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Representative Melissa Wiklund, Chair
Senate Health & Human Services Committee
Minnesota State Senate
February 24, 2025

Dear Chair Wiklund and Committee Members,

On behalf of Fraser, I am sending this letter to share the importance of investing in Minnesota's behavioral health services for our outpatient services. **We ask the Committee and the Legislature to support two important mental health bills-Solutions to Children Boarding, HF 671/SF1561 and Support Transitions and Transportation for Children, HF669/SF928.**

Fraser is Minnesota's largest and most experienced provider of autism and early childhood mental health services. For over 80 years, Fraser has served children and families with special needs. Fraser serves infants through adults with healthcare, housing, education and employment. Our programs are nationally recognized for being high quality, innovative and individualized to each family.

Post-pandemic nearly one in four (1:4) Minnesotans are covered by Medical Assistance or MinnesotaCare, making our public programs the largest coverage for behavioral health services in the state. We continue to experience a more severe behavioral health care access crises coming out of the global pandemic than ever before. At the root of this crisis is the lack of sustainable reimbursement funding for the care delivered. Costs of delivering care and sustaining staff salaries, benefits, facilities infrastructure and meeting state regulations have increased exponentially in the last five years. But, Medicaid (Medical Assistance) reimbursements – the core source of funding for our MN system – are not keeping pace.

Out of necessity, our community providers are closing programs or significantly decreasing size their services in efforts to keep some base level of access to services available to our clients. This is resulting in increasingly long waiting lists and longer periods of time clients are kept waiting for care. *This has led to a crisis of children boarding in emergency rooms, detention facilities and with counties AND a staffing emergency in outpatient care across the state.* Community mental health programs are striving to keep up with the heightened need for mental health and SUD care, while being reflective and highly responsive to the individuals, families and communities we serve across the state. This work comes with many rewards and challenges.

In light of these challenges, we respectfully ask you to support the following mental health bills:

1. 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
- That same Point in Time survey indicated significant capacity to serve in Children's Psychiatric Residential Treatment Facilities (57% utilization) and Qualified Residential Treatment Facilities (76% utilization)

Kids who fall through the cracks into boarding are disproportionally

- Children who exhibit the symptoms of aggression, self-harm, and running from care
- Older children who are larger and 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 and 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.**

Solve the Children's Boarding Crisis – HF 671/SF1561

- Establish a Youth Care Professional Training Academy to increasing staff who can serve children in intensive residential services
- Invest in Boarding Decompression funding for creative individualized care solutions
- Expand Youth Care Transition Teams and Hi-Fidelity Wrap Around service models that effectively support children and families access care after boarding
- Increase access to in-home intensive family-centered services by increasing rates for in-home services and travel
- Improve policy for Family Peer Specialists and MNCHOICES assessments to expedite access to quality care

2. <u>Support Transitions and Transportation for Children</u>
HF669/SF928

Support Transitions and Transportation for Children – HF669/SF928

- Create a children's standard for Non-Emergency Medical Transportation (NEMT)
- Establish a Community Integration benefit for children transitioning from intensive treatment settings to home and community

Please help us move these recommended investments forward - this is foundational to solving our behavioral health crisis in Minnesota.

Sincerely,

Diane S. Cross
President and CEO
FRASER