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DATE February, 20<sup>th</sup>, 2023  
TO House Human Services Policy Committee  
FROM Adrián Rafael Magaña | Director of Public Policy & Community Relations | Wilder Foundation

**Letter of Support: The Family-Centered Mental Health Bill | HF 1198 (Rep. J. Hanson)**

Chair Fischer and Committee Members:

Wilder has served children and families with mental health care for nearly 100 years, constantly evolving our services to meet their new and changing needs. Back in 2016, we worked with the Intermediate School District 287 (ISD 287) to create **a brand-new model** of integrated, high-intensity, interdisciplinary mental health services. This and other innovative models were only made possible due to legislative investment. We are grateful for these historic supports but our Minnesota's mental health continuum is in critical need of additional investments.

Many children and families in Minnesota do not have access to needed mental health care. Without support, too many children first gain mental health care due to a crisis, and end up needing the highest level of care – hospitalization – but often are languishing in emergency rooms. Providing access to treatment earlier would be more effective.

This proposal, from the Mental Health Legislative Network, reflects priorities from mental health advocates and providers to **break down barriers and urgently build needed mental health services.**

Policy and investments included:

- *Mental Health Innovation Grant Program* funding solutions for children who are boarding in hospitals and other nontreatment settings to receive individualized mental health care for their unique needs in the community
- *Respite care* for children who have utilized crisis services, emergency room services, or experienced a loss of in-home staffing support, or who may require residential treatment or hospitalization
- *Funding for the 3<sup>rd</sup> path for children's residential treatment*
- *Child and Adult Transition to the Community* support for whatever it takes for a child to receive treatment or services in the most appropriate community setting

- *MFIP child care grants* for child only grant recipients with mental illnesses to attend needed treatment while their child is in a quality child care setting
- *Allowing those sixteen and up to access treatment* in outpatient settings
- *Family Peer Support Specialists* are great assets to our mental health system due to their ability to empathize and assist families supporting a child with a mental illness; this section increases training and compensation to grow this valuable mental health workforce
- *Youth ACT teams* to ensure young adults can transition to the adult ACT system but can maintain relationships with trusted providers
- *Equipping Crisis Teams* to meet the unique needs of children and families by requiring six hours of training on supporting children, youth and families in crisis
- *Child-Focused Non-Emergency Medical Transportation* establishing higher service standards for transportation of children to access mental health and other medical care
- *Expanding Psychiatric Residential Treatment Facility (PRTF) capacity* through start-up funds, allowing specialization and licensing of additional PRTF services
- *Increased Personal Care Attendant (PCA) reimbursement* to serve children with high aggression who are otherwise boarding without treatment in hospital and other settings
- *Children's Care Coordination* for all members of a child and family team to work collaboratively on the care of the child – within community-based service models and for children transitioning from intensive treatment at hospital or residential settings
- *In-Home Service Models* are critically important to support children with extensive needs to stay in their family home, to deliver these models we must invest in staff training and compensation to build sufficient capacity to support the team-based model
- *Not sending families into the child protection system* when families are unable to bring a child home due to lack of services to keep them safe, families should not be charged with neglect
- *Aftercare support for children transitioning from residential treatment* (Qualified Residential Treatment Placement – QRTP) can include children's care coordination and peer support specialist services
- *Family Response and Stabilization Services* in rural areas will support families to gain stability in crisis circumstances and establish service plans for their child's mental health

- *Maximize Current State Medicaid Services* with input from diverse experts on implementing state plan services with flexibilities to best meet child and family needs
- *Children's Intensive Bridging Services* is effective at equipping families to help their child with mental illness with shorter stays in residential treatment. This MN-developed practice has service infrastructure in many MN counties and should be included in the state Medicaid plan to be available to all children statewide
- *School-Linked Mental Health* is often the first mental health treatment a child has accessed and can grow to meet more needs, including flexibilities for culturally specific providers and children
- *Shelter-Linked Mental Health* helps address the significant trauma of youth who have experienced homelessness while helping staff with more therapeutic responses
- *State Medical Review Team* builds capacity for SMRT responses to accelerate reviews of children so families can access appropriate care and support through Medicaid
- *Early Childhood Mental Health Services and Consultation* to deliver effective care for our youngest children and decrease wait times, so service can be accessed within weeks instead of the many months families currently wait for help
- *Establishing a new Child-First Evidence Based Practice* funding to start-up a new service in MN

**Right now, it is your choice whether these kids – and kids like them across Minnesota – have access to the care they need.**

You can choose to support legislation that makes the right level of care accessible in a sustainable way. Your vote for HF 1198 says that our kids' immediate stability and long-term outcomes are more than worth the investment.

**I am urging you to support HF 1198.**

Thank you,



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