

# Children Waiting for Services



1919 University Avenue West, Suite 400, St. Paul, MN 55114 Tel. 651-645-2948 or 888-NAMIHELPS [www.namimn.org](http://www.namimn.org)

Our children's mental health system is in crisis. There simply aren't enough services available, especially for children with complex needs – including aggressive behaviors and intense suicidality. These are the children who are often boarding in the emergency department or in a hospital bed while waiting for residential care or intense in-home supports.

During the past few years, hospitals have been referring these families to child protection and child protection has been screening them in. This leads to an investigation which can disrupt the family, put parents' jobs at risk and threaten keeping the entire family together.

These parents are not neglecting their children. The children's mental health system is neglecting their children. There are not enough services or staff for these families to take their children back home and keep them and other family members safe. Referring families to child protection does not generate the appropriate services – child protection cannot magically develop necessary services. Many of these families have a children's mental health case manager, have placed their children on multiple waiting lists, have worked hard to find appropriate services and have stayed engaged with their child. Several of the families NAMI Minnesota has worked with had adopted their child out of the child protection system.

NAMI Minnesota raised this issue two years ago and the child protection unit agreed to include some language in their screening document. The document published in October 2023 states that:  
*Situations where parents or guardian/s are seeking services needed to keep a child safe or meet the child's needs but are unable to access necessary services should not be screened in as neglect. When screening these reports, local welfare agencies should consider whether the issue is due to lack of service options for families or lack of capacity within appropriate treatment options.*

*Examples of situations that may be a result of systemic capacity issues may include, but are not limited to a child:*

- Reported to be in an emergency department or hospital setting due to mental and/or behavioral health needs and cannot be safely discharged to their family; however, there is a lack of treatment or support options available. Family is seeking services, or recently has sought services, or the child has been placed on a waiting list, and maintains ongoing contact with their child and the local welfare agency, if already involved.*
- Currently located in a facility requesting parent/guardian pick up or transport to another facility and the parent/guardian is unable to meet the child's needs if they return home or the child's behaviors/needs are a risk to others in the home, and a facility or resource for placement is not available.*

*While these reports are not appropriate to screen in for a child protection response, a voluntary children's mental health or child welfare referral may be helpful to support families in accessing services.*

Hospitals state they have a duty to report to child protection when a parent refuses to pick up their child from the emergency department or hospital for any reason. They see the circumstance of a parent not bringing their child home due to lack of services as falling under child neglect. However, under MN Chapter 260E neglect is defined as:

*Subd. 15. Neglect. (a) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:*

*(1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;*

Note the phrase "when reasonably able to do so." Clearly in these situations, parents are not able to reasonably be able to meet the needs of their child without additional services.

Despite the current law and the current screening guidelines, we are seeing families being reported to child protection and counties screening in these children. This is happening across the state, not just in one county.

It is simply wrong to put these families into child protection when the fault lies with our system. NAMI Minnesota wants the law to state clearly that in these situations referrals to child protection should not be made. Please support SF 1682/HF1614.



**An association of resources and advocacy for children, youth and families**  
[www.aspiremn.org](http://www.aspiremn.org)

March 18, 2025

Dear Chair Kotyza-Witthuhn, Chair West and Children and Families Finance and Policy Committee Members,

AspireMN is a statewide association of child and family serving organizations. Members are keenly aware of the children's mental health crisis in access to needed treatment and services, and, the outcome of our inadequate system in the exacerbated crisis of children boarding in hospitals, detention centers and with counties.

All partners in this work of responding to the children's mental health crisis are invested in developing viable treatment and service solutions for our children – including organizations and individual professionals. Unfortunately, too often we hear from families, community service providers and advocates that families are being threatened with a report to child protection at the precarious time that the child and family are seeking services within a hospital environment. This seems to be another symptom of a system with inadequate services and alignment to respond to child and family need.

In this circumstance and in so many others our system is demonstrating a failure to our families. The threat and active referral to child protection is currently creating significant adverse outcome for families in the midst of a often desperate pursuit of treatment for their child. Referring a parent to child protection can impact their employment, parenting of other children, and overall family stability.

AspireMN supports HF1614 and all efforts to prevent harm to children and families and build the needed system-wide capabilities to deliver incredibly needed individualized care to children and families.

Warm regards,

Kirsten Anderson  
Executive Director

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

March 18, 2025

## **RE: HF 1614 and Children Waiting for Services**

The Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) has a statutory mission to promote the highest attainable standards of treatment, competence, efficiency, and justice for persons receiving services for mental illness, developmental disabilities, substance use disorder, or emotional disturbance. We advocate for clients' rights, health, and well-being; monitor service delivery systems; and provide recommendations for systemic improvements.

For years, OMHDD has been advocating for the need for better and more timely access to children's mental health services. Unfortunately, we have seen our children's mental health system fall further and further into crisis. As a result, there has been an increase in children boarding in hospitals because there were no available services, supports, or placements available to meet children's basic safety needs. These are children who need residential care or intensive in-home services due to the acuity of their needs – including aggressive behaviors with significant safety concerns and intense suicidality. However, that care or service is unavailable due to no provider willing to accept them or lengthy waiting lists for services.

Parents in these situations are often actively involved in seeking medically necessary care, already engaging with mental health or waiver case managers to try to identify a safe discharge plan, have the child on multiple waitlists, or an admission date is scheduled weeks or months in the future with no ability to accelerate the timeline. These parents are actively seeking any and all resources to assist them in meeting their children's needs. Unfortunately, OMHDD continues to see an increase in the number of referrals made to child protection due to systemic capacity insufficiencies, not parental neglect. Parents describe these threats and/or referrals to child protection as "blaming and shaming" without offering any discernable benefit, additional supports, or help accessing the care everyone involved agrees the child needs. Put simply, child protection has no more ability to manifest a service provider or treatment setting than the professionals already involved in the child's care, service, and discharge plan.

OMHDD worked with NAMI in 2023 to raise this issue with the Department of Human Services. We sought a change to the statutory definition of neglect at that time; unfortunately, we were only successful in getting the screening guidelines changed to explicitly exclude these situations and a requirement that DHS inform hospitals of this update. Those updated screening guidelines are clear that these situations *should not be screened in as neglect*.

Situations where parents or guardian/s are seeking services needed to keep a child safe or meet the child's needs but are unable to access necessary services should not be screened in as neglect. When screening these reports, local welfare agencies should consider whether the issue is due to lack of service options for families or lack of capacity within appropriate treatment options.

Examples of situations that may be a result of systemic capacity issues may include, but are not limited to a child:

- Reported to be in an emergency department or hospital setting due to mental and/or behavioral health needs and cannot be safely discharged to their family; however, there is a lack of treatment or support options available. Family is seeking services, or recently has sought services, or the child has been placed on a waiting list, and maintains ongoing contact with their child and the local welfare agency, if already involved.
- Currently located in a facility requesting parent/guardian pick up or transport to another facility and the parent/guardian is unable to meet the child's needs if they return home or the child's behaviors/needs are a risk to others in the home, and a facility or resource for placement is not available.

While these reports are not appropriate to screen in for a child protection response, a voluntary children's mental health or child welfare referral may be helpful to support families in accessing services.

As anticipated in 2023, simply updating the screening guidelines has been woefully insufficient. We continue to see hospitals threaten families with referrals to child protection, often following through on making those referrals. OMHDD staff providing advocacy services to clients in these situations, sharing current screening guidelines, have been brazenly told by both hospitals and county child protection that these are simply guidelines, they are not binding, they will be disregarded, and they will proceed with child protection referrals and responses.

Explicitly excluding these situations from the definition of child neglect in MN Chapter 260E is the only way to prevent the very real harm and trauma clients and their families experience as a result of these inappropriate referrals to child protection. OMHDD is also aware of many situations where the hospital's threat of a referral to child protection resulted in parents feeling they had no choice but to consent to what they knew was an inadequate discharge plan with no services in place. When things predictably deteriorated due to the absence of any treatment, care, or services sufficient to meet the child's needs, another crisis emerged, law enforcement became involved, and children experienced lengthy stays in juvenile detention centers ill-equipped to meet the child's mental health or disability-related support needs. It is just plain wrong for known systemic gaps in service availability to potentially change the trajectory of a child's or family's future in these ways.

OMHDD urges support for HF 1614 to prevent the unnecessary trauma and damage to children and families due to statewide systemic failures of our children's mental health system, not parental ones. OMHDD is committed to working with all stakeholders to identify and implement solutions to the challenges currently facing our children's mental health system. As we do so, we ask that children and families not bear the burden of additional, preventable harm when our state's limited access to the right level of care at the right time is completely beyond their control.

Sincerely,



Lisa Harrison-Hadler  
Ombudsman  
651-757-1806  
Lisa.Harrison-Hadler@state.mn.us

March 19, 2025

Chair Rep. Carlie Kotyza-Witthuhn  
House Children and Families Finance and Policy Committee  
Capitol 123

RE: Support of HF 1614

Dear Chair Kotyza-Witthuhn and members of the Children and Families Finance and Policy Committee:

I write today in support of HF1614, to clarify that a child whose parents are unable to access services for a child in need due to system constraints is *not* a child in need of protection. As a child welfare professional, I can attest this bill is overdue and necessary to avoid further negative consequences of our already overburdened child protection and children's mental health systems. This bill, if passed, would also codify the existing practice and screening guidelines from the Department of Children, Youth, and Families<sup>1</sup>.

I hear from families at least once a month who are navigating the situations outlined in this bill. As you are aware, the need for children's mental health services has increased and the availability of higher level care has not been able to meet the demand. There are parents whose children are in the hospital because they pose a significant risk to themselves or others due to mental health symptoms. These parents are trying desperately to get their children the support they need in a residential treatment facility or other higher level of care, and they're usually in communication with their county and other service providers to do so, but there are no openings. It is absolutely not an issue of maltreatment, the services are just not available.

While there is other work to be done to strengthen our children's mental health system and ensure more treatment options are in place, this bill will at least ensure families do not face involuntary child welfare involvement while trying to figure out everything else they need to do to take care of their family during an extremely stressful time.

Please pass HF1614 to support our kids and families. Thank you for your time and attention to this matter, and for your commitment to ensuring the wellbeing of all in our state.

With gratitude,

Brittani Lamb, MSW, LISW  
Child Welfare Professional  
Minneapolis

---

<sup>1</sup> <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5144-ENG>, page 59