

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

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Jackson County Health and Human Services

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BestCare Treatment Services

Josephine County
Options for Southern Oregon, Inc.

Klamath County Mental Health

Lake County Mental Health

Lane County Health and Human Services

Lincoln County Health and Human Services

Linn County Health Department

Malheur and Umatilla Counties
Lifeways, Inc.

Marion County Health Department

Polk County Mental Health

Sherman, Hood River & Wasco Counties
Mid-Columbia Center for Living

Tillamook County
Tillamook Family Counseling Center

Umatilla County
Addictions Program

Union County
Center for Human Development, Inc.

Wallowa County
Wallowa Valley Center for Wellness

Washington County Behavioral Health &
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AOCMHP Testimony on DHS Budget – SB 5529

Joint Ways & Means Subcommittee

3-21-2013

Contact:

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Dear Co-Chairs Bates and Nathanson, and Members of the Joint Ways & Means Subcommittee,

I am testifying on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), including the Community Developmental Disability Programs (CDDPs). My testimony is directly related to the Developmental Disabilities Program part of the DHS budget and the CDDP role in two high priority areas for funding: Quality Assurance and Family Support.

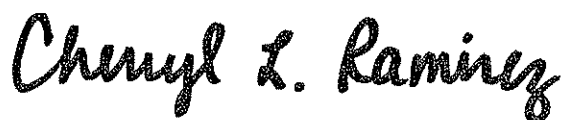
Quality Assurance positions for CDDPs help to assure that level of care determinations are timely, required site visits are completed and service plans are developed that meet state policy guidelines and CMS waiver standards. These positions in the CDDPs and brokerages have been critical in helping ODDS assure the health and safety of individuals. Now the Quality Assurance work has been relegated to various supervisors, managers, and service coordinators; at the same time they are adding more individuals to their case loads and trying to maintain a program with 18-25% cuts in staff and 10% cuts in administration. The loss of funding for the Quality Assurance positions has a direct impact on CDDPs' and the State's ability to assure the health and safety of individuals and meet CMS waiver standards, and we urge you to consider prioritizing reinstatement of Quality Assurance positions in your funding discussions.

Families with children who have been diagnosed with a disability face considerably higher emotional, social, physical and economic demands, and with more than 75% of people with intellectual and developmental disabilities (I/DD) living in their communities who rely on their families for varying levels of support, 56% of whom live with their families, supports for these families are increasingly important. According to national statistics, 58% of parents and other caregivers spend more than 40 hours per week and 40% spend more than 80 hours per week providing support for their loved ones with I/DD beyond typical care.

The concept of Family Support includes connecting a family to other families to form a social network, and providing goods and services that are specific to the daily support or caregiving role, such as planning for current and future needs, respite, crisis prevention and intervention, systems navigation, home modifications, and wellness management. To take respite as an example: Respite at \$12/hour for 12 hours/month costs \$1,728 per year compared to much higher costs for crisis care and out-of-home placements. The non-financial cost, the emotional toll on the family, is harder to quantify. A little bit of relief from round the clock care giving has been shown to reduce divorce rates, abuse and neglect, and hospital/doctor visits. These services provide just enough help to family caregivers to keep their loved ones home instead of having to turn them over to State care in a group or foster home. As the primary caregivers for their loved ones with I/DD, and acknowledging that family members need support, we urge you to also prioritize funding for Family Support to families with children under age 18, which has endured a 54% reduction in the last two biennia.

Thank you for your consideration in supporting the DD system and I very much appreciated your willingness to hear all of the public testimony that was provided.

Sincerely,

A handwritten signature in black ink that reads "Cheryl L. Ramirez". The signature is written in a cursive, flowing style.

Cherryl L. Ramirez
Director, AOCMHP