

March 30, 2023

To Human Services Committee members,

The State currently is operating with a budget surplus. Why are homes that support some of the most vulnerable Minnesotans facing not only proposed budget cuts, but also gutting the DWRS funding that FRS (Family Residential Services) homes depend on to serve a growing segment of our population?

We started an Adult Foster Care business in 2014 after purchasing a home with more space than the 2 of us need. We have a desire to help people, and upon learning the home had previously been licensed for Adult Foster Care we started our educational & professional journey of caring for people with disabilities in our house by starting with our 245A AFC (Adult Foster Care) license. Within a few years of an intense learning curve, we became 245D licensed, now running a FRS home for 5 years. Over the years we have filled a great need in our community caring for individuals suffering with severe & persistent mental illness. Countless times people have privately stated to us "I could NEVER do what you do!"

Please permit me to paint a picture: we do not serve "easy people" in our homes, as some might think or suggest. We serve those with serious & persistent mental illness, some on anti-psychotic medication, etc, in a family setting. We've had our lives threatened and threatening hate letters left behind when someone's mental health disrupts their services. My husband is 6'7" and has taken a hit across the face by an 18 year old female who intentionally swung a large shoulder bag like a bat at his head, while he was seated at our outdoor table. We have served many, who, for a variety of reasons, have limited or no natural family support, meaning they do not leave or home to go to family or social events or overnights, some rarely, many NEVER, meaning we have limited or NO natural breaks.

Those we serve are treated as an extension of our family. We provide a stable family function for each, that for various reasons, many of those we serve, do not come from or have. That function includes people of a household to call family and consistent relationships with people who are caring, responsible, trustworthy, dependable, and compassionate. Our FRS serves as a safe place to call home, provides opportunities and experiences many have not had chances to participate in prior to placement in our home. We provide person centered hobbies and activities they already enjoy, community inclusion, as well as creatively introduce new experiences and growth opportunities. Their preferred involvement in the home and in the community provides as much "normalcy" as possible for individuals who have trauma histories far from ideal backgrounds.

We currently care for 2 vulnerable adults in our home. We hire supplemental staff to assist with providing care and support. We need to be able to continue to hire supplemental staff. We are down to 1 supplemental support in addition to ourselves. That reality means we have chosen NOT to serve 1 additional person within our capacity of 3, meaning intentionally NOT filling the 1 current opening we have. Our home would physically allow us to revert/expand our license capacity to 4, but with limited staff we are NOT currently considering expanding our capacity. We have turned down inquiries for the open space, as we must carefully consider if we can meet the needs of serving additional people.

State & county workers inspect our paper work, our homes, and even our bedrooms. Our residence is basically a place of business that is open 365 days a year. Due to our limited staff, it is difficult to get away. It IS a GOOD work, yet we can't live off accolades, do NOT have work-life "balance" and have very limited privacy and autonomy in our own home. We're willing to continue serving in this way for a PROFESSIONAL income, yet we will not give this much of ourselves, our home, vehicles, and all we own for less pay. The proposed flat rate would be a mistake for FRS. Many homes, in addition to ours will have serious consideration of serving (additional/ future) persons in our homes.

I recently had a case manager assign \$20,000 for transportation through ConnectAbility in a new annual Support Plan of a person we serve. We were asking for about \$100 monthly (\$1200 annual) to allow her some flexibility for other transportation options in addition to what we provide. For fiscal responsibility and to keep costs low, including insurance, etc, we drive well cared for vehicles that are paid off yet almost considered old. We are provided \$1,831.49 annually through DWRS per person. Our transportation costs are consistently above what we are compensated for, more so in the past 3 years. I was shocked at the funds that were offered and made available! I know there are different "pots of money" and you may not consider the information pertinent, but please take this into serious consideration...that is absurd and unnecessary funding!

After reading our story I hope this is your take away:

- Not all FRS homes are “typical” or accept only people who have simple needs or fit the narrative of being “easy” to care for.
- FRS homes take persons who require all levels of support, including those with complex medical and mental health needs.
- Not all FRS homes can operate without support staff, to support the individuals’ needs, a healthy quality of life for all, to protect against caregiver burnout, to navigate (family) emergencies, medical, etc.
- Daily rates and people we serve need to be person-centered because no two people are alike.
- The need for decision-makers to have a better understanding of both similarities and differences we FRS have compared to CRS, or you will lose, in my opinion, the best type of programming available to those who need and thrive in the FRS environment.
- Reducing rates from the current DWRS framework to a proposed FLAT rate is NOT OK.

I want to challenge the narrative that FRS homes don’t understand what is expected of us. These are some rules that apply to FRS homes:

- We aren’t supposed to work out of the home.
- We must be available 24/7 for support.
- We must have someone in the home at night (Background study & trained).
- We must personally provide half of the direct care.
- We still need to do all the same paperwork as a CRS home.

If you’re seeking a solution to help us become better at complex paperwork or understanding of the rules and regulations, please consider the following:

- Give us a seat at the table to participate, communicate, express, and voice exchanges of ideas along the way so we aren’t just considered the complainers. “The table” also needs to be virtual to provide the most opportunity for the most to participate.
- Create practical training.
- Make the website more user friendly, not so cumbersome so that information can be easily found.
- Take a customer service approach to providers and our inquiries so we are not intimidated to call/ email and ask questions, or feel concern over our license. Please understand when we call, we want to learn. Our questions may also come with some expressed frustration over all the complexities of navigating compliance, along with a desire to understand what you are saying.
- Consistent communication, explained in plain talk, so that everyone is following the same rules (every DHS Department, County, County staff interprets the mandates differently creating a system whereby the providers are the losers especially if our persons come from multiple counties).
- Thank us for the great job we are doing instead of only telling us what we are doing wrong.
- Create a paid mentoring program where you pay the people that you consider “quality” to mentor those that aren’t.
- Show FRS providers that we matter!

We sincerely thank you for taking the time to read this,
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