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spire

Solutions to Children Boarding HF671/SF1561

Children with mental health and related needs are stuck in hospital emergency departments, detention centers and with counties across Minnesota – they are boarding "held for safety and without access to needed treatment" in our safety net systems.

The crisis of boarding children is growing - while solutions go untapped

- In 2024 Children's Minnesota reported over 1,200 occasions of a child boarding, a significant increase over 2023 data
- A Point In Time survey in June, 2024 of Juvenile Detention Facilities indicated that 20% of children locked in detention were there due to their mental illness
- The same Point in Time indicated underutilization of Children's Psychiatric Residential Treatment Facilities (57% utilization) and Qualified Residential Treatment Facilities (76% utilization) a lack of staffing prevented children from accessing treatment

Kids who fall through the cracks into boarding disproportionally are:

- Children who exhibit the symptoms of aggression, self-harm, and running from care
- Older children in their early teen years
- In foster care or are wards of the state and do not have a family advocate
- Have intellectual and developmental disabilities or lower IQ

Children, families and communities bear the consequences – endless media reports and incredible personal accounting has made clear the crisis of boarding and lack of access to needed mental health care is systemic. **Positively, solutions are in reach:**



Leverage Decompression Funding to individualize solutions for children boarding

Establish the Youth Professional Training System to train and equip the workforce

Sustain Youth Transition Teams to design services with each child and family

Grow High-Fidelity Wraparound and natural and family-driven support to gain stability

Create access to MnCHOICES

Support respite for families

Improve the PRTF benefit to care for more kids

Leveraging what works we can deliver needed treatment services and support children and families to get better – as they grow, and, for a lifetime.

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NO SECTION

Minnesotans with disabilities face growing waits for home care services amid surge in demand

More than 1,600 people are languishing on lists for Medicaid assessments in Minnesota's two largest counties.

By Chris Serres

AUGUST 21, 2022 AT 8:22PM



Maija Hitt took her medication for the day while her partner and caretaker, Umar Williams, made her breakfast last week at their home in St. Paul. (Alex Kormann, Star Tribune/The Minnesota Star Tribune)

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On an afternoon last September, Maija Hitt was discharged from a hospital in St. Paul with no idea of how she was going to survive on her own.

The 41-year-old had just experienced a mental health crisis and was suffering from a host of debilitating symptoms – including severe migraines, depression and insomnia – that made it impossible for her to care for herself. Desperate, she called <u>a Ramsey County hotline</u>

to access home care services.

But weeks passed, and Hitt heard nothing. Then months went by, and Hitt began to grow dizzy from lack of food and sleep. Her anxiety and depression reached the point where she struggled to get out of bed. "It felt lonely and dehumanizing, like the wait would never end," said Hitt, who works as a medical transcriber.

Hundreds of Minnesotans with physical and mental disabilities are experiencing prolonged waits for crucial social services because

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Counties are scrambling to clear the growing backlogs but the waits can be excruciating and potentially dangerous for people	with	

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Counties are scrambling to clear the growing backlogs but the waits can be excruciating and potentially dangerous for people with urgent health needs. Those waiting for services include people who have suffered brain injuries, strokes and other debilitating injuries, as well as those who are unable to care for themselves because of mental health problems, say disability advocacy groups and county social workers. In Ramsey County, the average wait time to get assessed for in-home care through the state's Medicaid program is five to six months.

The extended waits violate <u>a state law</u> designed to help people with chronic health needs and disabilities get timely assistance to home care. The law requires counties to conduct evaluations for Medicaid services within 20 days after a person requests one. These evaluations are vitally important: Without them, Minnesotans who are eligible by Medicaid often are unable to access a variety of inhome supports, including personal care aides, physical therapy, medical equipment and transportation to work.

"There is no legal or statutory basis for these long waits," said Barnett Rosenfield, state ombudsman for mental health and developmental disabilities. "What if you need nursing care to survive on a daily basis and you're not getting it? Telling someone to wait six months is not an effective or humane way to ... ensure access to needed services."

County officials and nonprofits that serve people with disabilities said the waits stem from a workforce shortage and a growing number of people seeking help to live at home. Since the pandemic, demand for home health care has surged as people feared going to nursing homes and hospitals for risk of infection. Some still are afraid to return to congregate care settings after relatives were <u>locked out</u> for months. Moreover, a return to the workplace has meant that many adults can no longer provide care for their aging parents or other loved ones with disabilities, disability organizations say.

The delays come at <u>a time of turmoil</u> for Minnesotans with disabilities who are too sick or frail to care for themselves. The state's social safety net remains frayed amid a severe and worsening workforce crisis. Some adults with cerebral palsy, autism, brain injuries and other disabilities are being forced to move home with their parents or into four-bedroom group homes where their daily life choices can be more controlled. Even after people are evaluated and approved for assistance through Medicaid, it can take months for families to find home caregivers, say disability advocates.

"These waits are a symptom of a much bigger problem," said Andrea Zuber, chief executive officer of <u>Arc Minnesota</u>, a disability advocacy group on St. Paul. "We have a system of care that is not sustainable for people with disabilities and for people who are aging."

The number of Minnesotans receiving evaluations for in-home care through the state's application system, known as <u>"MnChoices,"</u> has increased 26% in the past five years, reaching nearly 88,000 assessments in 2021, according to the Minnesota Department of Human Services.

In Ramsey County, some people have been waiting since March for assessments for in-home care through MnChoices. As of Aug. 10, some 1,100 people in the county still were waiting for these evaluations, which typically are done in a person's home by trained county assessors. In neighboring Hennepin County, the wait list for initial assessments is about 500 people, but the backlogs have grown. For

Hennepin County residents who received MnChoices assessments in July, 43% received them within the 20-day window mandated under state law – down from nearly 80% in May of 2020, officials said.

Maria Sarabia, aging and disability services manager for Ramsey County, described the waits as unacceptable and said the county is working on strategies to reduce the backlog. Those include shifting staff priorities so that more county employees, including case managers and supervisors, can conduct assessments. The county also is encouraging more flexible work arrangements so staff can spend more time in the community where assessments typically occur, rather than in the office, she said.

Both Ramsey and Hennepin counties are prioritizing MnChoices assessments for people with more urgent health needs, including those who recently have been discharged from hospitals and other facilities.

"We are not providing the level of service that we want to," Sarabia said. "We're in the process of trying to rise to the occasion of the unprecedented demand. ... It's a heavy lift, but we're committed to seeing it through and we hope to be in a better place by this time next year."

Jillian Nelson has firsthand experience with the delays.

As a community resource specialist and policy advocate for the <u>Autism Society of Minnesota</u>, Nelson said her organization receives dozens of calls each month from people stuck on county wait lists for MnChoices assessments. Many are working parents struggling to care for their children with behavioral problems. They are seeking advice on how to move up the wait lists. Time and again, Nelson has to deliver a dispiriting message: That waits can be six months or longer and there is nothing her nonprofit can do to expedite the process.

"Sometimes we are hearing from people who are in complete crisis," Nelson said. "I hang up the phone and think, `I wonder what's next for them, and how much worse is the situation going to get before they receive the help they need."

Hitt said it took eight weeks of persistent calling before a county social worker was able to visit her apartment and evaluate her for services. Now, she has a personal care aide who helps her bathe, dress and cook meals each day, and her mental health has improved dramatically.

"I'm in a much better place," she said, "but I worry about all those people who are too cognitively or physically impaired to push past the barriers."

♥ Comment

ABOUT THE WRITER ABOUT THE WRITER

Chris Serres

REPORTER

Chris Serres is a staff writer for the Star Tribune who covers social services.

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March 31, 2025

Representative Mahamoud Noor 5th Floor Centennial Office Building St. Paul, MN 55155

RE: HF671 (Hicks) - Grant programs establishment for various purposes related to children's mental health

Chair Noor and members of the committee,

On behalf of Allina Health, I am writing to express support for HF671, which would establish grant programs, modify rates for children's mental health services, and establish a working group and transition team to address boarding challenges related to children's mental health.

Allina Health, a fully integrated health system, is one of Minnesota's largest providers of mental health services with 11 hospital campuses, 65 primary care clinics, and 14 urgent care centers across the Twin Cities, central and southern Minnesota and western Wisconsin. We provide robust, patient-centered mental health services across the entire continuum and serve patients at every stage of life—from child and adolescent to geriatric. Each year, Allina Health's mental health and addiction program cares for over 100,000 patients statewide through inpatient programs, outpatient services in ambulatory care, adult day treatment, and adolescent partial-hospital treatment.

Allina Health continues to experience the impacts of adolescents boarding in our emergency departments or other units. In most cases, the hospital is not the appropriate setting for these patients as they do not have an emergent medical or psychiatric condition requiring hospitalization. These adolescents are also disproportionately those who exhibit symptoms of aggression and/or self-harm, as well as those with neurodivergent diagnoses. For these kids, boarding in a hospital and delaying the appropriate care can lead to further dysregulation and a worsening overall state. It is imperative that legislative action is taken to improve access to the continuum of mental health care for children. The provisions included in HF671 will help ensure children get the care they need when and *where* they need it.

Thank you for the opportunity to comment on this important legislation. We look forward to continuing to collaborate on this important work.

Sincerely,

Joseph R. Cento

Joseph R. Clubb Vice President, MHA CSL Allina Health

MB Gilos

Mary Beth Lardizabal, DO Vice President, MHA CSL Allina Health



An association of resources and advocacy for children, youth and families www.aspiremn.org

March 30, 2025

Dear Co-Chair Noor, Co-Chair Schomacker and Members of the Human Services Finance and Policy Committee,

AspireMN is a statewide association of children and family service providers. Our leaders have been working tirelessly on solutions to the crisis of children boarding, and grateful for the opportunity to support HF671 to advance effective and targeted solutions for children to access needed community-based care.

This Solutions to Children Boarding proposal was designed and vetted by experts in children's services with a focus on elevating those services that can make a clear and meaningful impact on this crisis. Effective team responses, individualized treatment solutions, and policy improvements weave together a focused response to boarding that we believe will address today's crisis while building capacity, learning and direction that can eliminate the experience of children boarding and make it a thing of the past.

This proposal also continues to rely on investments in our community-based rates structure to assure community-based services are able to meet the needs of children and families. In-home family-centered intensive mental health services have incredible outcomes, leverage low-cost interventions, and, contribute to preventing more intensive services by building skills and leveraging natural supports for the child and family system. Due to the current Medicaid outpatient rates structure, these services are dwindling and difficult to access. With added investment these services can make a tremendous impact in preventing boarding for children.

We are grateful to Representative Hicks for her leadership and expertise and hopeful that these scalable Solutions to Children Boarding will advance in 2025.

Many thanks,

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.

CHANGE INC.

March 27, 2025

Dear Co-Chair Noor, Co-Chair Schomacker, and Members of the Human Services Finance and Policy Committee,

On behalf of Change Inc., we write to express our support for HF671, which includes critical necessities to address the growing crisis of children boarding in emergency departments and other temporary settings due to a lack of appropriate mental health services. This bill provides necessary solutions that align with our mission to ensure full support for children and families, particularly through access to mental health care.

At Change Inc., we are committed to providing mental health support for children and their caregivers. The provisions in HF671 take essential steps toward addressing systemic barriers that impact children and families, specifically: School-Linked Mental Health Grant Funding & Flexibility and Children's Mental Health Targeted Case Management (TCM) Fix for Youth 18-21.

The need for these services has never been greater. Across Minnesota, families and children face significant challenges in accessing timely and appropriate mental health services. HF671 provides common-sense solutions that will alleviate these issues and create a stronger, more responsive system to meet the needs of children and families.

We urge you to support HF671 and prioritize the mental health needs of Minnesota's children and families. Thank you for your leadership and commitment to addressing this urgent crisis.

Sincerely,

John Alsin

Jody Nelson, Ed.D., LMFT Senior Director, Change Institute







GAP School and Admin Offices: 381 East Robie Street St. Paul, MN 55107 Northeast Minneapolis Office and Clinic: 1209 Tyler Street NE, Suite 170 Minneapolis, MN 55413 PHONE: 651-222-0757 FAX: 651-290-2703 | thechangeinc.org



The Kid Experts[™]

April 1, 2025 House Human Services Finance and Policy Committee

Chair Noor and Committee Members,

On behalf of Children's Minnesota I am writing in support of HF671 and HF2406 which would help reduce barriers too many Minnesota children are facing as they board in hospitals waiting to access appropriate mental health services.

I have been working in mental health for more than twenty years and have spent six of those years at Children's Minnesota. The sheer volume of patients boarding at our hospitals awaiting placement over the past three years is unlike anything I've seen since I started in my current role. In 2024 kids boarded at Children's Minnesota more than 1,200 times, a substantial increase from the year prior. More information about these patients and the challenges they are facing is available in the document included with this letter. In that document you will see that these children often have complex behavioral health needs and have lacked access to outpatient and community-based mental health care. Instead of receiving the services that can best support them, these children are finding themselves stuck in a hospital room, some for days, weeks or even months which we know can have increasingly negative impacts on their mental health.

Each day I work with members of my team to help patients access the level of care they need and too often barriers get in the way. HF671 and HF2406 provide important solutions to help address these barriers by giving more children and families in our community access to respite care, support from youth care transition teams, wrap around services, access to psychiatric residential treatment facilities (PRTFs) and a system that can more efficiently meet their specific needs. These bills also address process barriers and inefficiencies in completing MnCHOICES assessments by expanding who can be a MnCHOICES assessor, clarifying process timelines, strengthening accountability within the system and extending the duration of a current assessment before reassessment is needed.

The current system is failing Minnesota's children, leaving them stuck in a hospital room, waiting to access the right level of care. The changes offered in these bills will make a difference in the lives of the children and families I work with every day. I ask that you support the solutions offered here so that this issue can be addressed during the current legislative session. These children have waited long enough.

Sincerely,

Stephen DeLong Social Work Lead Children's Minnesota

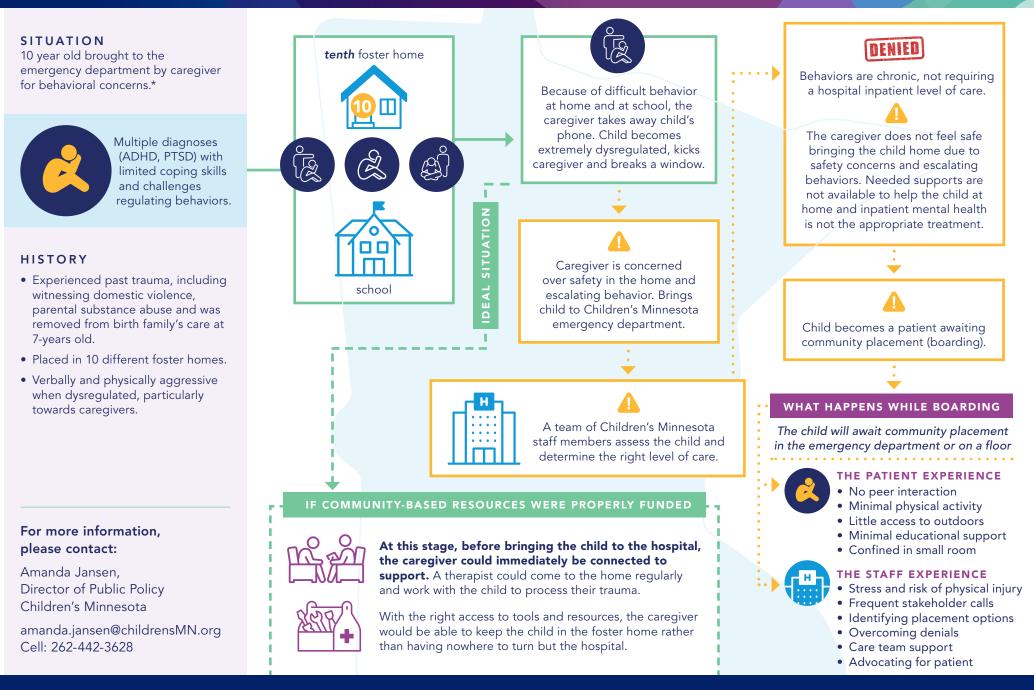
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A broken system: THE JOURNEY OF A CHILD IN CRISIS

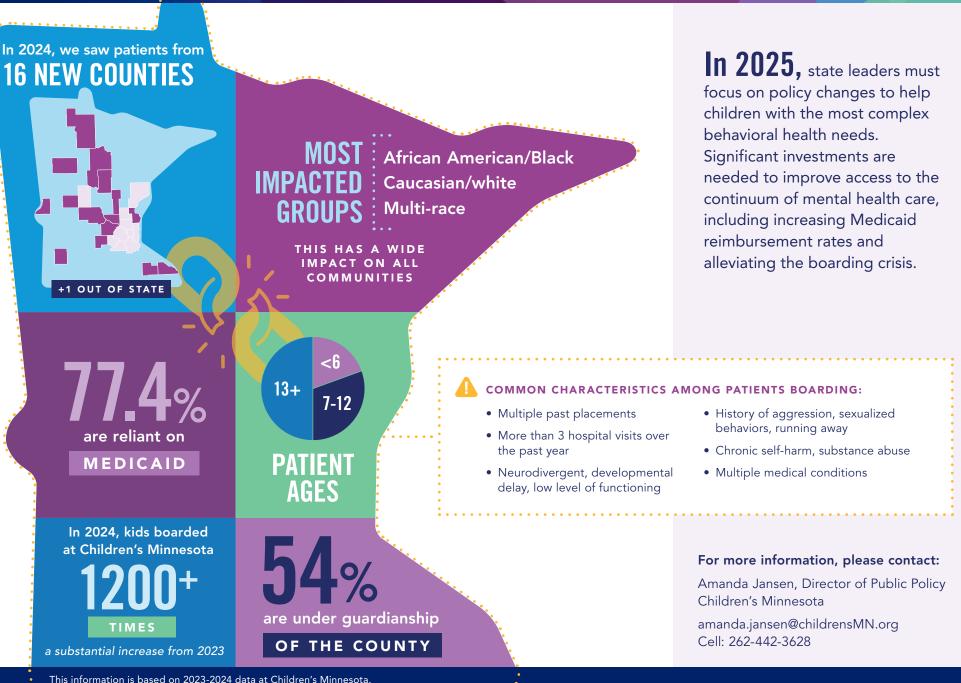
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MINNESOTA

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PATIENTS IMPACTED BY THE BOARDING CRISIS



Chîldren's

MINNESOTA

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Fairview

April 1, 2025

House Human Services Finance and Policy Committee

Re: Support for HF671 – Solutions to Children Boarding Legislation

Dear Chair Noor and Committee Members:

On behalf of Fairview Health Services ("Fairview"), we are writing in support of HF671 which makes critical investments and policy changes in our behavioral health systems to help alleviate the issue of children and adolescents boarding.

The lack of access to outpatient mental and community-based behavioral health services means emergency departments have become de facto holding spaces for behavioral and mental health patients, straining emergency health care resources and creating an unsuitable environment for children and adolescents in crisis who may require specialized care and a calm setting. Many of these children end up boarding in our emergency departments for weeks before we are able to find an appropriate communitybased placement for them.

Delayed admission to inpatient facilities or discharge to community settings often leads to the deterioration of mental health conditions, making the eventual treatment more challenging and potentially less effective. Without a significant investment in our mental and behavioral health system, individuals in crisis will be unable to access timely and appropriate treatment. This shortage is particularly acute in rural areas, where mental health and behavioral health services are already limited. We not only need to invest in our community-based behavioral health system, but we also need to reduce the barriers currently in place that prevent individuals and families from accessing the placement options that already exist.

On behalf of all the patients who entrust our providers with their care, we again ask for your support of HF671 and the solutions outlined in this bill to strengthen our mental and behavioral health system in Minnesota.

Sincerely,

Chis Bania

Chris Beamish, MHA, MSW Fairview Health Services, Service Line Director, Mental Health and Addiction Services



2575 Harvest Lane, P.O. Box 977, Owatonna, MN, 55060 Phone: (507) 446-0431 Fax: (507) 446-8014 Email: info@fernbrook.org

March 28, 2025

ATTN: Co-Chair Schomacker, Co-Chair Noor and Committee Members

I am writing on behalf of Fernbrook Family Center as a request that you support **HF671.** Three of the primary components of this bill are services Fernbrook Family Center is directly providing to kids and families.

The needs of kids and families have increased significantly and the lack of access to mental health services is putting them at great risk and resulting in children boarding for weeks and months. We know it is best when kids can receive treatment in their home, in their community, and with the involvement of their caregivers. In-home services work. Providing mental health services in a child's home reduced barriers, allows the provider to truly assess barriers and systems challenges and increases engagement of children and caregivers. Access to in-home mental health services is challenging because most providers no longer offer this option. Fernbrook Family Center has been committed to this work for more than 20 years because it is vital in the continuum of care, but the rates simply do not cover the cost to deliver this service. The proposed increased rate for these services is vital to ensure access increases.

In Minnesota, School Linked Mental Health funding serves as a crucial support for many families. This proven service helps eliminate obstacles for children to access care. It enables caregivers to avoid missing work for therapy appointments and facilitates easier collaboration among providers and a child's treatment team. Additionally, it offers financial assistance for those who struggle with deductibles and co-pays, ensuring that essential services remain accessible. However, the current grant faces a fiscal cliff in 2027, which could force providers to cut back on services at a time when the demand is growing while support is dwindling.

Finally, the provision to allow targeted case management services to continue for emerging adults ages 18-21 will help them transition successfully into adulthood. This age is a significant time of transition and these clients benefit from the support of a case manager to help set them up for success. This reduces the needs they have as adults, allows them to integrate into society a more seamless way, and increases the likelihood they will successfully be contributing members of our society. Currently these services are often cut off when a child turns 18, leaving the family without a vital service to provide assistance during a very challenge part of a young person's life.

Long-term solutions are being discussed and worked on, but we have an immediate crisis that can't wait for these solutions. We need immediate and significant investment in a workforce that has dedicated their lives to serving and helping our most vulnerable constituents.

We ask that you vote to support HF671 during the hearing on April 1, 2025!

Thank you! Shannon Brown, MS, LPCC Chief Executive Officer Fernbrook Family Center sbrown@fernbrook.org

507-951-6899







2320 East Hwy 12, Willmar, MN 56201 320.214.9692 501-c-3 Nonprofit

A Circle of Courage Agency ®

Co-Chair Noor, Co-Chair Schomacker and Members of the Human Services Finance and Policy Committee

RE: HF 671 Solution to Children Boarding

Hello,

We are asking the Health and Human Services committee to please endorse the proposals contained in HF 671. We have been serving youth with high-risk Mental Health problems for decades throughout the State of Minnesota, in nearly 40 *rural* counties, with 200+ counselors. We serve over 3,000 high risk youth and their families each year.

When it comes to MA rates, I believe it is essential for decision makers to know that we have not received an increase in MA rates for Mental Health services since 2007—18 years. Because of this, and especially because travel reimbursement was inadequate to begin with, most of the services provided in-home have disappeared. Families without transportation are unable to access needed mental health services, often leading to out of home placements. Minnesota's mental health system is eroding, and without the investments outlined in HF 671 will likely erode further.

Please—we truly, truly need the support of these bills to keep our doors open and help the children in our State. Thank You!

~Sincerely~

Tom Belcher

Systems Manager Greater Minnesota Family Services (Willmar, MN headquarters)



150 10th St NW, Suite 2, Milaca, MN 56353 P: 320-983-2335 | F: 651-342-8029 www.lighthousecfs.com

3/28/2025

Re: Lighthouse Child and Family Services Inc. Support HF671, Solutions to Children Boarding

Dear Co-Chair Noor, Co-Chair Schomacker and Members of the Human Services Finance and Policy Committee,

I am writing to express my strong support for HF671, Solutions to Children Boarding. As the Clinical Director at Lighthouse Child and Family Services, Inc. (LCFS), a mental health clinic serving East Central Minnesota, I have witnessed firsthand the urgent need for systemic changes in our mental health care for children. The provisions in HF671 will directly impact our work and strengthen Minnesota's mental health system to address the crisis of children stuck in boarding:

- Rate increases for in-home children's mental health services: These increases will allow mental health therapists to provide crucial services in the home and cover travel costs, ensuring that care reaches children in the most effective setting. Currently, the rate structure is unsustainable, forcing agencies like ours to significantly reduce in-home services over the past decade. A sustainable rate structure will allow us to restore these critical services.
- School-Linked Behavioral Health Grant funding and flexibility for caregiver support: Expanding funding and allowing flexibility in grant use will enable mental health providers to address not only the mental health needs of children but also those of their caregivers. Providing comprehensive support to families strengthens the entire system and improves outcomes for children in crisis.
- Investment in High Fidelity Wraparound and Respite programs: These programs leverage a child's natural support system to create long-term stability, reducing the likelihood of hospitalization and prolonged boarding in emergency departments or other temporary placements.

I strongly encourage you to support HF671 and help ensure that mental health services for children and families continue to grow and meet the needs of those we serve. By supporting this legislation, Minnesota will be making a critical investment in the well-being of its children and addressing a growing crisis in our communities.

Sincerely,

Early Now Lies

Jennifer Goerger MSW, LICSW Clinical Director Lighthouse Child and Family Services, Inc



Minnesota Coalition

Representative Mohamud Noor Human Services Finance & Policy Committee Minnesota Capitol, 123 Re: Support for HF671

April 1, 2025

Dear Chair Wiklund and Members of the Committee,

The Minnesota Coalition for Family Home Visiting (MCFHV) urges you to support HF671, to invest in children's mental health and support the health and wellbeing of the whole family.

When addressed and treated early in a child's live, mental health interventions are shown to prevent the need for additional mediation, saving costs and mitigating the lifelong impact of mental health challenges on the child's cognitive, physical and emotional development.

Piecemealed grants and low Medicaid reimbursement rates make treating families unaffordable for providers and this financial burden is further exasperating an already strained workforce. Minnesota cannot afford to have people leave the field or have agencies close because they cannot afford to pay staff and provide services to families.

Investing in Minnesota's mental health services and grant programs will improve mental health care access for more families. We must support a continuum of care that supports the mental health and wellbeing for all members of the family—including the providers that care for families in Minnesota

Please join the Minnesota Coalition for Family Home Visiting in addressing the rising mental health concerns in Minnesota, and to improve access to preventative and early intervention mental health services for both caregivers and their children.

Thank you for your consideration,

Paula Frisk, Minnesota Coalition for Family Home Visiting, Chair St. David's Center for Child & Family Development Program Director of Parent & Child Services Mental Health Practitioner & Infant-Parent Specialist

Laura LaCroix-Dalluhn, Minnesota Coalition for Family Home Visiting, Projects Coordinator

Catarina "Cati" Gómez, Minnesota Coalition for Family Home Visiting, Policy Associate



March 31, 2025

The Honorable Mohamud Noor Co-Chair, Human Services Finance and Policy Committee Minnesota House of Representatives 5th Floor, Centennial Office Building St. Paul, MN 55155

The Honorable Joe Schomacker Co-Chair, Human Services Finance and Policy Committee Minnesota House of Representatives 2nd Floor, Centennial Office Building St. Paul, MN 55155

Re: Legal Aid/Minnesota Disability Law Center Support for HF 671

Dear Co-Chair Noor, Co-Chair Schomacker, and Members of the Committee:

Legal Aid and the Minnesota Disability Law Center (MDLC) thank you for the opportunity to provide written testimony and support for HF 671.

We support the entirety of this bill but would like to highlight the sections on assessment wait times (lines 8.5-10.29). Currently, Minnesotans wait up to six months for assessments for services they need to live independently, perform activities of daily living, and interact with their communities even though the law says that these assessments are to take place within 20 days. This bill would expand the pool of qualified assessors and implement accountability measures for counties. The provisions related to assessments for those in hospital settings are particularly important, given the number of individuals who are boarding in emergency rooms because community-based services are not available to them.

Attached to this letter is a *Star Tribune* article from 2022 which highlights some of the problems of delayed assessments quoting one of our favorite former colleagues and Ombudsmen, the late Bud Rosenfeld. Unfortunately, the situation with assessments has not changed since the article was published.

Thank you for the opportunity to submit written testimony regarding HF 671. We urge you to support this bill.

Sincerely,

YenHifer Purrington Legal Director/Deputy Director Minnesota Disability Law Center

Ellen Smart Staff Attorney Legal Services Advocacy Project

This document has been formatted for accessibility. Please call Ellen Smart at 612/746-3761 if you need this document in an alternative format.



To: Minnesota Legislators

Anoka County Juvenile Center

Arrowhead Juvenile Center

Dakota County Juvenile Services Center

East Central Regional Juvenile Center

Hennepin County Juvenile Detention Center

Houston County Juvenile Center

MN Correctional Facility Red Wing

Northwestern Minnesota Juvenile Center

> Prairie Lakes Youth Programs

Ramsey County Juvenile Detention Center

Red River Valley Juvenile Center

Scott County Juvenile Alternative Center

West Central Regional Juvenile Center Over the past 5 years there has been a significant increase in the number of children 'boarding' in detention facilities. In 2024 a survey of MNJDA facilities showed that on June 1st 2024, 20% of youth in correctional facilities we 'boarding' and not in need of correctional programming but rather needed specialized mental health. Due to the lack of placement options, and the safety of the child, the child is left in detention facilities that lack the proper supports to effectively provide care and treatment for the youth.

The MNJDA is in support HF 671 as a solution to the boarding crisis in Minnesota.

James & Donnell/President MNJDA

30 March 2025

Date



201 1st Street NE, Suite 18 Austin, Minnesota 55912 Phone: 507-437-9701 Fax: 507-437-9721

age.

Dear Co-Chair Noor, Schomacker and Members of the Human Services Finance and Policy Committee,

We are writing to indicate our support for the following House File that is slated to be heard on Tuesday, April 1st, 2025:

- HF 671, Solutions to Children Boarding

Given our role supporting Minnesota residents in a rural county in southern Minnesota, the impact this proposal would have on addressing mental health and improving the quality of life for individuals in our community cannot be understated. We see the impact, daily, that a lack of providers, inadequate boarding options, and lack of funding has on our community members. As we write you this letter, we have two youth without appropriate care settings due to a lack of suitable options, in addition to a lack of local resources that could have prevented the placements all together.

Increasing the rates that mental health providers receive for their services does not simply show interest in supporting the mental health of Minnesotan's, it shows action. Focusing efforts to address children's boarding issues validates that our system is under-resourced and that the change needed to address these challenges starts with the legislature. Lastly, an emphasis on school-linkedfunding, in-home services and addressing targeted case management gaps shows a commitment to improve our mental health system from a holistic perspective, recognizing that it is not just the in-office services that are necessary, but the services that make treatment more accessible such as increasing capacity to provide services where the needs exist, whether that be the home, school, or community.

Please accept this letter of support on behalf of Mower County and thank you for your efforts to address these much-needed areas in our state's mental health care system.

Kindly,

Crystal Peterson, Health and Human Services Director

Trish Harren, Mower County Administrator

Polly Glynn, Mower County Board Chair



March 30, 2025

Dear Members of the Human Services Finance and Policy Committee:

Our children and youth are in crisis. They are struggling with their mental health. We are seeing measures related to sadness and hopelessness increase. We are seeing positive well-being components dropping significantly. It is playing out in our communities where we see children not attending school, long waiting lists for therapy, children boarding in the emergency departments, and children ending up in our juvenile justice system. We simply cannot meet the mental health needs of our children and youth. Their parents are crying out for help.

NAMI Minnesota strongly supports HF 671 so that we can begin to address this crisis. It addresses the need for a skilled workforce, for young adult peers to connect with youth, and to increase the rates for in-home services.

A key issue for NAMI is fully funding what we call the "third path" for families seeking residential treatment. Minnesota has always used Title IVE funds to pay for room and board at children's mental health residential facilities. This has meant that families seeking intensive residential services must go through the child protection door. This means they had to endure relative searches to see if a relative would take care of their child, and screening teams composed of people not involved in the treatment of their child. In 2023 the legislature decided to use the behavioral health fund to pay for room and board so that these families would no longer have to go through the child protection door. Unfortunately, the rate that was included was too low and so this law has not been used. HF 671 fixes this issue by increasing the rate. This will result in families not having to go through child protection – which they currently don't have to do if their child is going to be admitted to a psychiatric residential treatment facility (PRTF).

With half of all mental illnesses emerging by age 14, it is imperative that we build our mental health system. Thank you for your support for HF 671.

Sincerely,

5 ASI

Sue Abderholden, MPH Executive Director





Mational Alliance on Mental Illness Southeast Minnesota

NAMI Southeast Minnesota

2746 Superior Dr. NW Suite 110 Rochester, MN 55901

> Phone: 507-287-1692 namisemn.org

3/31/2025

Dear Co-Chair Noor, Schomacker, and Members of the Human Services Finance and Policy Committee,

NAMI Southeast Minnesota joins NAMI Minnesota to indicate our support for the following House File that is slated to be heard on Tuesday, April 1st, 2025:

HF 671, Solutions to Children Boarding

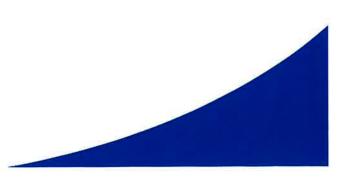
Given our role supporting Mental Health awareness and advocacy and particular NAMI SE MN's role supporting Minnesota residents in Southeastern Minnesota, the impact this proposal would have on addressing mental health and improving the quality of life for individuals in our community cannot be understated. We see the impact, daily, that a lack of providers, inadequate boarding options, and lack of funding has on our community members.

Increasing the rates that mental health providers receive for their services does not simply show interest in supporting the mental health of Minnesotan's, it shows action. Focusing efforts to address children's boarding issues validates that our system is under-resourced and that the change needed to address these challenges starts with the legislature. Lastly, an emphasis on school-linked funding, inhome services and addressing targeted case management gaps shows a commitment to improve our mental health system from a holistic perspective, recognizing that it is not just the in-office services that are necessary, but the services that make treatment more accessible such as increasing capacity to provide services where the needs exist, whether that be the home, school, or community.

Half of all mental illnesses emerge by the age of 14. We cannot wait any longer to build the mental health system for our children and youth. Please accept this letter of support on behalf of NAMI Southeast Minnesota and thank you for your efforts to address these much-needed areas in our state's

Kindly,

Megan Toney, MSW, LGSW Executive Director NAMI Southeast Minnesota





MINNESOTA CHAPTER

Representative Mohamud Noor, Chair Representative Joe Schomacker, Chair Human Services Finance and Policy April 1, 2025

Chair Noor, Chair Schomacker, and Human Services Finance and Policy Committee Members,

On behalf of the National Association of Social Workers - Minnesota Chapter (NASW-MN), I am writing to express our strong support for HF671, which aims to expand and improve children's mental health services across the state. As the leading organization representing social workers in Minnesota, we advocate for policies that enhance the well-being of individuals, families, and communities. This bill is critical in addressing the ongoing crisis in children's mental health care.

Children experiencing mental health crises in Minnesota too often find themselves placed in emergency rooms, juvenile detention centers, or other inappropriate settings due to a severe lack of psychiatric residential treatment facilities. This results in unnecessary trauma, delays in receiving proper care, and increased involvement with the juvenile justice system. HF671 takes essential steps to address these issues by establishing grant programs, increasing service reimbursement rates, and forming a psychiatric residential treatment facility working group to ensure children receive timely and appropriate care.

The implementation of Youth Care Transition Teams and expanded support for family peer specialists will provide much-needed resources to stabilize children and families as they transition between levels of care. These measures will improve long-term outcomes, reduce reliance on emergency services, and create a more effective, compassionate system of care for Minnesota's youth.

NASW-MN urges your support for HF671 to help build a mental health system that prioritizes the needs of children and ensures they receive the care they deserve. We appreciate your leadership and commitment to improving mental health services in our state.

Thank you for your consideration.

Sincerely,

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Karen E. Goodenough, PhD, LGSW Executive Director NASW-MN



Brighton Professional Building 1900 Silver Lake Rd, Suite 110 New Brighton, MN 55112

March 31, 2025

Co-Chair Noor, Co-Chair Schomacker and Members of the Human Services Finance and Policy Committee,

This letter is in support of HF671, Solutions to Children Boarding, especially the provision that begins to address the overdue rate increases for in-home children's mental health services. As a major provider of mental health services in Minnesota, we struggle to adequately meet the everincreasing need for children's mental health services across the state. This is largely due to the lack of reimbursement increases for programs like CTSS, which are vital for treating children in their homes and communities and preventing hospitalization.

Recruiting and retaining mental health providers for in-home services is challenging as is due to the afternoon and late evening hours required to meet families' needs. Without adequate reimbursement, it becomes increasingly difficult to sustain these vital programs. Organizations, including ours, have had to make the heartbreaking decisions to close some or all their in-home programs due to lack of funding.

This bill is an important step toward stabilizing vital in-home mental health services in Minnesota. We as a state cannot afford to continue to allow our children's wellbeing to go underfunded. And families deserve to have access to intensive mental health services for their children in the setting where they need it most: at home.

Thank you for your consideration,

Mark Peterson, Chief Executive Officer

Kalene Haugen, MS, LMFT

Child & Family Community Based Manager



March 31, 2025

Representative Mohamud Noor, Co-Chair Representative Joe Schomacker, Co-Chair Members of the Human Services Finance and Policy Committee Minnesota House of Representatives

Dear Co-Chair Noor, Co-Chair Schomacker and Committee Members

On behalf of Range Mental Health Center (RMHC), I am sending this letter to express our strong support for Minnesota House File 671, which establishes grant programs to address children's mental health needs and strengthens provisions related to long-term care consultation services. As an organization committed to enhancing the mental and emotional well-being of children and families in Northern St. Louis County, we believe this bill is critical to improving mental health services for children across the state. **We ask the Committee and the Legislature to support House File 671.**

A little about Range Mental Health Center:

- We are a private, not-for-profit mental health services provider and a Certified Community Behavioral Health Clinic (CCBHC)
- We were the first rural community mental health center in the United States <u>and</u> the first in Minnesota to provide services developed specifically for persons with serious and persistent mental illness.
- RMHC was established in 1961 and was the 16th federally designated community mental health center in the nation.
- Mental health services are provided each year to more than 5,000 adults, children and families. Our service area covers northern St. Louis County and expands for more than 6,800 square miles.

Range Mental Health Center's School-Linked Behavioral Health Program, which is certified to provide Children's Therapeutic Services and Supports (CTSS), serves children facing a variety of social, emotional, and behavioral challenges that significantly impact their academic performance and overall functioning. Through our CTSS services, we assist children in developing essential life skills such as self-regulation, socialization, communication, and organizational abilities. These interventions are designed to improve children's ability to thrive in school, at home, and in the community.

Our team works collaboratively with school districts and other community organizations across Northern St. Louis County to deliver therapeutic services and support. The demand for these services has only grown, and we believe that House File 671's support for children's mental health services—along with provisions for increased funding and service rate modifications—will make a tangible difference for the children and families we serve.

Main Office | 624 S 13th St | Virginia, MN 55792 | 218-749-2881 | 800-450-2273 WM. J. Bell Building | 504 First St N | Virginia, MN 55792 | 218-749-2881 | 800-450-2273 Range Treatment Center / Dextor | 626 S 13th St | Virginia, MN 55792 | 218-741-9120 Gov. Rudy Perpich Building | 3203 W 3rd Ave | Hibbing, MN 55746 | 218-263-9237 | 800-450-2273 Ely Office | 111 South 4th Ave E | Ely, MN 55731 | 800-450-2273

24 Hour Crisis Line: 844-772-4724

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www.rangementalhealth.org

Additionally, the establishment of a psychiatric residential treatment facility working group and the funding appropriated by this bill will be crucial in expanding access to specialized care for children who need more intensive support. We are encouraged by the bill's comprehensive approach, which recognizes the importance of early intervention and the need for a coordinated system of care that includes schools, mental health professionals, and community resources.

We strongly urge the committee to support House File 671, as its provisions will directly benefit the children and families who are in critical need of mental health support across Minnesota. Range Mental Health Center is proud to be part of this effort to improve children's mental health services, and we are eager to continue our work with state leaders to strengthen mental health services for Minnesota's youth.

Thank you for your attention to this important issue. We look forward to the continued progress of House File 671 and the positive impact it will have on the children and families we serve.

Sincerely,

Annmarie Florest

Annmarie Florest, MSW, LICSW Chief Executive Officer Main - 624 S 13th St, Virginia, MN 55792 218-749-2881 Ext. 117 aflorest@rangementalhealth.org

Main Office | 624 S 13th St | Virginia, MN 55792 | 218-749-2881 | 800-450-2273 WM. J. Bell Building | 504 First St N | Virginia, MN 55792 | 218-749-2881 | 800-450-2273 Range Treatment Center / Dextor | 626 S 13th St | Virginia, MN 55792 | 218-741-9120 Gov. Rudy Perpich Building | 3203 W 3rd Ave | Hibbing, MN 55746 | 218-263-9237 | 800-450-2273 Ely Office | 111 South 4th Ave E | Ely, MN 55731 | 800-450-2273

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March 31, 2025



Phone: 952.939.0396 Fax: 952.939.9266 stdavidscenter.org

Minnesota House of Representatives Human Services and Finance Policy Committee RE: House File 671

Dear Co-Chair Noor, Co-Chair Schomacker, and Committee Members:

I am writing to you today to request your support for House File 671, Solutions to Children Boarding.

My name is Julie Sjordal and I am the CEO of St. David's Developmental and Therapeutic Services. St. David's is a Twin Cities based nonprofit organization with a sixty-four-year history of providing critically needed services for children and families. Nearly 1700 children who received services from St. David's in 2024 have a mental health diagnosis. Luckily, for those children and parents, we were able to address their needs early in life and help them get on a path to healing, hope and success. Unfortunately, we have 2000 children on our waitlist who were not able to access early intervention services and this problem is replicated across other providers in our state.

There are many children falling through the cracks in Minnesota who are in crisis and in need of individualized services and supports. The solutions included in HF671, such as leveraging decompression funding to provide options for children who need temporary boarding, and growing high fidelity wraparound services, will provide access to needed resources that can stabilize the situation for children in crisis.

As you make decisions in the next few weeks regarding funding, I urge you to prioritize supporting HF671 which will help children in Minnesota who are in crisis and desperately need services that will provide them a pathway to success.

Thank you for your leadership and service to the citizens of Minnesota.

Sincerely,

Juli Sporde

Julie Sjordal St. David's Chief Executive Officer

MINNETONKA: 3395 Plymouth Road Minnetonka, MN 55305

MINNEAPOLIS: The Harman Center for Child & Family Wellbeing 1200 South Marquette Avenue Minneapolis, MN 55403



220 Railroad Street SE, Pine City, MN 55063 Phone: 320-629-7600 or 651-224-4114 | Fax: 651-925-0071

March 27, 2025

Dear Honorable Co-Chair Noor, Co-Chair Schomacker and Members of the Human Services Finance and Policy Committee-

I am writing to provide support for HF671-Solutions to Children Boarding. Children boarding in emergency rooms due to mental health emergencies is a growing crisis that highlights severe gaps in the health care system. Many children experiencing acute psychiatric distress are forced to wait in ER's for days or even weeks because there are not enough inpatient psychiatric beds or community based provided services available ER's are not equipped to provide the specialized care these children need, leading to prolonged distress, inadequate treatment, and increased risk of harm. The lack of appropriate care also strains hospital resources leaving emergency departments overwhelmed and unable to serve other patients effectively. This situation not only fails children in crisis but also exposes systemic failures of mental health funding providers, shortages, and insufficient preventive care options. Addressing this issue requires urgent investment in mental health infrastructure, increased provider reimbursement rates and expanded access to early intervention and crisis stabilization services.

We must invest in the systems of care that support the mental health of children and families, the downstream negative impacts are happening now. The slow erosion of inadequate rates and lack of support for community-based programs to thrive have led to children languishing in higher levels of care for much longer periods of time. On both ends of this continuum we see a severe shortage in community-based providers providing services prior to crisis, and then a shortage in community-based providers to provide services after a crisis. Children and families may go without these essential services, creating a continuum of inadequate support.

Additionally in this bill is the School-Linked Mental Health Grant funding and flexibility for grant funds to support caregivers accessing treatment, along with the recommended fix for the Children's Mental Healthy Targeted Case Management gap for children ages 18-21. Our School-Linked Mental Health Program provides crucial services to children and adolescents in schools, eliminating barriers to access to mental health services and supporting HF671 allows the grant to enhance support to the families that care for the children receiving the services, while also providing solutions to funding for the estimated shortfall in the School-Linked Behavioral Grant.

Respectfully submitted,

Eininganke, MSN, LICS W

Executive Director



Members of the Human Services Finance and Policy Committee MN House March 31, 2025

Dear Co-Chairs Rep. Mohamud Noor and Rep. Joe Schomacker and Members of the Human Services Finance and Policy Committee:

I am writing today with an urgent request that you support HF671, Solutions to Children Boarding, on behalf of our team at Washburn Center for Children and the more than 4,000 children we treat through our outpatient services every single year.

As the committee gathers, I hope you can take a moment and ground yourselves in how **Minnesota's kids are doing.** Their mental health is our sole mission at Washburn: nurture every child and family's well-being and full potential through transformative children's mental health care. The mental health care kids receive at Washburn Center is a safety net.

Our team witness daily the unrelenting trend: youth in mental health crisis landing in emergency departments. As a community-based provider, we are in partnership with hospital and clinic systems and leaders to innovate and serve all kids and families who need us and where they need us, period. They receive services regardless of the client's ability to pay; 50% of the kids and families who are clients at Washburn Center are covered through some form of medical assistance.

The bitter reality is, too many are stuck in hospital emergency departments, detention centers – what's called boarding "held for safety and without access to needed treatment" from safety net providers like Washburn.

- In 2024, Children's Minnesota reported more than 1,200 occasions of a child boarding, a significant increase over 2023 data.
- Mental health patients stay far longer than necessary in ER (25 hours in Minnesota).
- And, almost half of children who go to ER with mental health crisis don't get the followup care they need.
- A Point In Time survey in June 2024 of Juvenile Detention Facilities indicated that 20% of children locked in detention were there due to their mental illness

The ER is no place for kids in crisis. Research shows youth who receive therapeutic support after a mental-health-related emergency room visit are less likely to have another life-threatening incident.

We know there are better solutions than boarding; we've seen it through the innovative community-based Washburn Acute Response Model. This unique, scalable model, which started in one hospital in the Twin Cities, now serves more than 15 Allina hospitals and clinics as well as Children's Minnesota and M Health Fairview's hospital system.



The WARM model is one of the more effective solutions – school-based mental health care and targeted case management are also critical to families who are navigating the most severe behavioral health crises than we've ever seen. Solutions are within sight.

At the root of this crisis is the lack of sustainable reimbursement funding for the care delivered. In 2024, the Department of Human Services (DHS) released an outpatient rate study which was discussed in this committee last year. The study showed what we have known for some time: *MA reimbursement rates are extremely low compared to the cost of providing care.* This funding gap has generated a vicious, paradoxical cycle for Washburn Center and for providers like us.

We see hundreds of children waiting for services at Washburn Center alone. It's not just us; there's not one area of the sector that is prepared to handle the outsized community need. Families may wait for 9 months or more before receiving mental health care. This lack of access is directly related to the crisis of children boarding in emergency rooms, detention facilities AND a staffing emergency in outpatient care across the state.

You and your committee colleagues can move HF671 forward with key solutions:

- Leverage Decompression Funding to individualize solutions for children boarding
- Establish the Youth Professional Training System to train and equip the workforce
- Sustain Youth Transition Teams to design services with each child and family
- Grow High-Fidelity Wraparound and natural and family-driven support to gain stability
- Create access to MnCHOICES
- Support respite for families
- Improve the PRTF benefit to care for more kids

We are full of gratitude for your willingness to engage our input and stay centered on how kids, families and communities are bearing the weight of these system shortfalls. By leveraging what is proven to work, we can deliver critical and quality treatment services and support children and families, so they discover the hope in healing.

Please support HF671. The returns will be measurable for our community's children as they find hope to build a life worth living and a future in healthier families and stronger communities.

Regards,

Craig & Warrey

Craig F. Warren Chief Executive Officer Washburn Center for Children