Representative Tina Liebling

Chair, Health Finance and Policy

447 State Office Building

St. Paul, MN 55155

March 5, 2023

Madam Chair and Members of the Committee,

My name is Bianca Virnig. I am a mother of three young children, a school board member in Rosemount-Apple Valley-Eagan, a policy fellow at the University of Minnesota, and the health and safety director at Metro ECSU. I am testifying on the lack of mental health support for students within the community and in support of HF 1175. Navigating the mental health landscape looks differently for each family. This is our story.

As a mother of three we have struggled to find appropriate services for our children. Five years ago, we sought counseling for our son. After calling 5 different locations we were able to find the right provider. This worked well until she went on maternity leave and then the pandemic hit. Our clinic was unable to provide consistent services just as my son was entering middle school. Fortunately, our school counselor was able to pick up where the clinic left off and has been providing services and supports with a 504 that have helped him thrive in middle school.

My daughter, a highly empathetic 5th grader, is one of the youngest in her grade. She’s a middle child book-ended by brothers. A few months ago, she began crying just before bed and writing letters asking why she was so sad. It became evident that she needed support beyond what I could provide. The current wait for a mental health provider in our clinic system is 4-6 months. She needed support now, so I reached out to the school social worker, an LICSW. Unlike my oldest child, my daughter doesn’t have a diagnosis and may never. The social worker has been providing individual and group support and is helping her prepare for the next adventure - middle school. This ounce of prevention is worth a pound of cure. I am grateful that our school has such qualified and talented staff who know and understand students, their families, and the struggles we all face.

Finally, my youngest. He’s a spirited child with a lot of creative energy. He loved preschool, struggled in kindergarten and is getting through first grade. The school social worker has done an excellent job supporting him and she has been helping us navigate a complex system. He too lacks a diagnosis.

At the end of kindergarten, we began a journey of discovery in pursuit of an IEP. After visiting our primary care provider, we sought a neuropsych eval and were forewarned that it would be at least a year wait. Our provider recommended speech therapy, occupational therapy and physical therapy. We were lucky to get a speech assessment right away, a few weeks later PT started and OT was a 5 month wait. I called several locations to schedule a neuropsych eval only to be met with waiting lists to get on waiting lists, to be told we don’t provide pediatric assessments, we aren’t taking new clients, we don’t provide services to children over 26 months and more. Anyone with an appointment in the next 6 months doesn’t take insurance so technically we could get an assessment, but it would cost us $3,000+. For 9 months now we have been on a waitlist while the root of his struggles have gone unmet.

After a recent visit with our primary care provider, we were referred to family therapy; unfortunately, Fairview only has virtual therapy (not suitable for a 6 yr old). After calling several locations, we were put on another waiting list. One location even told me to call daily to see if they could find an appointment that might open up in six months. The school social worker has gone above and beyond to support him with his academics and self-regulation skills. These supports have now been exhausted within the school system until we complete the steps to obtain an IEP and medical diagnosis. From individualized support to group sessions, the social worker is giving him adaptive and functional skills to navigate the school system and self-regulation. I can’t imagine how challenging it would be if we didn’t have access to support services like an LICSW at school, didn’t have insurance, didn’t speak or read English, and didn't live within minutes of our school and clinic. Bringing about the changes in HF 1175 would help eliminate some of the barriers to services and allow schools to more efficiently bill by maximizing Federal Medicaid resources and bringing in an estimated $10M in sustainable and untapped Federal funding. This additional funding means more highly skilled mental and behavioral staff where we need it the most - in schools.

Sincerely,

Bianca Virnig