

Steve Cook's Testimony on House Bill 1488

January 30, 2019

Chairwoman Kirchhofer, members of the committee, my name is Steve Cook and I am President/CEO of INARF. INARF is the principle member association for providers throughout Indiana serving the residential, employment day habilitation and early intervention needs of persons with intellectual developmental disabilities.

I am here today to testify in support of HB 1488.

I was honored to be a member of the 1102 Task Force for the Assessment of Services and Supports for people with Intellectual and Other Developmental Disabilities established in 2017 by the legislature to develop a comprehensive plan of services to guide Indiana's services for at least the next 5 years. Under the leadership of Lt. Governor Crouch the Task Force developed 34 recommendations which represent the comprehensive plan called for in the original 1102 task force legislation.

HB 1488 takes up some of those 34 recommendations.

Today nearly 9,000 individuals with IDD live away from their families in apartments and single family homes throughout Indiana communities through the Medicaid HCBS program. Another 18,000 individuals live with their families and receive Medicaid HCBS services in their family's homes. Finally, another 3,100 individuals live in 4-8 bed group homes through Medicaid funding.

All of these Hoosiers with IDD have one thing in common....they depend on direct care staff to meet their needs. Assistance with dressing, bathing, transportation, medication administration, recreation, employment training and learning new skills are just a few examples of what a direct support worker does on a daily basis. As the 1102 Task Force pointed out, we have a work force crisis. The Task Force took 8 hours of public comment in 8 different locations in our state. Nearly 200 individuals provided public comment. Many individuals with intellectual disabilities, family members, and providers offered public comment regarding the direct support workforce. The Task Force recommended the following:

“Increasing as soon as possible, the current statewide average wage of direct support professionals to a level competitive with other service sector and healthcare jobs.”

Most of our members have 20% of their direct care positions vacant. Most have a 40% turnover rate. In 2017 the legislature appropriated 10 million dollars per year to be used to increase wages for these direct support workers. This 10 million you provided leveraged an additional 20 million in federal Medicaid funds and the result was direct care workers in our member's work force received wage increases moving their average

hourly pay rate from \$10 per hour to \$11.20 per hour. We thank you for this important start, but we knew the appropriation in 2017 was a phase one around this workforce issue and it was focused on helping make sure worker wages did not fall further behind the labor market.

The IU public Policy Institute completed a study on the 2017 wage increase late last year and reported that the wage increase moved our workforce ahead of one category of service sector wages (personal and laundry service workers). The Institute reported that current wages lag behind workers in general merchandise stores, amusement and gambling workers, retail trade, transit and ground transportation and nursing and residential care facilities.

As the 1102 Task Force recommended we need to increase worker wages by a considerable amount to successfully compete, recruit and retain quality workers for this important direct care work.

Our community based system of support and healthcare for individuals with IDD is at real risk if we fail to respond to this workforce issue.

Recently, our members had the opportunity to hear Dr. Shea Tanis from the Coleman Institute which publishes the annual State of the State's report in intellectual disability services. She applauded your efforts to guide Indiana to be the largest State to no longer serve persons with IDD in large institutional State operated developmental centers.

However, one of the keys to this achievement was the fact Indiana previously operated a 24 hour crisis assistance program which for the most part ended in 2010. We know that the nature and etiology of some developmental disabilities will result in some very challenging behaviors. Having the infrastructure of a crisis assistance program provided 24 hour telephone based technical assistance, in-home response staff, temporary out of home supports, immediate access to psychiatry staff and risk prevention proactive prevention resources. If a behavioral crisis episode occurs, in nearly all instances calling an IDD crisis assistance 24 hour hotline is a more appropriate, efficient and effective system than calling 911 and having the police or an ambulance respond. As called for in the 1102 Task Force recommendations, HB 1488 outlines the development of a crisis assistance program.

Indiana has a statewide unemployment rate of 3.4%; however, 80% of persons with disabilities are unemployed. One resource to assist persons with disabilities to achieve community integrated employment is the Indiana Vocational Rehabilitation program. In August of 2017, the VR program initiated a wait list system called order of selection. This was initiated due to lack of financial and human resources within the VR program. The 1102 Task Force recommended Indiana pursuing additional federal match dollars available to the Indiana VR program. It was the desire of the Task Force that a plan be developed and implemented that would lead to serving all eligible individuals for VR services. HB 1488 addresses this recommendation.

In closing my comments, the 1102 plan is the path forward for Indiana to maintain a very solid community based system of supports for persons with IDD. We appreciate your support of HB 1488 so the work of the task force becomes a reality for Hoosiers with IDD.

Thank you.