



March 29, 2022

Kristen Anderson, Executive Director
AspireMN
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Kristen:

I am writing in full support of the State of MN changing the language as presented in HF3404, including adding additional funding for Collaborative Intensive Bridging Services (CIBS) programming. I also especially appreciate the possible funding toward recruitment and retention of the workforce.

I urge the MN Legislature to support funding needed by all children for intensive community-based mental health services in our communities. Ideally, we could support our youth in non-foster settings and possibly limit the need for foster or congregate care for our youth. Though I work within the public child welfare/protection system, I want kids to be diverted from this system when possible. When they cannot, I want good solid services for them. To me, this is not an either-or situation, and current law creates situations where the only way to get care for our kids is to bring them deeper into the child welfare/protection system. We need to continue and expand all programming, but specifically within the CIBS program. When we can serve these youth through the mental health system, we can better support them. Started through a Federal SAMHSA grant and demonstrating initial positive results in keeping youth in their local communities, this program's long-term effects might very well be significant to youth in MN. We need time, resources, and research. When not possible to maintain a youth in the home, the second level of services allows for short term stays (less than 45 days) in crisis placements. Kids may end up in residential treatment, but these stays are short term and kids return home quickly. In fact, most kids never end up in any out of home placement, which is a hallmark of the CIBS program.

Children's challenges generally occur within the context of their family units, and anything we can do to provide services to these youth and their families is critical. There is a lot of discussion these days about keeping youth out of the deep-end child welfare/protection placements, and CIBS is a program that shows success in this area. While neither MA, nor private insurance will pay to keep the youth's community-based therapist serving them alongside the facility staff, CIBS does and this has been a major improvement in their mental

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health care. Simply put it allows for exceptional connections within the mental health system. Kids can quickly come back to the community, and engagement with their providers is critical to their long-term mental health improvements. The fact that CIBS does not require closure of these local services is vital to the program's overall success.

We have been a pilot site for the current program, but resources are lacking, and ultimately, we will have to withdraw these services without additional resources. We already experienced a major delay with the funding in the fall of 2021, and this created challenges for us in continuing the services with identified youth. We are now needing to provide funds to our local partner county to support our shared CIBS coordinator, thus limiting our ability to directly serve clients. This position is important to the programming kids receive and she is able to engage families across our three county area, but this state level funding was cut in this fourth program year, both for the coordinator and for our local service delivery.

MNPrairie has been able to keep kids out of residential placements with this program and provide services to them we have previously lacked. This is critical to our ability to keep kids out of long-term congregate care.

This program fits a key philosophy of the Family First Prevention Services Act (FFPSA) and is critical to assisting MN in complying with the requirements of this Act to reduce the number of youths placed within congregate care settings.

Sincerely,

Patricia Harrelson

Patricia Harrelson, LICSW,
Program Manager, Child & Family Social Services

