



February 26, 2025
Senate Health and Human Services Committee

Chair Wiklund and Committee Members:

On behalf of Children's Minnesota, we are writing in support of SF1561 which provides the critical system supports needed to address the crisis of children boarding in hospitals and other facilities while waiting to access appropriate mental health services.

In recent years we have seen an increase in the number of children boarding in our hospitals. In 2024 kids boarded at Children's Minnesota more than 1,200 times, a substantial increase from the year prior. Included with this letter is a document that provides additional information specific to children boarding in our hospitals. 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 support and structures they need to address their mental health challenges too many children are finding themselves stuck in a hospital room, some for days, weeks or even months. We do what we can to provide the best care possible for these kids, but we know that in these situations we are at best a band aid and at worst potentially further exacerbating the issues they arrived with because the hospital environment simply cannot meet their needs.

Most of these children and their families would benefit from long term community-based therapeutic services and other supports such as access to respite care or support from youth care transition teams, wrap around services and access to psychiatric residential treatment facilities (PRTFs). These children need care that is both flexible and specific to their needs. The innovation pilot outlined in this bill would provide an opportunity to resource kids' access to these services by allowing dollars to flow more efficiently through the system based on those specific needs.

As providers on the front lines of this mental health crisis, we see where the current mental health system is failing our children. SF1561 provides long overdue solutions that can move the needle on this issue and ensure more Minnesota children can access mental health care.

Sincerely,

Margot Zarin-Pass, MD
Pediatrician
Children's Minnesota

Jenna Triana, MD
Child and Adolescent Psychiatrist
Children's Minnesota

A broken system: THE JOURNEY OF A CHILD IN CRISIS

SITUATION

10 year old brought to the emergency department by caregiver for behavioral concerns.*



Multiple diagnoses (ADHD, PTSD) with limited coping skills and challenges regulating behaviors.

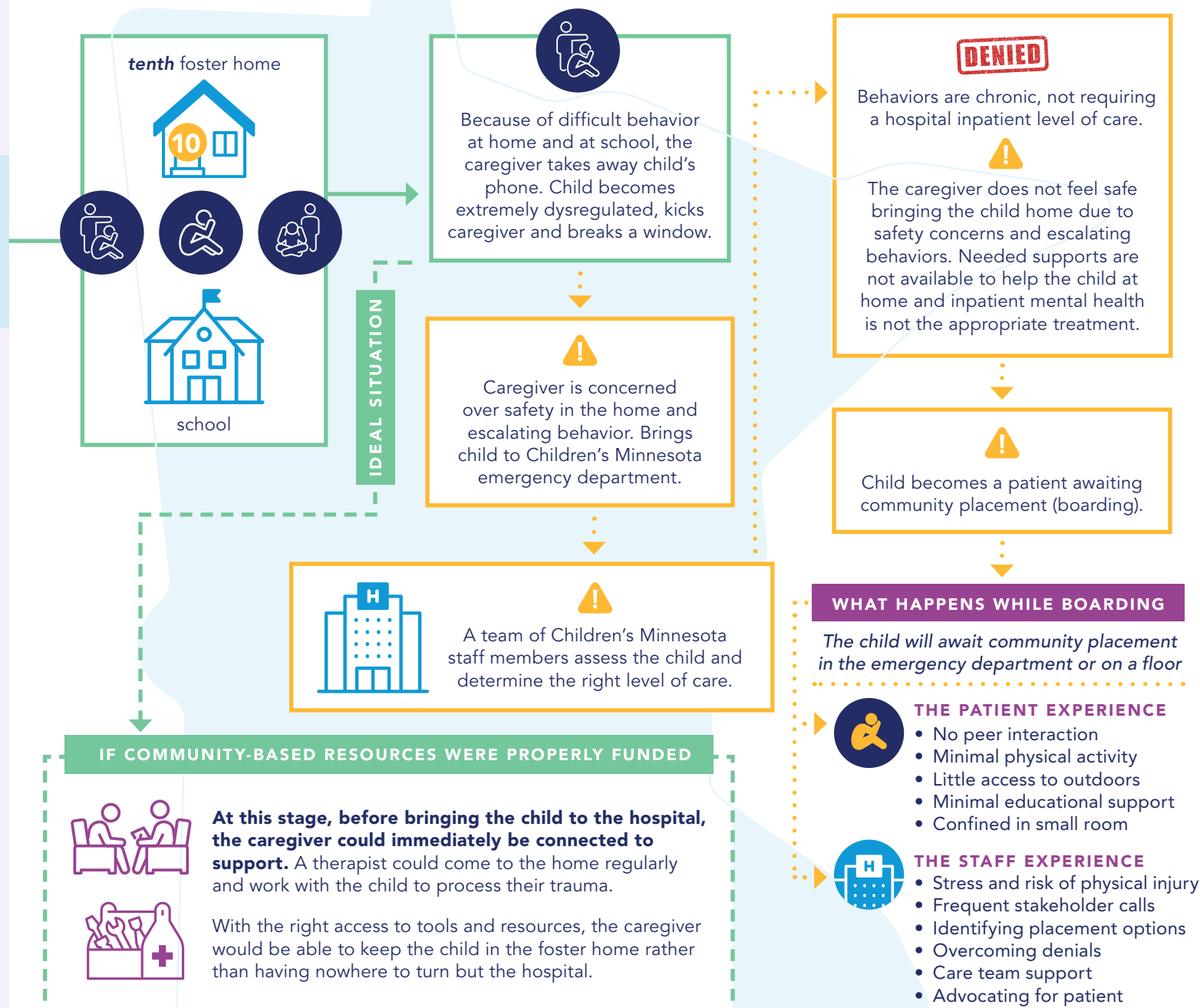
HISTORY

- Experienced past trauma, including witnessing domestic violence, parental substance abuse and was removed from birth family's care at 7-years old.
- Placed in 10 different foster homes.
- Verbally and physically aggressive when dysregulated, particularly towards caregivers.

For more information, please contact:

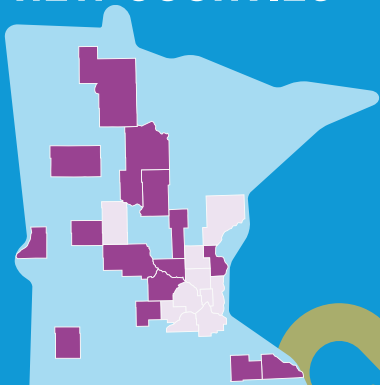
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PATIENTS IMPACTED BY THE BOARDING CRISIS

In 2024, we saw patients from
16 NEW COUNTIES



+1 OUT OF STATE

MOST IMPACTED GROUPS

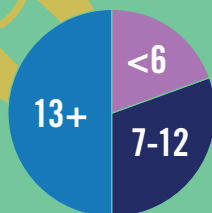
African American/Black
Caucasian/white
Multi-race

THIS HAS A WIDE
IMPACT ON ALL
COMMUNITIES

77.4%

are reliant on

MEDICAID



**PATIENT
AGES**

In 2024, kids boarded
at Children's Minnesota

1200+

TIMES

a substantial increase from 2023

54%

are under guardianship

OF THE COUNTY

In 2025, state leaders must focus on policy changes to help children with the most complex behavioral health needs. Significant investments are needed to improve access to the continuum of mental health care, including increasing Medicaid reimbursement rates and alleviating the boarding crisis.



COMMON CHARACTERISTICS AMONG PATIENTS BOARDING:

- Multiple past placements
- More than 3 hospital visits over the past year
- Neurodivergent, developmental delay, low level of functioning
- History of aggression, sexualized behaviors, running away
- Chronic self-harm, substance abuse
- Multiple medical conditions

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