequate funding to maintain appropriate staffing levels to deliver life-saving care.

BACKGROUND: The SUD field has rapidly evolved since 2017, with program standards shifting to statute 245G, the 1115 Waiver becoming a mandate, and a push towards ASAM standards. The COVID pandemic, social justice efforts, and workforce crisis add additional challenges. While adopting evidence-based practices aligned with ASAM is positive, timing and cost of implementation are crucial considerations.

Any further delays in addressing SUD rates will result in more burnout and program closures. With overdose deaths at an all time high, we are at a critical breaking point and need immediate and long-term relief.

We received survey data from more than 620 SUD workers in MN, focusing on stress, burnout, and hope.

BURNOUT: In the past 12 months, have you considered leaving the SUD field?



“Understaffing is the single most detriment to providing the best quality of care.”

STRESS: When asked what the one thing is that causes the most stress, the top 4 answers were:

- Caseload/Program needs
- Paperwork
- Not enough staff/inexperienced
- Client Acuity

“High caseloads and turnover “water down” the quality of care, which contributes to clients relapsing and needing to return to treatment, or worse.”

THE FACTS

**Rates = Fast
Change = Slow
Help = NOW!**



Net loss of 45 licensed SUD providers over last two years. More than 40% of these closures happen outside of the 7 county metro area. Closures in Greater MN have a significant impact on access.



MN opioid-involved overdose deaths increased 43% from 2020 to 2022; more than doubled since 2019.

10 X

In 2021, American Indian MNs were 10x as likely to die from a drug overdose than white MNs.

3 X

In 2021, Black MNs were more than 3x as likely to die from drug overdose than white MNs.

Opioid Overdose Deaths in MN
(according to MDH)



Contact Us

(651) 290-7462

www.marrch.org

LEGISLATIVE OVERVIEW

POLICY ([SF3984/HF4149](#))

- **Expand alternative paths to licensure [Section 1]**
- **ASAM certification/Alternative Licensing Inspections [Section 2]**
- **Eliminate ratios to align with ASAM [Sections 3 and 5]**
 - Medical and mental health staffing
 - Residential engagement documentation
 - Federal holidays off for counselors
- **County Affidavit for BHF [Section 4]**
- **Hard deadline for paperwork reduction of December 2024 [Section 6]**

FUNDING ([SF4276/HF4190](#))

- **Waiving Fees for IDs (Sections 1, 2, and 3)**
 - Birth certificate and driver's license/ID card
- **SUD rates**
 - Develop group peer rate (section 4 and 5)
 - "Unstrike" SUD and be included in 3% increase effective Jan. 1, 2024 (section 7)
 - Auto inflation adjustment (section 7)
 - Implement rate methodology recommendations ASAP (section 11)
- **SUD Treatment Effectiveness (Section 6)**
 - Create an SUD data dashboard
- **Extend rate study** to include adolescent SUD (residential/non-residential, Withdrawal Management) and Room and Board payments (section 8)
- **1115 Waiver** for Incarceration (section 9)
- **Transition Support Workgroup (Section 10)**
 - Develop recommendations related to housing, food support, childcare, and transportation services for people transitioning out of SUD services
- **Deduct student loan payments from MN taxes (Section 12)**

RESOURCES

Legislative Report Outpatient Services Rate Study: [Opioid Overdose Deaths in MN](#) ([according to MDH](#))

DHS presentation on Outpatient Services Rate Study: [Opioid Overdose Deaths in MN](#) ([according to MDH](#))

ABOUT MARRCH

About MARRCH is a professional association of addiction treatment professionals and organizations striving to raise awareness about addiction and the power of recovery. We represent more than 150 agencies/organizations and more than 2,500 individuals (Licensed Alcohol and Drug Counselors, students, other behavioral health professionals) with members in every region of Minnesota.

As a collective body, MARRCH works to educate, support and guide individuals and agencies while speaking with a unified voice in public policy venues.