



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

May 11, 2022

Dear Honorable Health and Human Service Conferees,

Thank you for your leadership commitments to the wellbeing of Minnesota in this critical time. The following comments are shared to support the important work of this HHS Conference Committee in meeting the most urgent needs of children, youth and families.

Children's Mental Health is in a state of emergency and requires priority attention. We are failing our children due to a lack of access to mental health care. In April AspireMN provided survey data (below) depicting an average wait of three month to access Children's Residential Mental Health Treatment, with up to nine month wait time for care. When a child requires a 24/hour treatment response, the child and family does not have three months or even three days to wait – the needs are urgent, treatable, and otherwise life threatening. This data point exemplifies trends across the children's mental health continuum – in this time of growing and critical need we have diminishing access to the lifesaving care of mental health treatment. Urgent investment is required to save lives.

To prevent further collapse of Minnesota's fragile children's mental health system, please prioritize:

- **Provider Relief – sustaining workforce** in this compounded financial crisis is fundamental to delivering care, with flexibility for providers to sustain operations (House)
- **Preserving Children's Residential Mental Health Treatment** – emergency funding to prevent additional loss and pivot to grow children's treatment capacity (House)
- **Children's Crisis Stabilization** – codifying a necessary service that supports children and families to meet immediate needs and establish individualized service plans (House)
- **Family Centered Intensive Mental Health Models** – mental illness is growing for children, we must sustain models that effectively treat children at home (House with proposed amendment)
- **Developing Mental Health Workforce** – a path for training professionals to meet needs
- **Shelter-Linked Mental Health Grants** – integrating mental health care into homeless youth and SEY services is vital for youth to access safe shelter and for staff to deliver care

Additionally, the child welfare reform of **Quality Parenting Initiative-Minnesota** (House/Senate) supports our public/private foster care system to focus practice on birth and foster parent relationships and focus on loving parenting for all children.

Thank you for your leadership and consideration of these urgent priorities for children and families.

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.

Children's Mental Health Report – April 2022

TIME FOR ALARM – TIME FOR ACTION

Minnesota's children and families with mental health needs are in consistent and growing distress. Local survey data, national reporting and federal analysis demonstrate: we must make critical investments to triage this crisis.

April 20 – MN Data: Children's Residential Mental Health Treatment providers reported on thirteen programs in an April, 2022 point in time survey. Data demonstrated for Minnesota-specific mental health programs serving today:

- Average of 3 month waiting time to access treatment, with wait times between two weeks and 9 months depending on demographics and treatment needs
- 178 youth worker positions open – an average of 14 positions per program

April 23 – NYT Investigation highlighted the national crisis with reporting on Minnesota families in ['It's Life or Death': The Mental Health Crisis Among U.S. Teens - The New York Times \(nytimes.com\)](https://www.nytimes.com/2022/04/23/us/teens-mental-health-crisis.html)

April 1 – Centers for Disease Control reported significant national increases in poor mental health for high school students, including depression and suicidality, [Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/6901a1.htm)

Snapshots from Minnesota providers of Children's Residential Mental Health Treatment:

We have many referrals where the kiddo has to wait for an available bed due to lack of available staff. These poor kiddos are sitting in detention, at home, ER or a program that doesn't meet the needs of the client. The parents are struggling with the waiting for their child to get treatment and return home instead these kiddos are sitting with no place to go receiving little or no treatment for their trauma.

Often, referring workers and families report lengthy waits in shelters or the hospital whereby symptoms exacerbate that could have been dealt with in a timely manner had there been an opportunity.

Referrals demonstrate that children with complex clinical issues, runaway risk and aggressive behaviors are not being accepted into programs that worked with these kids in the past. The crisis has diminished our field and our capacity to serve.

This updated April 2022 data, stories and analysis is devastating and clear. Children with acute mental health needs are not receiving needed treatment – either to prevent or address life threatening mental illness. Minnesota legislators must make strategic investments to preserve critical infrastructure.