



ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS
ADDICTIONS • MENTAL HEALTH • DEVELOPMENTAL DISABILITIES

Representing 32 Community Mental Health Programs Across Oregon

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Vision

*We envision a future when
mental illnesses, addictions and
developmental disabilities are
prevented or detected early,
and individuals and families
have access to
effective treatments and
supports to enable them to
participate fully in their
communities.*

Dear Senate President Courtney,

On a recent phone call with Lisa Taylor, we were asked to provide information regarding the funding needs for case management supporting individuals with Intellectual and Developmental Disabilities (I/DD) and their families. I am writing on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), representing the Community Developmental Disability Programs (CDDPs) in all 36 counties of Oregon.

Core List of Services:

CDDPs are legally required to provide certain services to individuals with I/DD, as mandated by the state's *K-Plan and waivers*. Delivery of services has also been expanded in response to a *lawsuit brought against the state that is still pending*. These services include:

- **Case Management (assisting clients to access housing, health care transportation, employment, and helping them navigate major life events and crisis)**
- **Medicaid/Service Eligibility Determination**
- **Abuse Investigation**
- **Family Support Requests (in-home assistance to families/individuals)**
- **Licensing of Adult Foster Homes, Child Foster Homes, and management of Personal Support Workers**

For case managers, the Covid-19 pandemic has added multiple new complications to helping people with I/DD and their families **find stable and affordable housing, attain food and other resources, complete Individual Education Plans (IEP), find employment, or purchase items that will help maintain health and safety**. Case managers are often the lifeline and problem solvers for the people they serve, and this makes their roles fluid - duties can rotate between all of the above and more on a daily basis. Additionally, both case managers and their clients must address technology needs to allow for remote, real-time communication.

CDDPs cannot continue all of the legally required services without requisite funding to support their efforts. Case managers ensure the health and safety of individuals who are particularly vulnerable to Covid-19, and as caseloads grow, due to the pandemic, individuals already in case management require additional assistance.

Examples of new challenges presented by the pandemic and creative solutions:

During the pandemic, case managers have done their best to improve quality of life for the individuals they serve. As face-to-face visits are a challenge, case managers must be especially creative in their efforts to protect the safety, meet the needs, and lift the spirits



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of those in their care. That being said, the pandemic has also caused an uptick of abuse in the I/DD system.

Although reports of abuse are down by as much as 70% across the state, this does not mean abuse is not occurring - rather, case managers may not visit individuals in their employment or homes to monitor their health and safety, and identify possible allegations of abuse. Case managers are critical to providing protective services, monitoring, and reporting possible allegations of abuse to CDDP Abuse Investigator Specialists, who are responsible for conducting abuse investigations. While case managers have found creative work-arounds to this problem, success depends on manageable caseloads. If funding is cut and caseloads grow, the capacity to monitor safety will suffer.

Isolation during the stay home, stay safe order has been of great concern. In Klamath County, case managers organized a drive-by parade to show the individuals in their care that they are thinking about them during this difficult time. Additionally, in rural areas like Klamath and Harney Counties, case managers are responsible for providing the individuals they care for with technology, allowing the case manager to connect with them via digital platforms. While the purchasing of this technology incurs costs, it allows case managers to adapt to life during the pandemic while still providing appropriate care to the vulnerable individuals they serve.

Coronavirus Related Expenses:

The urgency of the pandemic has not yet allowed for a thorough measurement of statewide budget impact, but we have good information from Washington County. We can extrapolate their numbers to get a rough estimate of statewide impact by using a weighted system to reflect the size of different CDDPs. In **Washington County**, many CDDP staff members have been transitioned to the county Emergency Operations Center (EOC). However, these staff members remain on the CDDP payroll even though they are no longer working at the CDDP. This results in higher caseloads for the workers still at the CDDP and incurs costs for the CDDP to cover overtime hours to make up for the lost workforce. An estimate on all Covid-related expenses for Washington County is included below:

- Covid-19 absence as of 5/8 payday: \$28,095
- Covid-19 EOC Staff: \$71,688
- Total employment costs: \$99,783

Washington County has also purchased cell phones and headphones both for staff members and the individuals they serve. This has resulted in other costs as well. These are estimates:

- Technology costs: \$5,000-\$7,000

Washington County CDDP has also bought limited amounts of PPE. While we do not have the exact number, a rough estimate is approximately \$1,800.

Total Estimated Costs: \$108,583



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Total CDDP Estimated Costs Statewide:

Staffing Costs: \$1 million

Technology Costs: \$120,000

PPE: \$39,600

Total rough statewide cost estimate of COVID related expenses: \$1.16 million

Past Budgetary Information:

The state funds I/DD case management with a “workload model.” This model estimates the FTE that will be required to carry out the work that the state must provide. The workload model was introduced in 2015, and it was fully funded in 2015-2017. However, in 2017-2019 and 2019-2021, the state has chipped away at the funding level. In some counties, this decline in funding has resulted in exploding caseloads (Some case managers have caseloads of over 80, with an ideal caseload considered to be 30-40).

In 2019-2021, there were specific challenges regarding the workload model, which was released in mid-2019. The updated model showed significantly higher FTE needs than the previous workload model had forecasted, but the new model was released past the midpoint of the legislative session. As a result of the late release, case management’s funding with respect to workload was significantly reduced.

In 2020, there was a successful effort to get an additional \$5 million for case management added to the proposed budget, but the final budget was not executed. As we enter into an unprecedented budget cut process, we must ensure that the safety and health of the vulnerable individuals that case managers serve are not compromised. A summary of funding levels for the last three biennia is included below.

- 2015-2017: \$90.8 million GF - full funding
- 2017-2019: \$107.95 million GF (85% of full funding) \$20 million below full funding
- 2019-2021: \$124 million GF (79% funding equity) \$29.5 million below full funding

Conclusion:

Case managers protect the health and safety of individuals with intellectual and developmental disabilities and their families. They provide valuable support at critical moments in people’s lives. In this uncertain and unprecedented time, they are especially crucial. We hope that this information will help inform your important budget deliberations in the weeks to come. We cannot forget about our community members with I/DD during this time of crisis.





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If you have any questions or would like additional information, please reach out to our government affairs representative, Ryan Fisher at ryan@nwpublicaffairs.com or by phone at (503) 807-7525.

Sincerely,

Sarah Jane Owens

DD Specialist - AOCMHP