



February 13, 2019

Dear Co Chairs Senator Beyer and Representative Nosse and Members of the Ways & Means Human Services Subcommittee:

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), which represents the Community Developmental Disability Programs (CDDPs), we are writing in response to HB 5026, the Department of Human Services budget bill.

AOCMHP's membership includes 32 CDDPs across Oregon that are either operated through Community Mental Health Programs, by not-for-profit entities that contract with local government or that contract directly with DHS/ODDS. CDDPs help assure the protection and safety of over 28,000 Oregonians with I/DD in collaboration with families and providers, and provide case management services to over 17,800 adults and 8,100 children eligible for services. We partner with Support Service Brokerage case management entities (CME) who provide case management services to an additional 8,100 adults.

The Association of Oregon Community Mental Health Programs supports the following critical policy option packages in the Department of Human Services 2019-21 budget request that were not included in the Governor's Recommended Budget:

- **02 – I/DD 100% Workload Model** (restore Community Developmental Disabilities Programs and Brokerage funding back to 100% workload FTEs at 95% equity): **\$19,290,798**
- **126 – Workforce Expansion and Development** (Increase in Direct Support Professional wages): **\$84,871,687**
- **118 – I/DD Data Management System** (statewide, centralized I/DD client system across 47 case management entities, including brokerages, for intake, eligibility, enrollment, case management assessment, person centered planning and monitoring, adult protective services and other functions): **\$1,633,011**

We are deeply concerned about the proposed cuts in the Governor's Recommended Budget. Reducing CDDP and Brokerage equity from 95% to 93% would come on top of significant reductions in the 2017-19 biennium. CDDPs are currently funded at roughly 80% of actual operating cost. The 93% "equity" funding in the Governor's Recommended Budget would result in a further 2% reduction below 80%. This would cause an additional reduction in the number of staff at CDDPs, compromising the quality of services across the board in the 2019-21 biennium. Case management is the foundation of the DD system, yet CDDPs are struggling with high caseloads and

challenges in recruiting and retaining good case management staff. Oregonians with I/DD deserve a strong and reliable case management system.

Inadequate funding and increase demand for I/DD services has created significant challenges for our system. Case management caseload is projected to increase 9.5% in the 2019-2021 biennium. As enrollment continues to rise, funding continues to decline. When the case management system is underfunded, the individuals we serve feel the effects the greatest

The workload model is currently being updated to incorporate the work required to meet the demands of more children and adults becoming eligible for services, increased work in abuse investigations, licensing of adult and certified children foster care homes and staffing for case managers implementing services under the 1915 “K state plan”.

Underfunded Case Management System and staffing

A primary role of a Service Coordinator is 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. Proper plan development is only achieved by having time to spend with an individual to fully complete all the important tasks. Service Coordinators are often the only contact an individual or family has to assist with employer paperwork, finding resources or helping solve medical and behavioral challenges or coordinating with other agencies. They also work with jail staff, attorneys to help people deal with the issues that landed them in jail. Additionally, service coordinators monitor services to prevent abuse, fraud, inadequate services and to assure health and safety of all children and adults with I/DD.

Caseload size averages around 60 individuals for a full time staff in CDDPs, and can go as high as 70 individuals in the larger county programs. In smaller, rural CDDPs, the Service Coordinator or DD Program Manager can carry a caseload of 20 individuals, but is also responsible for eligibility, abuse investigations, managing crisis referrals, and developing resources.

Additionally, CDDPs are currently responsible for two mandated positions that receive no funding from DHS/ODDS:

- *Designated Referral Contacts (DRC)*: With the legislative decision to eliminate Regional programs on September 30, 2017, CDDPs have taken on crisis work, crucial to maintaining the health and safety of Oregonians with I/DD. In addition to increased workload across all positions to cover this loss, CDDPs were required to identify one contact person (DRC) within each case management entity to manage this work previously done by regions. This work and the FTE required received no funding from DHS/ODDS in 2017-19, and CMEs pieced together staffing, pulling money from other staff or prior year savings to cover these positions.
- *Oregon Needs Assessment (ONA) Assessors*: Starting in July 2018, CDDPs were required to hire stand-alone ONA Assessor positions per the Disability

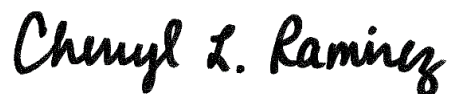
Rights Oregon lawsuit, "To ensure that all assessments are objective and accurate, the ONA will be conducted by assessors who have specialized training on using the tool, and not a case manager." Every CDDP hired or reassigned staff, such as supervisors, eligibility staff or the DD Program Manager to conduct assessments, without any new funding. These positions need to be funded in the 2019-21 budget, once added to the DD workload model reshoot in March.

Case management entities will struggle to meet the needs of the growing numbers enrolling for services without replacing the staffing lost in the 17-19 budget process and funding new mandated positions.

The Governor's DHS Budget request summed up why funding for I/DD case management and services are so important, "When compared to the entire Medicaid population, adults in the Medicaid-funded home- and community-based services with I/DD are uniquely more reliant on the Department of Human Services Intellectual and Developmental Disabilities Program Services service system to make lifestyle changes and to adequately access health care. Funding I/DD programs to support the necessary lifestyle choices that reliably and consistently follow through with medical recommendations will result in significant cost savings to the state's medical programs. Families and case managers are critical to help with health care coordination in the communication and implementation of treatment. I/DD services are critical to the financial stability of a family and to the person."

It is essential that we support individuals with I/DD to become more independent, self-sufficient, productive members of their communities, and we can, through adequate funding for these services. Thank you for the opportunity to provide written testimony on HB 5026.

Sincerely,



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Director, AOCMHP



Sarah Jane Owens
DD Specialist, AOCMHP