AFSCME Member testimony in support of IDD case management funding in HB 5026

Chair Beyer, Chair Nosse and members of the Committee,

My name is Aimee Broussard, I am an AFSCME Local 88 member and Union Steward. I am an Abuse Investigator in the Intellectual and Developmental Disability Program at Multnomah County, however, I was a service coordinator for 6 years, prior. I am writing on behalf of the multitude of service coordinators I have met with in recent weeks who provide case management services for people with developmental disabilities.

Caseloads for services coordinators in Multnomah County Intellectual and Developmental Disability Program are typically 60+ clients per service coordinator. Lead service coordinators and service coordinators with specialized caseloads have less due to having additional duties.

Multnomah County has 78 Service Coordinators (not including the assessors who do NOT carry a caseload, but are still considered service coordinators) and provides case management to 4,158 clients in the following categories:

Kids (0-15) = 1,636
High School Transition (16-21) = 726
Adults (22+) = 1,796

The professional standard is 45 or LESS clients per service coordinator, which is still not ideal to provide quality care to individuals who absolutely need high quality care. While 15-20 clients might not seem like much on paper, it is not nearly enough time to provide quality, thorough and fitting coordination to the clients served through Multnomah County I/DD. We have NO wait list and intakes just keep coming in. As we add more and more clients and the need grows, but no new SC's then our caseloads just keep growing.

Service Coordinators are drowning in administrative tasks such as(ex: copying, scanning, mailing, uploading docs to client files, administering annual documents like releases of information and notices of rights, updating client demographic information, getting signatures for every document that is sent, sending notices of planned actions, and more. There is an administrative team to do this kind of work but because Service Coordinators are so overburdened, they don't even have time to work on gathering a plan to communicate coordinated tasks to the administrative team and it becomes less of a task to do it themselves.

In addition to a tremendous amount of administrative tasks, service coordinators are also asked to meet a specific amount of "billables". This means each service coordinator is asked to make at least 4 billables per day, or make a contact with a client in which they can bill Medicaid for. Not every contact counts. If a service coordinator is working on a crisis all day for and with a client, and makes 20 contacts, including going to the hospital and works 12 hours, the entire day is only ONE billable. This is where the system fails service coordinators. Most service coordinators work diligently to get their billables in and most of them do. However, it's the "dark cloud" as one service coordinator said, that is always hanging over their heads. Many service coordinators stated they feel they are only working to meet the numbers game, not to make a difference in the life of the clients they work with. Some service coordinators feel they need to choose between meeting the needs of their clients and getting their billables in. Many service coordinators feel this billable system has created a culture of fear. This is directly a cause and effect of our budget being slashed repeatedly.

Time and time again, throughout the years, I have heard hundreds of service coordinators say the job is "insurmountable, impossible, and unachievable." Service coordinators increasingly express:

- feelings of burnout,
- high levels of stress due to not being able to meet clients' needs,
- "impending doom" due to not being able to adequately address crisis situations,
- extreme anxiety regarding working outside of their work ours (i.e. from home, on weekends, on holidays just to barely tread water, yet many still say they are "still drowning),
- experiencing high levels of secondary trauma and compassion fatigue from hearing a multitude of stories from clients and families in which service coordinators do not have the time to attend to their needs and/or crisis,
- many service coordinators explain they have clients on their caseload they haven't met and don't have time to meet. Those clients get pushed to the bottom of the pile because they aren't in crisis – to which SC's feel awful about
- frustration and anger over how management is constantly changing clients between service coordinators. While likely a way to try to spread the workload it, it makes building relationships and needed trust. Many service coordinators spoke about families complaining about how they will get several letters in the mail about case manager changes without even meeting one of them. A funding structure that would mitigate this is imperative.

- Struggling to find the balance between ethically doing the work they pride themselves on doing (thorough, person centered, choice advising, thoughtful, holistically approached, etc) versus just getting the paperwork in to get the job done. Service Coordinators typically have 5 ISPs to complete per month (sometimes more or less) which on average takes approximately 4-5 hours of preparation time. Approximately 1-2 hours for meeting time (excluding travel) and anywhere from 1-2 hours paperwork time to finalize. That equates to roughly 7-9 hours per week just for ISP's. Meanwhile Service Coordinators are also expected to complete quarterly Foster Care monitoring to review financial ledgers, medication administration records, physician orders, behavior plans, support plans and more which can take up to several hours each visit and depending on how many foster homes a service coordinator is assigned, this can take much of their time. Afterwards, every action service coordinators take has to be documented in a progress notes. Service Coordinators express they do not have enough time in the day/week/month/year to possibly write all the things they do. This is problematic on so many levels.

  As an abuse investigator I can tell you this has been problematic when I go to see what protective services are being done and I see that a Service Coordinator hasn't documented, even though I know they have completed an action, and they have told me they have done so. In the legal system however, if it is not documented it didn't happen. This sets service coordinators up for possible legal action.
- Service Coordinators are also expected to attend Wraparound meetings, court hearings, IEP's, DHS meetings, etc. Service coordinators provide valuable input and are an integral part of these interdisciplinary teams, however have been told to prioritize other work (billables and progress noting) and have been told not to attend these meetings. This often puts I/DD in adversarial relationships with community partners when I/DD service coordinators do not show up for these meetings.

The funding MCIDDSD NEEDS in order for Service Coordinators to keep their heads above water to be able to do the work set forth in the OAR's for service coordination would be having a caseload of 45 per Service Coordinator (that is for all service coordinators without specialized caseloads or leads). That means MCIDDSD would need to employ 95 SCs and currently we have 78. With 95 SC's every SC would have 44 clients - until of course more and more clients keep coming in.

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Please pass a budget that would provide for the 17 additional service coordinators that we need to provide quality services for the individuals and families that we work with every day.

Below are additional stories from other service coordinators:

DIRECTLY FROM AN SC:
I am one of a handful of SCs with a specialized caseload of kids and youth in out-of-home placements. Most of the kids I work with are dual diagnosis -- DD and mental health. The work involves multiple systems, interdisciplinary teams, and community partners. With this caseload, I have built relationships with attorneys, juvenile court counselors, mental health providers, pediatricians, child welfare workers, and so on. With this caseload, I also get to use my MSW education and training in trauma and attachment issues. It's interesting and meaningful, and I believe wholeheartedly in the model. The agency benefits from specialized caseloads because SCs (who manage them) build strong relationships with DD foster providers, learn OARs specific to out-of-home placements, and develop skills and strategies for quarterly foster care monitoring. Notably, I also share clients with the same DHS caseworkers, attorneys, Wraparound coordinators, psychiatrists, therapists, juvenile court counselors and more. We're building relationships with some of the most valued professionals in the field -- it's good for everyone, my agency included.

Every week, I have to triage and/or manage crisis situations -- shaky placements, disrupted placements, trips to the ED, psychiatric hospitalizations, juvenile arrests, elopement, sexual exploitation and so on. One crisis can easily consume a majority of my work week, leaving no time for other expected case management tasks. Every one of my complex cases comes with a team of up to a dozen or more people. Just keeping up with email from team members during a crisis is time consuming, especially as others jump in, like hospital social workers and child welfare supervisors and managers. It's not uncommon for me to receive 15-20 emails per day for one client.

FROM ANOTHER SERVICE COORDINATOR:

I work with 50 individuals. My caseload is reduced because I am a lead, but that doesn't seem to change the amount of work I commit to those 50 individuals. I consider myself a strong case manager who stays in consistent contact with most of my customers on a regular basis. This is because I don't feel that crisis case management (only providing supports when a crisis occurs) is effective for our customers. However, crisis case management occurs more frequently among myself and my colleagues because of the overwhelming amount of customers we are responsible for as well as our customers' demographic situation (mostly low-income, disability, low employment, not many natural supports). About 75% of my customers are very low income, residing in Section 8 or

low-income housing, living SS/SSDI paycheck to paycheck, and don't have a lot of trust-worthy family or friends who do not exploit them. If there is a crisis (losing housing, domestic violence, wheelchair mechanical breakdown, etc.) my customers are immediately at an increased risk for exploitation, more poverty, less accessibility to resources.

I had a customer who was financially exploited by her mother and sexually abused and financially exploited by her father. She was living between her mother's apartment and father's apartment. Her mother was eventually evicted so she chose to stay with her father because it was a roof over her head. Meanwhile, he continued to sexually and financially abuse her. The Abuse team and I worked hard to try to keep her safe but she was refusing other residential options. She was also not taking her medications properly and was turning over her SNAP card for a way to "pay additional rent" to her father, where she was choosing to live despite his abuse of her. She was not eating adequately, was not maintaining personal hygiene, and eventually was kicked out from her father. She ended up in a shelter and was frightened. I went with her to the shelter to check in and she did not want me to leave her. I was working to get her into an adult foster care home, but that takes time because of how our system works. This was a very chaotic time for this customer and was over a course of two weeks. During those two weeks, I also had 7 ISPs to complete with other customers, as well as other case management maintenance for customers NOT in crisis. This was also right when our department stated they were no longer going to allow overtime, so I felt added pressure to complete these things. I ended up staying very late several nights and working late, not reporting my time (basically working without pay). I STILL have work to complete and flexing my time only puts that work further on the back burner, thus making other customers continue to wait for case management support. I helped that customer get into a safe foster care home but I know that during that time, I neglected some of my other customer's needs.

FROM ANOTHER SC:

Being able to build relationships with our clients, which I pride myself on and is why I got into this job, is impossible. I have been working on my own time for so long it is like I never get a break. My phone is on at all time so clients can call me at home and they often do. I am really never off the clock. I just feel like I need to be available because I don’t have enough hours to get the work done in the 40 hours we get. Since management stopped allowing overtime too, I especially cant get work done. When a family is really struggling, do you think they stop struggling at 5pm and on the weekends? That’s when they are usually struggling the most! My heart cant handle all the difficulties they face. That’s why I work outside my hours and I just don’t tell anyone.