

February 17, 2021

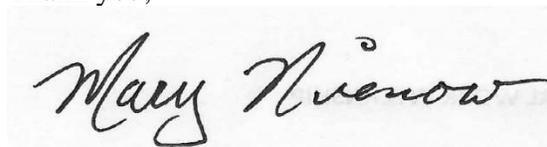
**RE: SUPPORT HF 970: A culturally competent mental health workforce**

Dear Chair Fischer and members of the Behavioral Health Policy Division:

I am writing on behalf of the undergraduate social work program at St. Catherine University in support of HF 970 which seeks to require on-going education and professional development in the area of culturally-appropriate treatment and services of all mental health providers in Minnesota. Given the recent events in our state and country when it comes to serving our citizens of color, a bill like this is one step forward in making reparation for the centuries of inequity and harm perpetrated. Our communities of color deserve competent practitioners who fully understand the barriers they are facing when it comes to navigating a world full of whiteness. We must remove the barriers practitioners of color face as they strive to complete their education in an effort to serve as social workers, counselors and therapists. As social work educators, we have had the pleasure of working with our future workforce. The students learning to become social workers in our program at St. Catherine University, especially our students of color, who not only attend school full-time, complete unpaid internships, work full-time and care for their families, but also contribute to our social justice mission and teach their faculty and their classmates about the world and what service to others can really look like. Their perspective is invaluable and their contribution to our profession is imperative. Your support of HF 970 will go a long way in reforming the society we live in. You will help to make it anti-racist. You will be standing up for what is right and will be ensuring our historic discrimination is not our future discrimination.

We fully support the items described in this bill from improved access to supervision, loan forgiveness, and a state sponsored task force to examine efforts to provide a more culturally competent mental health workforce. We strongly urge your support to invest in strengthening our mental health system for all Minnesotans by investing in our workforce.

Thank you,



Mary C. Nienow, PhD, LGSW  
BSW Program Director & Assistant Professor  
Department of Social Work  
Henrietta Schmoll School of Health

Office Location: 101 Fontbonne Hall  
Office Phone: 651-690-6722 (text and voice)  
[mcnienow547@stkate.edu](mailto:mcnienow547@stkate.edu)



February 15, 2021

**RE: Please support sustaining and growing our mental health workforce HF 970**

Dear Chair Fischer and members of the Behavioral Health Policy Division:

As Hmong psychologists in Minnesota, we have observed the lack of representation of mental health providers who identify as Black, Indigenous, and People of Color (BIPOC), but especially as Hmong American. Minnesota is home to upwards of 66,000 Hmong Americans. The Twin Cities has the highest concentration of Hmong people than any other state of the United States of America. Data suggests that historical events such as the Hmong diaspora, Vietnam War, refugee status, and generational gaps has the potential of increasing vulnerability to mental illnesses. In addition to historical trauma, psychosocial factors such as structural racism, health disparities, acculturation, and discrimination, all result in an even more urgent need for mental health providers who are Hmong and understand the cultural complexities embedded in our history. The mental health workforce bill HF 970 addresses this need in BIPOC and rural communities.

For those that are currently practicing in the field of mental health, there is a necessity for providers to be more culturally informed. Graduate school programs in mental health often have only one course on diversity. This one course is divided into fragmented topics ranging from feminism, ability status, LGBTQI, religion, and race/ethnicity. The structure of the one diversity course allows for a few class hours on each topic, not nearly enough to prepare mental health workers for the complexities that can come with the intersections of multiple marginalized identities. There is a serious demand to improve and increase trainings that will help current mental health providers be more culturally informed in their assessment, diagnosis, and treatment of mental illness in BIPOC communities.

As it stands, there are many barriers to becoming a licensed mental health worker. These barriers include but are not limited to the financial hardships that can come with licensing exams and the study materials needed to adequately prepare, as well as graduate school requirements that structurally excludes students who have started families and must work to support their families. Additional barriers to becoming a licensed mental health worker are addressed in the bill. Given the need for more BIPOC providers and more culturally informed mental health providers in general, a closer analysis into barriers is warranted, as stated in HF 970.

This bill provides a comprehensive array of strategies that address building a more informed, competent mental health workforce in our state. **We strongly support** the efforts outlined in this bill and urge your support to invest in strengthening our mental health system for all Minnesotans by investing in our workforce.

Thank you,

Talee Vang, PsyD.  
Licensed Psychologist  
Association of Hmong Psychologists

# UNIVERSITY OF MINNESOTA

---

*Twin Cities Campus*

*School of Social Work  
College of Education and  
Human Development*

*105 Peters Hall  
1404 Gortner Avenue  
St. Paul MN 55108  
612-625-1220  
Fax: 612-624-3744  
<http://cehd.umn.edu/ssw>*

February 15, 2021

**RE: Please Support Sustaining and Growing our Mental Health Workforce – HF970**

Dear Chair Fischer and Members of the Behavioral Health Policy Division:

I am writing in support HF970: Culturally informed behavioral health training requirements and BIPOC workforce development provisions.

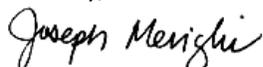
Minnesota lacks sufficient representation of Black, Indigenous, and People of Color (BIPOC) in the mental health workforce. For example, BIPOC social workers make up about 10% of the workforce in the state<sup>1</sup>. This disproportionately low percentage of BIPOC social workers is nearly identical for psychologists (12% in 2016), licensed marriage and family therapists (10% in 2019), licensed alcohol and drug counselors (13% in 2018), and licensed professional counselors (11% in 2018)<sup>2</sup>. As the state of Minnesota continues to become more racially and ethnically diverse, having a mental health workforce that reflects this diversity is critically important.

Increasing the number of BIPOC mental health practitioners is only one piece of a complex workforce puzzle. It is also essential for the state of Minnesota to redouble its efforts so that all mental health practitioners will become culturally responsive and informed. By increasing the knowledge and skills of these practitioners with respect to clinical interventions that are attuned to cultural beliefs and practices, we will increase the likelihood of positive mental health outcomes for our BIPOC clients receiving mental health services. Some important steps to developing a workforce that is culturally responsive and informed would be to institute licensure requirements and continuing education opportunities that will ensure mental health practitioners in Minnesota have the requisite training and awareness to work across difference.

Minnesotans throughout the state would clearly benefit from an increase the in number BIPOC clinicians who provide direct and indirect services, as well as BIPOC supervisors who can train current and future practitioners in culturally responsive care. One mechanism to support this effort is to establish financial incentives (e.g., loan forgiveness) to BIPOC mental health professionals. Doing so would reduce the debt burden of these professionals and inspire more BIPOC students to pursue advanced mental health training. A tangible result of this incentive program would be a robust workforce that has much need representation from BIPOC communities.

HF970 provides a comprehensive range of strategies to build a more informed and competent mental health workforce in our state. I strongly support the efforts outlined in this bill and urge your support to invest in strengthening our mental health system and workforce for all Minnesotans. Please feel free to contact me if you have any questions ([jmerighi@umn.edu](mailto:jmerighi@umn.edu)).

Sincerely,



Joseph Merighi, PhD, MSW, LISW  
Associate Professor and Interim Director

---

<sup>1</sup>Minnesota's Social Work Workforce (2020): <https://www.health.state.mn.us/data/workforce/mh/docs/cbsw.pdf>

<sup>2</sup>Mental and Behavioral Health Workforce Reports (n.d.): <https://www.health.state.mn.us/data/workforce/mh/index.html>



February 16, 2021

**RE: Please support sustaining and growing our mental health workforce HF 970**

Dear Chair Fischer and members of the Behavioral Health Policy Division:

Today, I am writing to support growing our mental health workforce by urging you to support HF 970. This bill acknowledges the need to address the shortage of mental health professionals by developing a more robust workforce development pipelines, and helps pave the way for educational and training programs to enable us to meet the needs of Minnesota by increasing our mental health workforce.

Having spent much of my early career in the public sector in local county government, then in the nonprofit sector as President of Wilder for ten years, and now as founding dean of the Morrison Family College of Health, I have seen and experienced the barriers for those who want to become licensed mental health professionals and the impact of these barriers on the quality of services we are able to provide to our most vulnerable communities. The Morrison Family College of Health trains social workers, counseling psychologists, and those who will eventually enter community, public health, and health professions.

The following would especially make a significant difference and provide sweeping change:

- Including alcohol and drug counselors, who have important roles in our mental health system in the bill
- Requiring insurance plans to cover trainees under supervision, which would increase access and expand care for those who need mental health services
- Requiring regulatory and licensure board composition that include rural, BIPOC, and under-represented group representation
- Requiring Continuing Education Units for mental health professionals to focus on culturally competent care and education
- Including and allowing indigenous healing approaches provided by indigenous providers to indigenous individuals to be billed for insurance
- Resourcing training for BIPOC providers to become trained in supervision and loan forgiveness

We also support the idea of a task force that would convene to examine ways for alternative pathways to licensure, to find ways to eliminate bias, and recommend more culturally responsive care. During this time of crises, health disparities have become even more prevalent and impossible to ignore. We believe that though there are also some new areas such as enabling cross-field supervision which would need to be carefully navigated, this bill provides a comprehensive array of strategies that address building a more informed, and competent mental health workforce in our state. We support this bill and urge you to support investing in strengthening our mental health system for all Minnesotans by investing in our workforce.

Sincerely,

A handwritten signature in black ink that reads "Maykaol Y. Kang".

Vice President Strategic Initiatives, and Founding Dean, Morrison Family College of Health

February 17, 2021

**RE: Please support sustaining and growing our mental health workforce HF 970**

Dear Chair Fischer and members of the Behavioral Health Policy Division:

We are writing in support of HF 970.

Social workers of color face a myriad of barriers to entry into the profession, beginning from their university studies all the way to full licensure as a social worker.

In the state of Minnesota, social work students must complete internships in both their undergraduate and graduate programs. These are essentially unpaid part time volunteer positions, on top of their full-time educational programs. Many students of color must maintain paying jobs throughout their educational career because they are often first or second-generation immigrants whose families lack accumulated wealth or are from backgrounds in which they and their people have suffered historical institutional discrimination. Now you can imagine the incredibly busy schedules held by these students (part time internship, full time schooling, as well as part time to full time employment). You might be thinking well this isn't unique, all students face these issues. Yes all students face these issues, however students of color carry a disproportionately heavier burden because they do not come from families who have accumulated wealth that can be used to support their housing, their families, the cost of their tuition and books, access to knowledge of scholarships and fellowships etc. This is one reason by HF 970 is asking for additional support for BIPOC professionals.

Once students complete their social work degrees, they must obtain between 100 to 200 hours of supervision during the first two years of employment as a social worker. These are considered their trainee hours. Supervision is not free. Often, employers are unwilling to pay for these supervision hours. Supervision can cost between \$25 to \$50 an hour (and that is on the low end) which is typically paid by the employee themselves (up to \$200 to \$300 a month). This means it could cost a social work trainee anywhere from \$2500 to \$10,000 to complete their supervision hours over a period of two to four years.

Now you are wondering why students would choose such a difficult and expensive profession to get into. Students of color often choose social work as a profession due to their passion for helping others - especially those in their communities; those in need, the vulnerable, and the poor. They have seen and lived through injustices brought upon their communities. They are equipped with the experience and the passion to address these injustices. Ironically, users of social services consist of a higher proportion of people of color due to the very nature of our society in which there is a lack of equal access to quality education, employment, and others sources of income resulting in a cascading effect on educational and employment outcomes for impoverished communities. And now we are seeing these societal barriers within the profession

itself with negative impact on BIPOC social work professionals and their communities including difficulty obtaining licensure for BIPOC social workers due to financial cost, disproportionately low numbers of BIPOC providers in communities of color, low pass rates on the ASWB licensing exam for examinees of color, high attrition rates for social workers of color due to the expense and difficulty in entering and staying in the profession. All this results in less culturally relevant services to communities of color who need social workers who can speak their languages and can understand their cultures.

We fully support the items described in this bill from improved access to supervision, loan forgiveness, and a state sponsored task force to examine efforts to provide a more culturally competent mental health workforce. We strongly urge your support to invest in strengthening our mental health system for all Minnesotans by investing in our workforce.

Thank you,

A handwritten signature in black ink, appearing to read 'G Lee Xiong', with a stylized, cursive script.

G Lee Xiong, MSW. LGSW  
Minnesota Hmong Social Workers Coalition

February 16, 2021

**RE: Please support sustaining and growing our mental health workforce HF 970**

Dear Chair Fischer and members of the Behavioral Health Policy Division:

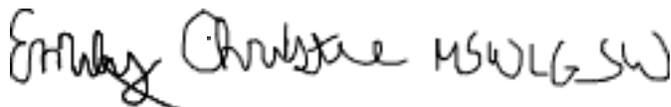
I am writing to you today to ask that you support HF 970. This bill is a start to addressing the disparities in the mental health field – both in terms of culturally responsive practitioners as well as increasing the diversity of the mental health workforce.

I have been in the mental health field for about three years now and it has always been apparent that the field is dominated by white practitioners. Knowing that the populations we work with are not all white, greater understanding of culturally responsive practice is needed in order to best serve our clients. The decision to engage in this type of education and work should not be left up to the individual practitioner but built into the requirements of the job.

Additionally, barriers to licensure mean that it is not a realistic path for many people. We are missing out on a huge group of potential practitioners because of these barriers, which just perpetuates a system built for white practitioners and white clients. Instead of shrugging our shoulders as if we do not know what is preventing the field from becoming more diverse, we should be actively working to break down barriers that make it such a white profession. The steps outlined in this bill are a start and will hopefully move the field in the right direction.

This bill provides a comprehensive array of strategies that address building a more informed, competent mental health workforce in our state. We strongly support the efforts outlined in this bill and urge your support to invest in strengthening our mental health system for all Minnesotans by investing in our workforce.

Thank you,

A handwritten signature in black ink that reads "Emily Christie MSW LGSW". The signature is written in a cursive, slightly slanted style.

Emily Christie, MSW LGSW, Watercourse Counseling Center