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Lost Capacity for Children's Mental Health: decades of decline in services contribute to today's crisis July, 2023

We are in a mental health crisis across the country and unable to meet the needs of our children and youth. The crisis is defined by an increased prevalence of diagnosable mental health conditions and decreased ability to deliver greatly needed care.

Prevalence – statistics are punctuated by personal accounts shared in the news media and throughout our community life. Data includes:

- *The Journal of Pediatrics* reports “behavioral and mental health conditions are the most prevalent and costly impacting children today. One in six has a diagnosable mental health condition. One in thirteen high school students attempted suicide in the past year. Fifty to seventy percent of kids with serious mental health issues do not receive treatment.”
- *American College of Emergency Physicians*, observes worsening trends through the pandemic, including a 51% increase in suicide attempts by teenage girls from 2019 to 2020.

With a heightened demand for services and diminished capacity to provide care, families who struggle to keep their children safe are left with few options to address their acute, often life-threatening symptoms. Children too often end up in crisis and relying on the hospital emergency department as a front door to care. Children often do not meet criteria for inpatient care and instead experience “boarding” or having their basic needs met in without accessing needed treatment, services, or developmentally appropriate care.

Children with mental illness and related behavioral needs are boarding (stuck) in emergency departments, juvenile detention and hoteling with counties because there is literally nowhere for them to go. Those with the longest wait times to access appropriate treatment often present with high-risk behaviors that cannot be safely managed by families and outpatient services.

The majority of children who are boarding are waiting for access to care in children's residential treatment. Minnesota's residential mental health treatment delivers intensive, 24 hour, individualized care that prepares the child to return successfully to their homes, school and communities with the support of a clear transition and discharge plan. While access to mental health services is problematic throughout the continuum, children's residential treatment care has shrunk significantly.

AspireMN improves the lives of children, youth and families served by member organizations through support for quality service delivery, leadership development and policy advocacy.

AspireMN reviewed data provided by the MN Department of Human Services Licensing Division to analyze capacity loss of Children’s Residential Facilities from 2005 to 2023. Findings include:

Children’s Residential Facility Capacity (defined by [MN Rule 2960](#)),
measured by licensed beds¹

YEAR	LICENSED BEDS
2005	2,474
2023	1,586

This represents an overall loss of 888 beds, a reduction in capacity of 36%

Today MN has 93 licensed Children’s Residential Facilities, 154 have closed since 2005. The impact of COVID, between 2020 and 2023 601 beds closed, meaning 30% of total capacity has been lost in the last three years.

Recommendations

A functioning mental health system must have a full continuum of care to assure children families can access the right service at the right time. We have never had a fully developed continuum to adequately address children’s mental health needs. In order to effectively address the sobering trend of increased need and decreased capacity it is imperative that we invest in the entire continuum of care, and focus on supporting the current providers of the most intense services in order to sustain their current capacity while exploring options for expanding programs to meet the demand.

Maintain and Develop Critical Capacity

In light of the significant loss in of intensive residential care, combined with the ongoing boarding of children in need of longer-term nonacute residential services, we recommend policy and investment that maintains and develops capacity to meet our current diverse and emergent needs. Including:

- Children’s Residential Crisis Stabilization
- Respite
- Active support to sustain existing residential treatment capacity – including making investments in residential treatment staffing
- Fix the Medicaid outpatient community-based rate structure so early intervention and transition care is available to children and families

¹ A “Bed” in this report reflects the ability to serve one child in a CRF as licensed by MH DHS. Importantly, the number of licensed beds does not reflect active capacity to serve, simply the licensed ability to do so. Today’s crisis is substantially driven by a lack of staff to serve in direct care and clinical roles required to deliver quality care.