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Subject: Urgent Need for Systemic Reform in Mental Health Placement and Support Services| SUPPORTING SF1682

On Tuesday February 11, 2025, 4:20 PM We get this email:

Hello,

I have sent a TEAMS meeting invite for Thursday at 10am to discuss options for the discharge of Caleb from the Unity emergency room.

I understand this is a very challenging situation and there has been active work to engage appropriate resources for Caleb that started prior to his arrival in our emergency room.

The emergency room is not a placement nor is it a therapeutic environment and Caleb has now spent over a week in the Unity emergency department.

*The standard process when a child is ready for discharge from the emergency room, and is not picked up by parents or guardians, **is to notify CPS**, and a report was made earlier today. At this time we do not know the outcome of the report but wanted you all to be aware it was made.*

[REDACTED]

[REDACTED]

[REDACTED]

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We are writing to bring attention to the significant gaps in the mental health placement system that have deeply affected our family and many others. Our son, Caleb, has faced multiple rejections from residential treatment placements, despite our exhaustive efforts and the clear need for structured, intensive support. The current system is failing families like ours, leaving children in crisis without appropriate care.

Over the past several months, we have struggled to secure a placement for Caleb. We have faced 15 rejections from Psychiatric Residential Treatment Facilities (PRTFs) and Residential Treatment Centers (RTCs), forcing us to rely on emergency departments for extended stays. Our initial attempt to find placement resulted in our son boarding at Masonic Fairview Children's Hospital from December to January while we waited for a suitable placement. Eventually, Hennepin County identified a crisis group home, but this was an inadequate solution that lacked the necessary services to ensure safety and stability. Within three weeks, the crisis group home issued a service suspension and termination, stating that they could not meet Caleb's needs. This breakdown in care led to his involvement with the juvenile justice system, as he was sent twice to Anoka Juvenile Detention before returning to the emergency department at Mercy/Unity Hospital.

During this process, we faced stigma and blame rather than support. **Hospital staff shamed us for not bringing Caleb home**, despite our inability to provide the level of care he required. Providers stepped back due to the

escalating risks he posed at home, at school, and in the community. Despite letters of support from our school, psychiatrist, and care providers, Hennepin County failed to secure an appropriate placement. When Mercy/Unity Hospital contacted Hennepin County Child Protection, we were subjected to an insensitive inquiry that lacked understanding of the systemic failures preventing us from securing adequate care. We sought advice from our ombudsman, who assured us that we were desperately trying to find services but had been unable to, and that our case was not neglectful. Hennepin County Child Protection's dismissive question, "Didn't you know what you were getting yourselves into?" only added to our distress.

Families should not have to battle hospitals and county agencies for their children's safety. Our son was deemed "not acute enough" for inpatient care but "too chronic and aggressive" for other available services. This gap in the system left him without the necessary placement, forcing us to bring him home without a comprehensive support plan. We are now attempting to piece together services meant for lower levels of care to recreate a Level 6 support structure—an unrealistic and unsustainable expectation.

The waiver system, intended to provide flexible support, has proven ineffective due to its structural limitations and caseworkers' overwhelming workloads. It has been over a week since Caleb left the emergency department, and despite multiple discussions with Hennepin County, we have yet to receive the promised services. We are left scrambling to "mimic" a crisis group home with inadequate resources, increasing risks for our family and community.

This experience has underscored critical gaps in the mental health system, particularly in accessing timely and appropriate residential care for children in crisis. We urge policymakers to:

1. **Expand and Improve Access to Residential Treatment Facilities** – Increase funding and capacity for PRTFs and RTCs to ensure children in crisis are not left without appropriate care.
2. **Enhance Crisis Stabilization Services** – Provide well-resourced, specialized crisis homes with the skills and services needed to support children with complex needs.
3. **Reform the Waiver System** – Adjust waiver programs to provide flexible, individualized support that truly meets families' needs rather than forcing them to manage with piecemeal solutions.
4. **Improve Coordination Between Agencies** – Establish clear protocols for case coordination to prevent families from being blamed for systemic failures.

This will ultimately **decrease the need to board in an emergency department.**

We continue to document our experiences, hoping to drive meaningful change. **No family should endure this level of hardship** while trying to secure essential care for their child. We implore you to take action to ensure that no other child falls through the cracks of a broken system.

Sincerely,
Nga and Paul Younge