



**Testimony on HB 33
Senate Finance Committee**

Chairman Dolan, Vice Chair Cirino, Ranking Member Sykes, and esteemed committee members,

I want to thank you for the opportunity to testify before you today.

My name is Diane Beaström and I have the privilege to serve as President & CEO of Koinonia, a nonprofit organization serving over 300 people with developmental disabilities (DD) in Cuyahoga, Summit, and surrounding counties, headquartered in Independence, Ohio. Koinonia provides a wide array of services, including Intermediate Care Facilities (ICF), home and community-based waiver residential settings, adult day services, vocational training, employment services, shared living, respite, transitional youth employment preparation, and transportation. All our settings are small, and community based. Koinonia also provides community mental health services, a program we developed in 2021 to address the mental health needs of the DD population, which is often underserved. A high proportion of people we serve have dual diagnoses that include mental health challenges.

Throughout my 36 years with Koinonia, I have been proud of our commitment to serve people with high behavioral and mental health complexities in our residential programs; we are committed to serve those who are most challenging. However, our ability to act on that commitment has been significantly challenged over the past several years. We know that continuing to prioritize those with complex conditions without staff sufficient in number and preparation is not responsible. So, instead of actualizing our plans to grow and develop our services in response to the need, we are instead shrinking and contracting our services, making choices I never thought I would encounter.

Three years ago, Koinonia employed 630 and today we employ 450 with over 65 open positions we are actively recruiting to fill. As a result of an ongoing significant staff vacancy rate, we are faced with the need to terminate services to people in need, to align with the available workforce. My staff and I dread the painful decisions that we are forced to make and feel that we are letting down people we have served for years. One example is a man in his mid-40's I'll call John. After serving John for fifteen years in in an apartment he shared with another, we were unable to provide the staffing level both men needed in such a small setting. John's mother was both very involved and very concerned with limited options, however, she understood the staffing challenges well. Left with no alternatives, John's mom agreed to become a shared living provider for her son in her home. As she and her husband are aging, this was not the future they envisioned. Instead, fatigued,

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often overwhelmed, and unable to find acceptable respite options, John's mother continues to provide needed care in hopes that this living arrangement will not become permanent. Meanwhile, John's roommate had no choice but to move into another group setting, very different than his apartment. His care needs were met, but his life was abruptly disrupted and changed. For others we serve residentially, too often following a hospital stay, people need to move into a nursing facility for rehabilitation for longer periods of time than in the past. Without adequate staff properly trained to address their post-hospitalization care needs, the delay in returning home is necessary, although recovery in the place they call home, back in familiar surroundings, is all that they really want.

Workforce challenges did not begin with the pandemic; however, the past several years have exacerbated the issue. Relying solely on Medicaid funding for most of our services restricts our ability to increase prices to meet the increasing costs to provide services in this economy. We are further constrained by limited options to reduce costs that don't also result in negative impacts on both quality and access to services. The DD system is unique in healthcare in its single payer funding model.

Out of necessity to keep our doors open and services available, Koinonia and other providers had to increase our wages to compete at all in the market. While these increases significantly exceed reimbursement, at Koinonia, we are seeing early indicators of promising returns resulting from increased wages. Five months ago, we could not recruit fast enough to keep up with turnover to get below 100 open DSP positions. Today, we have fewer than 70 open positions. However, this improvement does not come without risk; our current average DSP wage of over \$17.50 per hour is forcing reliance on one-time funds and risking depleting financial reserves, thereby shortening our potential longevity as an agency. This leap of faith, borne of necessity, now needs significant investments. Without these budget investments, the path to system stability is not possible.

For these reasons, I am very grateful for budget initiatives outlined by Governor DeWine and Director Hauck in House Bill 33 and further appreciate the additional investments adopted by the House of Representatives, demonstrating their understanding of the importance of investing in the DD service system now. We now ask that the Senate build on this foundation by investing additional dollars into these vital services to raise the direct support professional wages to at least an average of \$20.00 per hour. While increased wages alone may not solve the workforce crisis, no solution is viable without a substantial and meaningful increase in wages for the frontline workers. This is the essential first step to making it possible for us to recruit and retain the needed workforce. Many job seekers want to do this important, meaningful work. It is essential to remove the barrier of subpar wages resulting from inadequate Medicaid funding to make this job choice a reasonable option for themselves and their families.

Developmental disabilities are lifelong and complex. Families and individuals needing services for their daily life support are counting on provider organizations like ours to be there for them now and into the future. We need a stable workforce to respond. We trust that we can count on you to ensure that the DD system receives the resources and supports it so deeply needs.

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Thank you for the opportunity to bring my concerns to you today.

Respectfully,

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