



March 24, 2025
Senate Human Services Committee

Chair Hoffman and Committee Members,

On behalf of Children's Minnesota I am writing in support of SF2651 and SF2598 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. More information about these patients and the challenges they are facing is available in the document included with this letter. Each day I work with members of my team to help patients access the level of care they need and too often process barriers get in the way.

One of the biggest barriers we face in finding placement for these patients is getting MnCHOICES assessments completed. We rely on our county partners to complete these assessments, but have found that, too often, there is confusion over which county can complete an assessment for a specific patient or we find ourselves wanting to have an assessment completed in order to best assess placement options, while our partners want to wait to complete the assessment until placement is found. The inefficiencies in this process result in the same conclusion – more children waiting in the hospital to access the support they need. For one sixteen-year-old patient this meant waiting in the hospital for nearly 4 months. For one twelve-year-old patient this meant waiting in the hospital for 5 months. Living in the hospital for months on end can have increasingly negative impacts on a child's mental health. These kids deserve better.

The changes to the MnCHOICES assessment process outlined in these bills would go a long way to address the barriers we are facing. Expanding who can be a MnCHOICES assessor, clarifying process timelines, strengthening accountability within the system, extending the duration of a current assessment before reassessment is needed and creating a MnCHOICES team at DHS to provide additional support for children who are boarding *will* make a difference in the lives of the children we serve.

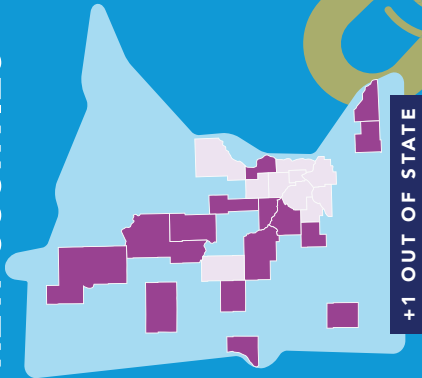
I ask that you support these bills so that this issue can be addressed during the current legislative session. These children have waited long enough.

Sincerely,

Stephen DeLong
Social Work Lead
Children's Minnesota

PATIENTS IMPACTED BY THE BOARDING CRISIS

In 2024, we saw patients from
16 NEW COUNTIES



MOST IMPACTED GROUPS ...
African American/Black
Caucasian/white
Multi-race
...

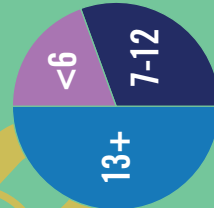
THIS HAS A WIDE
IMPACT ON ALL
COMMUNITIES

77.4%
are reliant on
MEDICAID

In 2024, kids boarded
at Children's Minnesota

1200+
TIMES

a substantial increase from 2023



PATIENT AGES

54%

are under guardianship

OF THE COUNTY



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

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.

For more information, please contact:
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