

April 10, 2024

Members of the House Health Finance and Policy Committee:

Minnesota needs a comprehensive approach to address the children's mental health crisis in our state. A continuum of care includes prevention, early intervention, intensive, and transitional services. NAMI Minnesota advocated in the 2022 legislative session to create a residential level of crisis stabilization for children. Following the model for adults, residential crisis stabilization provides a level of care to intervene at a critical point in our system. When you have a medical emergency, it is entirely appropriate to go to the emergency room. However, a history of discrimination and lack of investment leads people today to under resourced ERs – ERs with insufficient training and responses to psychiatric emergencies, in major community hospitals that have no inpatient psych beds.

Residential crisis stabilization provides a safe, short-term environment where mental health professionals can treat people before transitioning to a different level of care, and sometimes preventing the need for more intensive services altogether. This is especially critical for our children. Creating a Medical Assistance benefit for this service can have direct and timely impacts on the boarding crisis in our state. While the adult model allows for a 10-day stay, the children's model allows for up to 30 days. The difference between 30 days in a residential crisis stabilization program and 30 days boarding in an ER cannot be overstated.

Aside from the immediate impacts this service could provide, we believe it is also one of the most sustainable models for crisis response for children. "Crisis receiving centers" and "urgency rooms" have grown in popularity across the country, but we have yet to see the return on often large investments. New facilities and 24-hour programs can offer assessment and referral, but too often children and families have already been assessed, and after 24 hours, the only referral is to a month's long waitlist. We believe residential crisis stabilization is a much more robust investment.

Thank you for hearing this bill. We urge you to support and fund HF 4779 this year, and we hope to see our private health plans follow suit in covering this essential service.

Sincerely,

Sue Abderholden, MPH  
Executive Director

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Senior Policy Coordinator