

March 21, 2022

The Honorable Senator Jim Abeler, Chair
Human Services Reform Finance and Policy Committee
95 University Ave W.
Saint Paul, MN 55155

Dear Chair Abeler and Committee Members,

I am writing as a parent to express my strong support for SF 3993.

Over the last few years, I have struggled to connect my 15 year old son to effective mental health services in Ramsey County. Every mental health crisis would start and end almost the same way. This cycle would begin with a call to “911” and an ambulance arriving at my door with lights off, followed by police with lights off. Then, my child transported to the Emergency Room (ER) by ambulance, and my subsequent arrival to the ER shortly after to find my cut up son in scrubs. We would wait and wait and wait, sometimes until 3:00 a.m. for a full assessment by a social worker, who then determines if my son is “suicidal” enough to warrant a bed at an adolescent mental health facility. Often we were turned away and told “he has not explicitly said he is suicidal” so he is not eligible for a bed. So, I would gather my son’s belongings and haul him out of the emergency room with cuts all over his arms and face and off we go. This experience alone felt unbearable.

However, on Monday, September 27, 2021, my son not only cut himself, he tried to burn himself. This time I drove my son to M Health Fairview. First, we went to the adult ER, but they were swamped and recommended the children’s ER. Once we arrived to the children’s ER, we were escorted to a hallway area to wait even though there were empty rooms with beds. I kept asking staff why my son was not in a room and was told the beds were for “critical care patients.” Apparently, my son did not meet the definition of “critical care.” As we sat in chairs in the hall way, we watched babies and small children with mild illness being brought into the empty rooms and then leaving a few hours later. After several hours, an ER physician met my son and prescribed medications, which were not administered until 2 ½ hours later. Around 10:30 p.m., I requested that my son be given a bed and staff gave him a reclining chair in the hallway. After meeting with the social worker, she started to tell me that my son did not indicate to her that he was “suicidal”, but this time I interrupted her and demanded a bed for my son. I reiterated, not only did he cut himself; he tried to burn himself by setting his clothes on fire. She agreed to recommend a room.

While I was relieved that my son would be getting a bed in an inpatient treatment facility, I realized that option was not in reach any time soon. I was told the hospital care coordinator would be calling facilities for an open room, which does not guarantee there would be an opening. On Tuesday, September 28, after I worked all day, I returned to the ER at around 7:00 p.m. and found my son in an upright chair. I asked him about the reclining chair and he told me they took it last night. So, he had been in an upright chair for the night and all day while he was experiencing a mental health emergency. I asked hospital staff about the transfer to the inpatient facility and was told “they are working on it.” I then called Senator Isaacson to inform him of

the situation. I was ANGRY that the system didn't seem to be any better when waiting for a bed and that my son was sitting in an upright chair in a hallway overnight and was being ignored. How could this be happening? Feeling desperate, I called ER at United Hospital and told the care coordinator what was happening. She was shocked, she told me they could take my son and that he would have a bed. We left M Health Fairview and since I called we were admitted immediately and my son was given a bed.

I felt hopeful that my son would get a bed for treatment soon, but only to discover that we would be stalled at United ER for the next 5 days. While United ER had a locked mental health ER floor, it was shared between children and adults with issues like Alzheimer's and other very severe mental health issues. I bottled this up because I felt like I should not complain since my son had a bed, but yet felt unsettled that my son was in a unit with no windows and shared hallways with adults with very different issues.

During the events that took place in September of 2021, I was frequently on the phone with Senator Jason Isaacson who was equally shocked when he heard the sequence of events that were taking place. I am extremely grateful to him for taking my concerns seriously and finding ways to fix the mental health system for other families with similar issues. After several conversations, we discussed several of the issues that were causing the inefficiencies, for example, the overwhelming emotional and financial toll on the adolescent and their families, the expense of multiple days in the ER, the lack of mental health care received in the ER while waiting for a bed, the break down between the ER and the mental health facilities, and the lack of compassionate decisions made by medical professionals who staff the ERs.

SF 3993 would create spaces specifically designed to provide a better first contact with our health systems for kids in crisis. The first several hours can make all the difference in the world to a kid and their family in a terrifying situation, and settings with the expertise and the emphasis to do this will be incredibly valuable.

The other thing I hope to see in future legislation is support for additional inpatient beds and residential settings. After the crisis stabilization that SF 3993 helps provide, kids need somewhere to go where they can heal and build towards a healthy and safe future where they are fulfilled and loved. We are desperately short of the number of beds needed in these settings.

Please support Senate File 3993. Support us, support neighbors, support kids, support families.

Thank you.

Anna Fishlove