



Minnesota Association of Resources for Recovery and Chemical Health

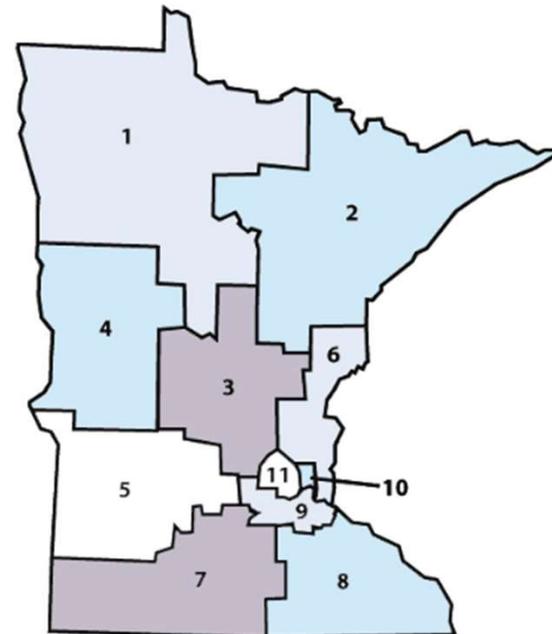
**Brian Zirbes – Government Affairs
Committee Chair**

Amy Dellwo – MARRCH President

Regional Board of Governors

MARRCH Regions

- AIAC Representative - Lindsay Misquadace-Berg
- Region 1 – Salena Beasley
- Region 2 – Tina Silverness
- Region 3 – Sadie Broekemeier
- Region 4 – Anderson Saint Georges
- Region 5 – Ashley Kjos
- Region 6 – Cecelia Jayme
- Region 7 – Christy Barnett
- Region 8 – Erin Bachman
- Region 9 – Brian Sammon
- Region 10 – Mike Beltowsky
- Region 11 – Lora Clem
- Region 11 – Jason Lennox
- Region 11 – Angela Reed



Represent half of the 428 licensed treatment sites in the state.

MARRCH
2000+
members



MARRCH is known for:

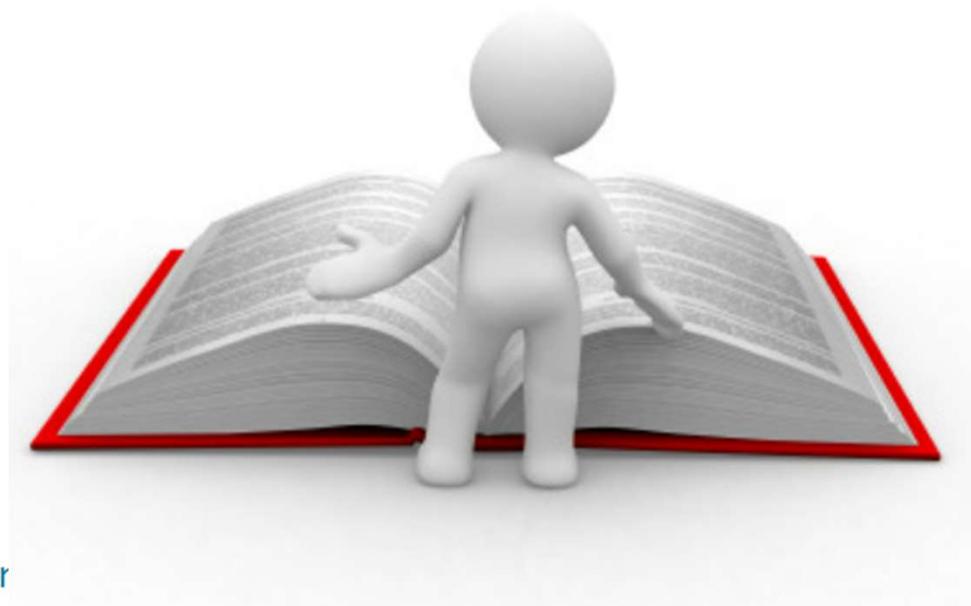
- Advocacy/Public Policy
- Training/Education
- Health Care Integration





If we want addiction destigmatized,
we need a language that's unified.

The words we use matter. Caution needs to be taken especially when the disorders concerned are heavily stigmatized as substance use disorders are.



www.recoveryanswers.org/addiction-ary/



Thank you

John F. Kelly

Ph.D., ABPP

Found and Director of
Recovery Research Institute



RECOVERYANSWERS.ORG

**RECOVERY RESEARCH
INSTITUTE**

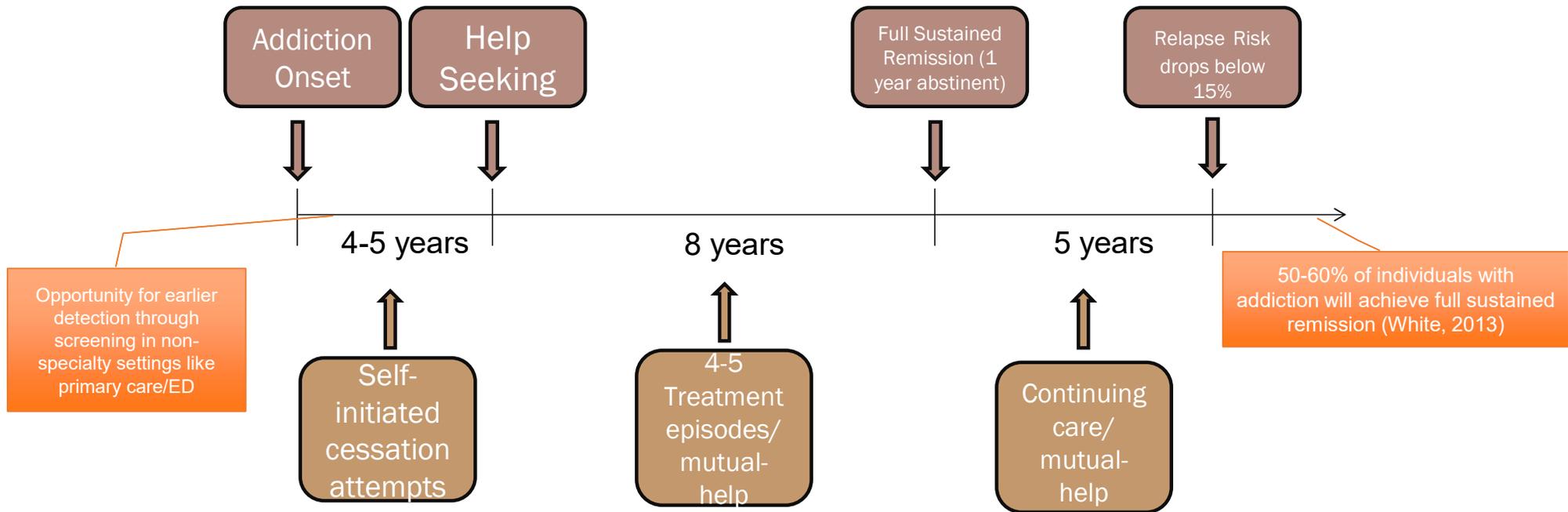


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NEWSLETTER



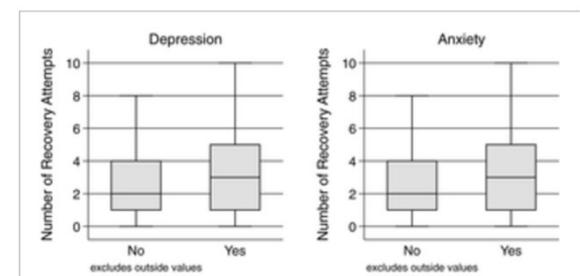
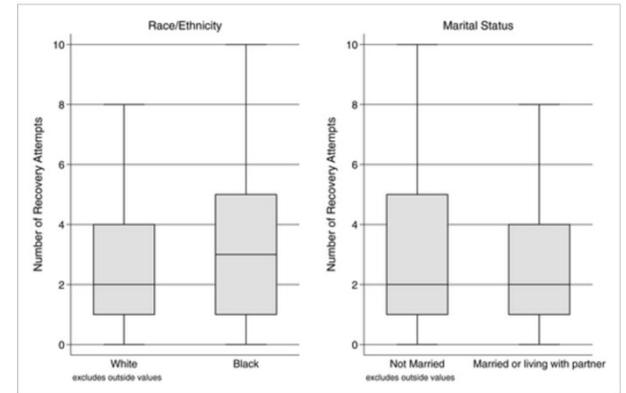
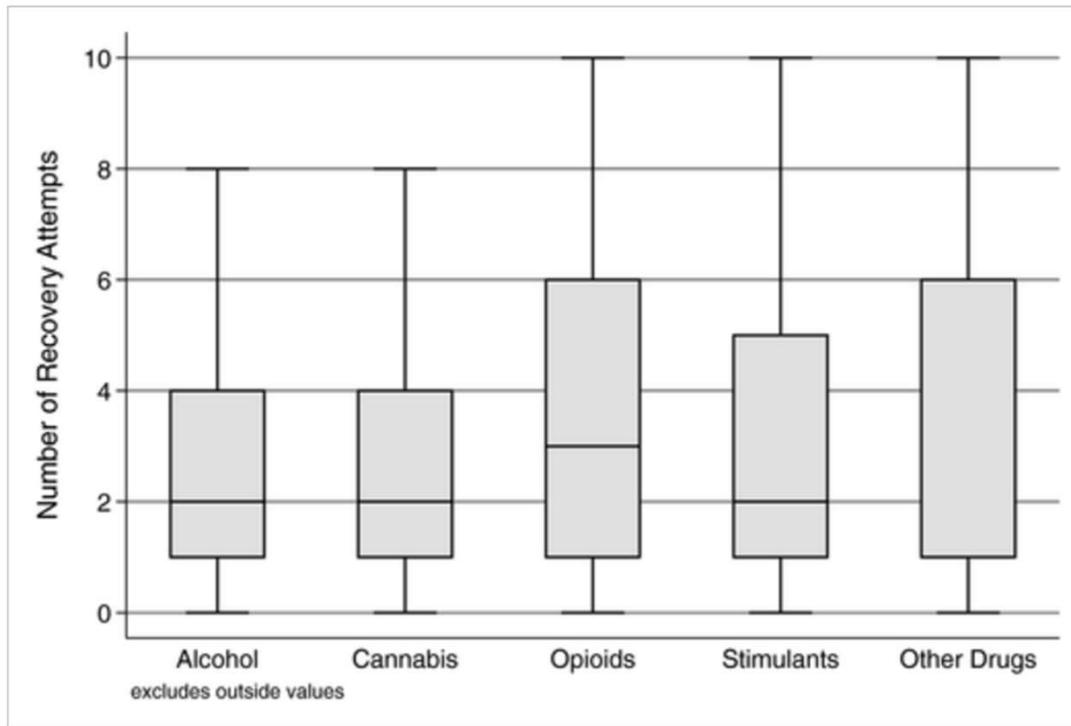
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Driving Excellence in Addiction Care

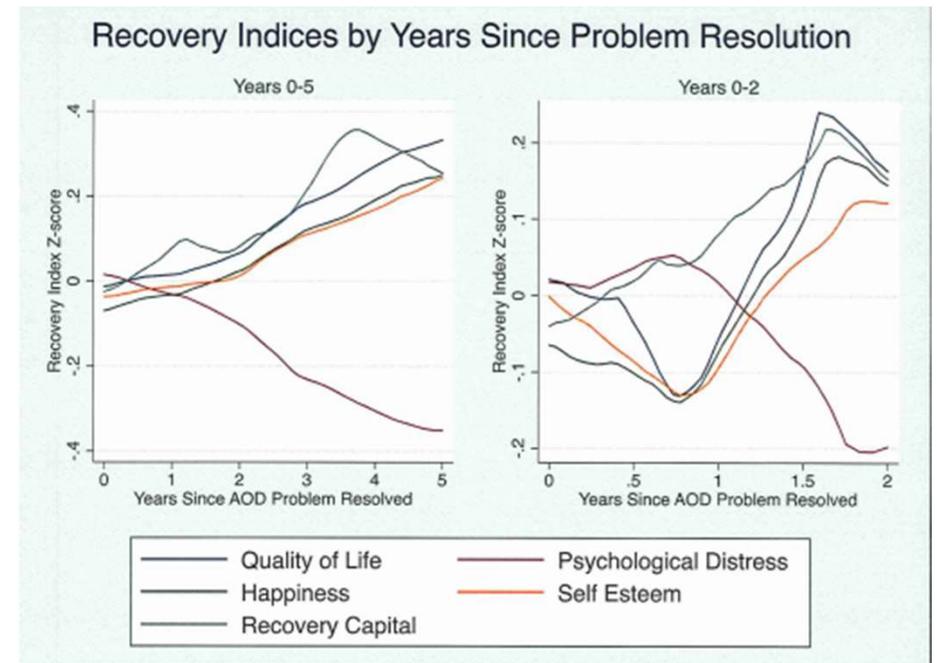
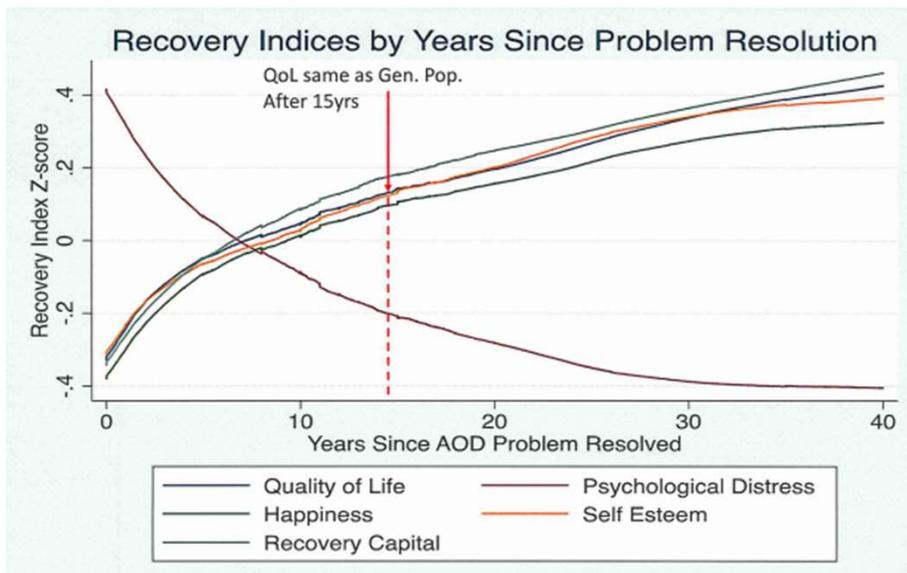


The clinical course of addiction and achievement of stable recovery can take a long time

Factors in Recovery Attempts



The first year of recovery is very important, particularly around 9 months into recovery.





Work with DHS and Gov budget

- MARRCH Pathways to Recovery (introduced in 2022 Session)
 - Patient services and support
 - Workforce
 - Service preservation and access
- Ongoing work with membership and DHS
- Coming soon
 - Policy/non-budget and vetted
 - Policy and fiscal proposals



MARRCH's Policy/Non-Budget...coming soon

Continuity of Work Between Internship and Licensure Approval for Alcohol and Drug Counselors

- Allow interns to continue to practice during the 90-day window between their practicum hours and issuance of license as an Alcohol and Drug Counselor.
- Worked with the Board of Behavioral Health and Therapy on this language.

Provide Current Training on HIV for Treatment Staff

- Require the commissioner to outline the content required.
- This would allow providers to have clarity on up to date information for the mandated HIV training for staff.



MARRCH Policy Proposals:

Flexibility in Residential Treatment Hours and Co-occurring Credentialed Staff

- Allow residential programs (30/15/3 hours) flexibility to be paid for the level of service delivered.
- Reduce hours needed in a treatment week in observance of federal holidays.
- Allow the program to determine adequate mental health staffing for co-occurring programs, as long as basic requirements are met.

Provides Documentation Relief for Treatment Plan Review Requirements

- Extend timeline requirements for treatment plan updates from weekly to 28 days or if there is a significant change (whichever comes first)



MARRCH Budget Proposals

Temporary Rate Increase Until Rate Methodology Implemented

- Since the current base SUD rates were implemented in 2011, they have only increased 3%.
- This temporary provider rate increase of 24% would expire when the new rate study is completed and methodology is implemented.
- This increase will help providers stay open through the period of change.

Rate Increase for Direct Care Staff

- This proposal directs 33% of the temporary rate increase to go to direct care staff.
- This would ensure that counselors, technicians, nurses, and other staff that work directly with clients receive benefits directly.



MARRCH Budget Proposals

Replace lost client documents

- Waive reissue fees for critical identification documents that often get lost during active addiction (ex: birth certificate, driver's license, identification card).

Transition Support Service Package Post Treatment Completion

- Direction to DHS Commissioner to form a workgroup to make recommendations for funding a stipend for housing, transportation, childcare, and food support for people transitioning from intensive treatment.
- The workgroup must equitably represent providers and current/former clients geographically and culturally.



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