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Co-Chair Beyer, Co-Chair Nosse and Members of the Committee:

My name is Dawn Alisa Sadler. I am a senior manager with Multnomah County's Intellectual and Developmental Disabilities Division. I have worked in IDD services for 33 years and I am very proud of the work we do at Multnomah County.

I have seen how transformational IDD services can keep our fellow Oregonians safe, independent and active in our communities. I am here to ask that you call for the Department to conduct and update the Community Developmental Disability Program workload model.

Multnomah County currently serves more than 5,800 clients with intellectual and developmental disabilities, including 2,469 children and youth. We serve people with conditions such as autism, cerebral palsy, or other intellectual disabilities diagnosed prior to the age of 22. The services we provide often span the client's entire lifetime.

Our staff provide case management services, linking participants and families to resources in the community and, where eligible, to Medicaid-funded residential, employment, and in-home services. Innovative federal and state policy changes, such as the K-Plan, have resulted in substantial increases in requests for IDD services. These services make such a difference in people's lives. It could mean the difference between a child or adult staying in their family home with in-home supports versus the need for an out of home residential placement. Case managers are pivotal in assisting an adult to be employed in an integrated work setting, or a teen transitioning to adulthood. At the more critical end, we are there when there is a crisis. Our services keep people from hospitals or jail when we are able to find more appropriate and cost-effective placement and care.

The challenge, and the reason I am here today, is that funding has not kept up with demand. Our commitment to providing high-quality, timely services is unwavering. But with increasing caseload size and complexity, plus additional reporting requirements, everything takes longer. This creates delays for new clients and impacts our overall service delivery. Without adequate resources to address client needs, staff are overwhelmed and concerned for the safety of clients. Case loads are averaging about 60 clients. Case managers should have case loads of 45. It is not possible to meet all the need when stretched so thin.

As the workload continues to increase, we ask that you please call for the Department to conduct and update the Community Developmental Disability Program workload model so it accurately reflects the infrastructure and staffing needed to keep people with intellectual and developmental disabilities safe, independent, and healthy, and then fully fund these services so that we can provide the workforce needed to serve these individuals well.

Thank you for your time.