

MN Senate  
SF 1891 (Sen. Maye Quade)  
Written Testimony for Culture & Ethnic  
Minority Infrastructure Grant  
3/24/23

Thank you, Madam Speaker, and to the members of the MN Senate,

I am honored to have the opportunity to testify before you today in support of SF Bill 1891, specifically the Cultural & Ethnic Minority Infrastructure Grant (CEMIG). Mental health issues affect people of all races, ethnicities, genders, and ages. However, research has consistently shown that certain communities face disproportionate mental health challenges due to systemic barriers and social determinants of health. These include, but are not limited to, discrimination, poverty, lack of access to healthcare, and cultural stigma.

To address these challenges, it is essential to provide mental health services that are culturally specific and sensitive. Culturally specific mental health services recognize the unique experiences, values, and beliefs of diverse communities, and are designed to meet their specific needs. By providing services that are tailored to the cultural and linguistic backgrounds of individuals, we can reduce the stigma and increase access to care.

Studies have shown that culturally specific mental health services can be effective in improving mental health outcomes for diverse communities. They can help to reduce barriers to care, increase treatment engagement, and improve treatment outcomes. By investing in these services, we can not only improve the mental health and well-being of individuals but also strengthen families, communities, and the state.

To provide quality, culturally specific services, it is also necessary to build up our culturally specific mental health and chemical dependency professionals to join the workforce so they can provide this much needed support to our BIPOC communities. As you know, there is a significant and troubling shortage of mental health professionals to support the healing that many people are looking for when they engage in therapy. We have a large portion of our mental health professionals who are retiring from the field. That coupled with a reduction in the amount of people entering the field have added to increasing gap in the mental health and CD workforce shortage. In BIPOC communities our work shortage is even more pronounced compounding and adding to the significant gap in disparities in our BIPOC communities that are not being addressed adequately.

It has been shown that when a person is able to be seen by mental health professionals that represent them and understand their worldview that people engage in services at a higher rate and are able to make gains in their healing process.

To be able to address this high need in our communities it is imperative that we address the workforce shortage in our communities from a culturally specific lens. An important part of addressing the workforce shortage is to provide quality, culturally specific supervision to mental health professionals so as to grow our mental health professionals to be able to effectively work in our communities in a way that ensures that they are receiving mental health support from someone who understands their history and is able to integrate culture with treatment models to provide culturally sensitive care that fits our communities worldview thus showing improved gains in shorter periods of time. We, at the American Indian Family Center, have been able to integrate traditional knowledge, values, and ceremony within our practice of mental health and CD services that we provide. In addition, they also have access to monthly and biweekly ceremonies that allow them to continue working on their healing journey.

I cannot tell you the improvement that I have witnessed with many of our community members who have fully engaged in this way with our programming. I have had multiple people come to me and other colleagues to say how much they needed that ceremony and that it helped them to deal with a challenging day or week or allowed them to gain additional strength to maintain their mental health and/or CD work that they have been working on. Other impactful statements that have been made are from community members who were experiencing suicidal thoughts and that the ceremonies helped them to not follow through. This also allowed us to be able to offer to build trust and support so that they were willing to engage in services before it is too late. I have been in the mental health field working on addressing the complex trauma needs of our Native community in the Twin Cities area. While I have seen people work on some of their mental health needs within the Western modalities, I have not seen the amount of growth and improvement and skills building and knowledge sharing that I am now witnessing within our mental health and CD programming. It has been the integration of our traditional ways and being able to provide culturally sensitive mental health care that has gotten us to this place.

The Cultural and Ethnic Minority Infrastructure Grant has been essential in our ability to grow and expand our programming. This grant, over the years has allowed us to provide culturally specific mental health and CD services. Just as important as this is the need for us to grow our culturally specific mental health professionals and reduce barriers on their journey to licensure.

There are multiple barriers for BIPOC mental health professionals to complete their education and get through the licensure process. There are systemic, organizational, and financial barriers that disproportionately impact BIPOC communities in the mental health field. The research shows that BIPOC mental health professionals struggle to graduate as well as pass the licensure exams that are necessary to practice in the field. There are also significant financial barriers for young mental health professionals as they are often required to pay for their own supervision while they attempt to work for a living and then on top of that must also pay for study materials and licensure fees to be able to attain their goal of being a licensed mental health professional. These barriers, coupled with low financial reimbursement rates that mental health professionals receive continue to contribute to the ever-widening gap in provision of quality mental health

services to our BIPOC communities, especially, during a time where we need every mental health professional we can get.

In closing, I urge you to prioritize funding and continued support for the Cultural and Ethnic Minority Infrastructure Grant so that we can ensure to increase our ability to provide quality, culturally specific mental health professionals who can better address the mental health disparities in our respective communities.

Thank you for your time and consideration.