



*a nonprofit organization assisting persons
with developmental disabilities
in the community*

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Dear Co-Chairs, Representative Nosse and Senator Beyer, and Members of the Committee:

My name is Anna Keenan-Mudrick, and I am the Executive Director of Community Access Services, a nonprofit provider agency that serves individuals who experience intellectual and developmental disabilities in Columbia, Washington, Clackamas, and Multnomah Counties. I am here on behalf of my agency, and the Community Providers Association of Oregon (CPAO), which represents over 20 agencies who serve Oregon's citizens who experience intellectual and developmental disabilities in various parts of the state.

The Need: \$84M General Fund to fully fund the new, sustainable/equitable rate model (details below)

The Ask: \$46.1M General Fund, to bring our workforce to an average wage of \$15/hr.

The Why:

For Those We Support – Oregon's Citizens Who Experience Intellectual & Developmental Disabilities

- Health and Safety: If we do not stabilize our fragile workforce, our provider support systems will grow increasingly more compromised, which puts the health and safety of those we support, who experience intellectual and developmental disabilities, even more at risk.
- Quality of Life: When agencies are operating in basic survival mode, with an everchanging workforce, quality and quantity of support is markedly compromised; those we support deserve to be healthy, safe, and have opportunity to lead full, rich lives in their communities.

For Our Hardworking, Dedicated Direct Support Professionals (DSPs)

- DSPs deserve to be paid Professional Wages to reflect the complexity and vital nature of their work. DSPs do very specialized work – these are not minimum wage jobs; DSPs provide individualized, person-centered advocacy and support, facilitating access to the broader community, building personal relationships, support in making choices, securing employment, personalized/positive behavior and mental health support, and the provision of very personal care, in some cases including medical supports (i.e. feeding tube, catheter, or insulin support).

To Avoid Widespread, Long Term Capacity Crisis We Must Sustain Our Community Based Capacity

- Reverse the Reduction in Provider Capacity: Many provider agencies, in an effort to decrease losses (necessary for survival) have had to reduce the number of individuals served, in a time in which there are numerous individuals waiting for much needed services.



Example: In the past year and a half, Community Access Services has reduced capacity in supported employment, in-home supports, day supports, and in group home services to pull itself out of a massive deficit, which was eating through reserves and was therefore fiscally unsustainable; this capacity increase is juxtaposed with an increase in referrals

How did we get here? A quick explanation of our rate structure's stagnancy/insufficiency:

- Current rate model designed with cost assumptions from 2007;
- No COLA increases to our rates since 2008/2009 biennium;
- 6% rate cut in 2010 that was not restored until 2013.

Other economic factors:

- Costs of doing business has increased from 2007 until present;
 - Increases in health benefit expenses, liability and property insurance, property leases and utilities, gasoline, vehicle purchases/leases/insurance & repairs, etc.;
 - New state billing and federal service expectation mandates that have increased administrative cost; new state employer mandates (i.e. sick leave, pay equity);
 - Necessity of providing wage increases beyond what the 2016 and 2017 rate increases provided, to be in compliance with minimum wage increase requirement, and to avoid even more significant staff shortage crisis.
- State Economic Growth/Revitalization, coupled with the minimum wage increase has created competition outside the human services realm, i.e. service industry jobs that we have very rarely previously seen as our competition.

What is the Remedy? ODDS has partnered with stakeholders and consultants to build a sustainable rate model. We have heard from many legislators that fully funding this viable and equitable model, in the current biennium, is unlikely to achieve. Given this, the Community Providers Association of Oregon and other groups have revised the original funding request (full funding of the new model) to make movement toward system stability and pay equity, reducing the ask to \$46.1M General Fund dollars, a decrease of 45%. This will allow providers to pay an average wage of \$15/hr., staving off crisis in this biennium and allowing time to partner with legislators for future biennia.

Thank you, tremendously, for your proactive partnership in resolve,

Anna Keenan-Mudrick, MSW
Executive Director, Community Access Services
Legislative Chair, Community Providers Association of Oregon