

Working Group on Youth Interventions

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For children who are court-ordered into out-of-home placement, Otter Tail County Human Services case managers find there is a lack in services for youth with complex needs. Where there are certainly services within the (CADI) waiver to assist in supporting these youth, we have found there are no providers of that service in our county to offer the youth/family (example - Positive Behavior Supports). The youth we serve are often exhibiting challenging behaviors including prior or current sexual misconduct, criminal behavior, physical/verbal aggression (property destruction), chemical use, and/or running away. When providing case management services to this population, we experience difficulty in locating placement services. This is particularly challenging in rural/greater MN as we find that facilities in other counties or regions prioritize "their" county folks first. Family foster homes are not equipped to manage children's safety. Hospitals have denied due to challenges being "chronic" but not "acute". Additionally, facilities/hospitals are recommending different levels of care which are not congruent with admission policies for the recommended level of care. And within Minnesota, there are very limited resources at each level of care recommended. As an example: a Children's Residential Treatment Facility recommends an inpatient/locked level of care, Emergency Department evaluates and determines safe to discharge to the community without the need for inpatient or residential. Another example of challenging circumstance is when a youth has committed a crime when in a facility, they will be arrested, brought to secure detention, and routinely released within 24 hours at the in-custody hearing, and the facility where the crime occurred denies their return.

When looking for possible residential settings, the list of behaviors listed above become reasons for denial of placement or if in current placement, become the reason for immediate discharge. With most residential placements being out of county, there is a barrier for families participating in the child's treatment for reunification. We support where we can by assisting financially for mileage and visits with youth, but distance of placement remains a barrier for children and their families.

The lack of a true continuum of care for children exhibiting these behaviors leaves children and agencies in untenable circumstances: children being boarded in Emergency Departments as a way to meet their immediate safety needs. During board stays in the hospital, children are often unable to receive recommended services including therapy, psychiatry, etc. This is further exacerbated in rural MN, where Emergency Departments are not equipped to the extent metro hospitals are (i.e. having school options for board patients). A true continuum of care for children/youth is lacking in all of Minnesota – including rural communities- and is desperately needed.