

# Position Statement

For 2024 Session

MACSSA has an organizational priority of “Strategic Position Development” with the goal of addressing challenges and leading innovation through thoughtful analysis that incorporates fiscal implications, systemic policy concerns, and legislative strategies in the development of policy and legislative positions.

## Children’s Mental Health Initiative

### Proposal

#### Issue:

**Children’s Mental Health Initiative:** Legislation was passed in 1996 to create and expand grant funding for regional partnerships (Adult Mental Health Initiatives) to continue planning and service expansion efforts in response to the closure of Regional Treatment Centers in the early 1990’s. Over time, this has resulted in 18 regional county initiatives and the White Earth Nation tribe who have identified as AMHIs.

AMHI grants keep communities healthier and safer for everyone. The funded services are spent in direct response to the needs of the community. Many people who use these services are low-income but will not qualify for Medical Assistance or they may be receiving Medicare or other insurance that won’t cover these supports. These residents, who would not otherwise be able to access mental health care, are able to receive help because of these funds.

It is time for Minnesota to fund a Children’s Mental Health Initiative! The mental health needs of our children have never been higher – such an initiative, if funded years ago, may have prevented some of the situations we are dealing with today. The Adult Mental Health Initiatives have done tremendous prevention work and have allowed adults to remain in the community and not require hospitalization or placement.

Children have many unmet needs that either are not funded or are underfunded by Medical Assistance. Some examples include:

- 1) Lack of placements, especially those able to serve youth with intensive, interfering behaviors and/or sexualized behaviors.
- 2) Lack of crisis and stabilization beds, waitlists of 1-2 years create stressful situations for parents and children and often result in a need for placement.
- 3) Lack of community providers for Systemic Family Therapy, In-Home Family Therapy and medication management.
- 4) Lack of community providers for in home skills, CTSS, PCA, etc. especially in our rural communities.
- 5) Lack of parent/family education, support, and training.
- 6) Lack of PRTFs. We currently have 3 in Minnesota
- 7) Expansion of Y-ACT services.
- 8) Children’s Residential Crisis Stabilization.
- 9) Lack of Respite Care that would assist families in caring for children with high needs. Respite beds would provide much needed support to foster and kin placements as well.
- 10) Increase the number of psychiatrist and/or nurse practitioners serving children across our state.

#### Implementation:

A functioning mental health system must have a full continuum of care to assure children and families can access services and is NOT currently available. These types of services are available to adults but not children and their parents. A Children’s Mental Health Initiative will help assure early intervention and transition care is available for children and families *in their community*.

**Systemic Priority/Paradigm Trend Alignment**  
 (highlight all that apply and explain why)

- **Equity:** Promote racial equity and eliminate racial disparities in the human services system for all people across the state. *(systemic priority) Children living in poverty have less access to mental health services and their families lack supportive resources to care for them.*
- **Workforce:** Advocate for strategies to sustain and equip the workforce, and simplify work given the forecasted labor shortages. *(systemic priority/paradigm trend)*
- **Technology:** Collaboratively seek state investment in systems transformation and modernization which must include appropriate county collaboration, oversight, and guidance. *(systemic priority/paradigm trend)*
- **Governance/Partnerships:** Co-create state/county governance that results in clear accountability, appropriate allocation of resources, stabilized service delivery, and improved outcomes for people served. *(systemic priority/paradigm trend) Using the ADMHI model to develop a Children’s Mental Health Initiative will help assure positive outcomes – it is a model that has been used for years with tried and true results. It also allows communities/regions the opportunity to offer the right services in their community as the needs vary throughout the state of MN.*
- **Resident Service:** Adapt to individual needs to support real choices *(paradigm trend) Children living in the metro area have different needs than children living in a very rural area-designing services that fill the need and assuring resources is the only way we can meet the needs of our children statewide.*

**Operational Priority (Committee) Alignment**  
 (highlight all that apply and explain why)

<b>Adult Services</b>	<b>Children’s Services</b>	<b>Healthcare</b>	<b>Policy</b>
<b>Behavioral Health</b>	<b>Equity</b>	<b>Modernization</b>	<b>Self-Sufficiency</b>

**Why:**  
 Children’s mental health needs need to be a priority. Funding needs to be made available that specifically addresses the needs.

**Rationale/Background:**

For years we have successfully provided adults with appropriate mental health services and support in each area of the state. The same type of approach should be used to design services that are grossly lacking for children and their families. Children have such acute needs and without sufficient supports are being cared for in Emergency Rooms and in County buildings. This type of care can be traumatizing for children and presents little opportunity for success. We need to invest in our youth!

**High-level, one paragraph description of the issue and its importance:**

Children and their families need and deserve supportive service through the mental health system. Those supports are not sufficiently funded and some are not available at all. Lack of these services is creating critical strain on the entire system including hospitals, residential care, emergency rooms and schools.



Submitted by: Julie Ellis  
 Approved on: Behavioral Health Committee on 10/26/23