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Dear Chair Schultz and Chair Abeler:

I am writing on behalf of Fernbrook Family Center as a request that you support **HF3738/SF3690**. Fernbrook Family Center is a CTSS (Children's Therapeutic Support Services) certified agency that recently celebrated its 20<sup>th</sup> anniversary. Fernbrook serves children, adults, and families across SE MN with offices in 8 counties.

Over the last couple of years the need for collaboration and communication has only increased. The COVID 19 pandemic has hit this population even harder than our typical mental health clients. These are clients with very few natural supports or resources, are at the highest risk of being placed in foster care or residential treatment, are at the highest risk of not graduating, and often have caregivers with very serious mental health and addiction issues of their own.

The administrative burden and lack of access to billable time for the care coordination efforts is seriously handicapping CTSS providers. Other agencies in our service area have chosen to focus on outpatient clients rather than the higher needs CTSS clients because they simply can't manage the administrative burdens while maintaining fiscal responsibility. What does this mean? This means there are more kids entering the emergency rooms or crisis center because they are suicidal, violent, running away, or in general unsafe. This means there are more kids being placed in foster homes or residential treatment centers because their families can't keep them safe or meet their needs. This means there are more kids struggling with addiction to drugs and alcohol.

I recently provided supervision to one of our MHP's (mental health practitioners- skills workers) on a case. She is one of 4 Fernbrook staff on this case. We provide services to 3 children and the mother. The children were recently removed from mother's care and placed in foster care because mother was being sex trafficked, was inviting unsafe men to the home, and was not meeting the kids' basic needs. The family also has 2 county social workers, 3 different schools, 2 different medication providers, and a family therapist at another agency. The children were recently reunited with mother, which is amazing! There are weeks she has 17 different appointments for herself and the kids for the mental health services alone. This does NOT include school meetings, medical appointments, dental appointments, etc. This is a mother who is doing the best she can to meet her kids' needs, but can't do it alone. She needs the support of providers who are working together to help her meet the needs of these children and her own needs. Our staff spend 2-3 hours per week consulting on this case to ensure they are providing consistent and predictable support and communication to the family and the other providers. That is 2-3 hours a week we can't bill for. This does not include documentation time. If we don't do this work, the kids likely end up back in foster care because asking a mother who is struggling with her own very serious mental health issues to organize this level of demand will be setting her up to fail.

In order to continue serving kids and families like the one described above we need simplification in the administrative expectations. I never want staff to be forced to reduce their caseloads because the paperwork and administrative burdens inhibit their ability to see kids. That is where we are at with the current CTSS rules. We have so many administrative requirements that our staff carry lower caseloads, which means more families like the one described above receive no services at all.

We ask that you vote to support **HF3738/SF3690**!

Thank you!

Shannon Brown, MS, LPCC

Chief Executive Officer

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