



March 28, 2017

Dear Co Chairs Senator Steiner-Hayward and Representative Rayfield, and Members of the Committee:

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP) and the Community Developmental Disability Programs (CDDPs), we are testifying on HB 5526, the Department of Human Services budget bill. AOCMHP's membership includes 32 CDDPs across Oregon, operated through Community Mental Health Programs, by not-for-profit entities that contract with local government or who contract directly with the DHS/ODDS. CDDPs help assure the protection and safety of over 25,766 Oregonians with Intellectual and Developmental Disabilities (I/DD) in collaboration with families and providers, and provide direct case management services to over 17,000 children and adults.

We are concerned about the proposed cuts in both the Governor's Recommended Budget and the Agency request for the 2017-19 DHS Budget. While we understand the gravity of the budget shortfall in Oregon and the dilemma this creates in balancing the budget, the proposals of reducing or eliminating funding for the various programs that support children and adults with I/DD will have a devastating impact on their quality of life, independence and self-sufficiency. Many of the changes over the last 4 years, including the K State plan and the settlement of the USDOJ-employment law suit, have had a significant impact on case management entities' ability to meet the ongoing expectations in Oregon Administrative rules and federal regulations. These changes have had positive impacts on individuals with I/DD and their families, and have simultaneously created many challenges for the I/DD system, as outlined below.

More individuals seeking I/DD services

During this biennium alone, the number of children and adults eligible for services has grown from 23,776 (fall forecast 2015) to 25,766 (February 2017 forecast), an increase of approximately 2,000 individuals. The metro CDDPs are enrolling an average of 30 new individuals a month and have doubled that amount in intake. This pace is expected to continue through the next biennium.

Oregon Administrative Rules require that an individual must have an authorized Individual Service Plan (ISP) within 90 days of a completed application or becoming financially eligible for ODDS funded services. With the increase in numbers, this adds significant pressure for CDDPs to meet these timelines due to the changing complexity of assessments, forms and additional meetings. Plans need to be person-centered and customized to meet the goals and needs of the individuals.

Underfunded Case Management

Case management entities will not be able to meet the needs of the growing numbers entering services without increased funding for the workload model. The workload model for I/DD that was developed before the full rollout of the K State Plan, and was implemented in FY 2015, was updated after the forecast and a maintenance cycle review, identifying an **additional 320 FTE** needed to meet the requirements and expectations to provide quality supports and services for people with I/DD.

The primary role of a Service Coordinator is to assist people with obtaining available services in the community as well as services under the Home and community (HCBS) waiver. To accomplish this, the Service Coordinator needs to develop a trusting relationship with the individual, understand the strengths and supports needed, along with assessment, monitoring and assuring health and safety, and risk management. This is only achieved by spending time with an individual to assess their needs and develop a plan to achieve their goals. Case management entities must be able to effectively monitor services so that individuals are not subject to abuse or fraud and they have safe and healthy lives in their communities.

An ongoing challenge is meeting the increasing expectations of Employment First requirements tied to the DOJ employment lawsuit and expectations from Centers for Medicare and Medicaid (CMS). Caseloads average around 55 individuals for a full-time staff in CDDPs, reaching as high as 66 individuals in the larger county programs. In smaller, rural CDDPs, the Service Coordinator or Program Manager carries an average caseload of 28 individuals, serves as the Eligibility Specialist, manages crisis, develops community resources and is responsible for many other DD system priorities. Service Coordinators are often the only contact an individual or family has to assist with the employer paperwork, find resources or help solve medical issues.

Family Support

The Family Support Program, which is on the DHS reduction list, fills a very specific need that supports children in their family homes. This quote, from a family in Medford, best summarizes the need:

"My son and our family greatly benefited from the Family Support plan provided through Developmental Disability Services. With help and support from this plan and our caseworker, we were able to receive alarms for our doors in our house. My son is four years old and is on the Autism Spectrum and is a runner. He had gotten out of our house previously to the point we thought we didn't know if we could find him. So, the help we were provided with through the Family Support plan was able to protect my son and provide peace of mind that he is safe in our home with this added support. If you strip funding from this program my family, and countless others, will be left in a position of desperation and fear. Please do not take away funding from families who so desperately need it to live a normal life." J Knuepel

These dollars provide case management FTE and funding to support summer camps, community inclusion, therapies when insurance runs out, respite care, specialized medical supplies, and equipment like weighted blankets and vests. The families using these dollars may not qualify for Medicaid and K State Plan, or have very limited hours on their assessment. Examples of numbers of children supported by Family Support are Clackamas County - 185, Jackson County - 150, and Deschutes County - 48, many who spend less than the capped \$1,200 per year.

Regional programs and functions

In the Governor's Recommended Budget and the DHS priority cuts list is "elimination of regional staff" that support CDDPs, Brokerage and ODDS with crisis situations. It is devastating for an individual to be removed from the community because there is no "bed" or resource available. CDDPs and brokerage CMEs, in partnership with regional staff help to identify the resources needed to keep individuals stable and in their own communities. Crisis is best managed at the local level, where there are relationships within the community. If regional funding is eliminated, these "unfunded" functions would transfer to CDDPs, brokerage CMEs and ODDS as these tasks are currently not included in the workload model.

Below are some of the critical functions provided by regional staff:

1. Crisis referral and placement coordination for children and adults, working closely with providers, CDDPs, Brokerages and ODDS to stabilize individuals in current placements, and prevent out of home placements or determine who on the "wait list" would access statewide residential resources.
2. Oregon Intervention System (OIS) instructors, mentorship and support to individuals and providers, often preventing out of home placement.
3. Behavioral Consultation provides supports to a significant number of individuals who have very complex support needs including multiple I/DD and mental health diagnoses.

Direct Support Professionals (DSPs)

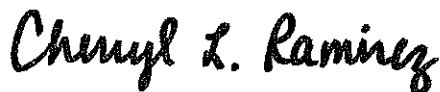
The I/DD system is at a crisis stage in supporting individuals who need or want out of home placement. One CDDP reported that one in five newly eligible individuals requests 24-hour services. There are many reasons for this - aging parents, lack of capacity for providers in home, lack of affordable and accessible housing. Individuals and families do not want the system to "just provide services". They want reliable, well trained providers. To achieve that, we must pay equitable wages for this very rewarding and challenging work. DSPs must make a living wage to stabilize our system and to contribute to quality of life for individuals with I/DD. AOCMHP supports the efforts of the 24-hour provider system to increase wages for DSPs.

Community Supports

It is often said it takes a village to raise a child. In the I/DD system, it takes an entire community to support children and adults with I/DD to ensure they have a full, integrated life in the community. This is achieved through adequate funding for housing, community networks, case management, agency providers, and supporting individuals where they live. It is essential that we provide supports to enable individuals with I/DD to become more independent, self-sufficient, and productive members of their communities. Families need supports to assist their children in reaching their goals, as they face different challenges in navigating a complex system of services. We have the challenge of meeting our "social contract" with these vulnerable individuals through the stewardship and sustainability of funding for services described in this testimony. In addition, we are submitting testimony from many families who could not attend today, and wanted their voices heard.

Thank you for the opportunity to testify on the DHS budget and HB 5526. We welcome any questions or opportunity to discuss these points in more detail.

Sincerely,



Cherryl L. Ramirez
Director, AOCMHP



Sarah Jane Owens
DD Specialist, AOCMHP