



# koinonia

**Testimony on HB 110**

**Senate Health Committee**

**May 6, 2021**

**Chairman Huffman, Vice Chair Antani, Ranking Member Antonio and esteemed Members of the Senate Health Committee,**

**I thank you for giving me the opportunity to submit testimony to the Committee today on HB 110.**

My name is Diane Beastrom, President & CEO for Koinonia, located in Independence, Ohio. Koinonia is a nonprofit organization serving people with developmental disabilities since 1974. Koinonia serves over 500 Ohio citizens with intellectual and developmental disabilities in Cuyahoga, Summit, Lorain, and surrounding counties. Our services cover the spectrum: 19 small community based intermediate care facilities (ICFs); 3 licensed waiver homes; over 50 waiver funded supported living homes; shared living; respite; adult day, vocational and employment services; and non-medical transportation. Koinonia offers the spectrum of services because we know that the needs of this diverse population and their personal choice for service delivery means that neither setting option nor funding stream can be one-size fits all.

Today, the people who depend on our system of supports are frequently highly complex. For example, 78% of the people Koinonia serves also have a mental health diagnosis and more than 83% have multiple diagnoses. Daily, Direct Support Professionals (DSPs) pass medications under the DODD approved certification for non-licensed personnel, provide tube feedings for nutrition, among many other health related duties and activities of daily living.

Because of the complex and diverse nature of people with developmental disabilities, the role of the DSP is also highly complex and requires a working knowledge of many disciplines. DSPs must have a broad and deep skills set that can be applied continuously, throughout their shift. Regardless of the funding stream, DSPs are working in home settings with all the complexity and unpredictability that any home may present.

In fact, much of the DSP role looks like typical life activities, so it is easy to underestimate the effort needed and intricacies involved in service delivery. Inconsistent with their job responsibilities, DSPs are paid less than babysitters engaged for an evening; less than the person who prepares our espresso; less than the person who rings up and bags our groceries. Through the direct support process, real, caring, human relationships are built and developed. These relationships are what keep DSPs on the job until they simply no longer can afford to do so. Personal responsibilities too

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often force DSPs to seek employment elsewhere – where the stakes are not so high, the pay is a little better, even if the job satisfaction may be less.

Throughout the pandemic, several things have been clear: DSPs have been asked to work despite their greatest fears of acquiring COVID or taking it home to their families, and they have stepped up in great measure. The pandemic also underscored the flexibility, innovation, agility, and commitment of the provider community to do whatever is needed even though the future is uncertain. However heroic the past year's actions have been, they are not sustainable in the long term. Koinonia did not lay off any staff during the pandemic and instead redeployed our day, vocational and transportation staff to our residential services. We still found ourselves significantly short staffed. A pandemic is not an ideal time to attract new people to a field such as ours. We created a new recruitment strategy to try to attract a temporary workforce by offering \$14 per hour to start. We got few takers. We paid Heroes Premium Pay of \$2.50-\$5.00 per hour and increased our starting rate of pay for DSP's twice last year – first \$1.00 per hour then an additional \$1.25 per hour, even though for the first nine months of 2020 we had no idea how we would afford these increases going forward. Our staff turnover rate is now at 47% and we have over 100 DSP staff vacancies. On average, we hire 23 people monthly, however due to high turnover, we have been unable to close the gap on vacant positions. Fortunately, various sustainability funds later came through averting a financial crisis. As helpful as these funds have been, they are one time, are often designated for specific uses and timeframes, and we still need to sustain our operations when these extraordinary funding sources end.

**I ask that you add the following initiatives into Ohio's biennium budget to provide essential support to DSPs who work on the frontlines, every day, even during a global pandemic. They stepped up when we needed them most.**

- Increase general revenue fund appropriations in the Ohio Department of Developmental Disabilities budget to fund much needed rate increases for homemaker and personal care, day, vocational and employment services, nonmedical transportation, respite services, and shared living under the three Home and Community Based Services waivers administered by DODD.
- Increase general revenue fund appropriations in DODD's budget to support the reimbursement formula for intermediate care facilities (ICF).
- Allow a temporary change in statute to alter the ICF reimbursement rate calculations for the first year of the biennium.
- Support the creation of a task force to address our system's workforce challenges.

Senator Thomas, in one of last week's hearings you posed a question to one of my provider colleagues about what to do to solve the workforce crisis. As the chair of the policy committee for one of the state-wide provider associations, my committee spent considerable time discussing solutions for attracting and retaining a qualified workforce. These solutions are big and small, long-

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term and short-term, and include ideas for intervention from the federal level to the local relationship level. Some of these changes require fiscal investment from the General Assembly, while others are rooted in pure policy change. The most popular ideas the policy committee has explored include simplifying DODD's on-boarding process for DSPs and frontline supervisors, reconsidering the direction of service delivery, revamping rates so they reflect the additional specialized training some DSPs need, and attempting to shift the culture around the major unusual incident (MUI) investigation process. These are just a sampling of the ideas. If the amendment supported by the panel of developmental disability system partners is accepted, figuring out how to implement these and other ideas will be first on the agenda of the workforce task force.

It is important to note that the workforce issue is not a matter of going through periods of being fully staffed, staff turnover, and then returning to full staffing. Providers are challenged with perpetual staffing vacancies that cannot be countered by DSPs working extra shifts and incentive payments. Even with these measures, vacancies remain. The workforce crisis is taking a toll on the DSPs and frontline supervisors that is significant and observable. It is also taking a toll on the people served. When it comes to a caregiving workforce, providers need to be able to move from a preoccupation with filling open shifts to full proactive focus on staff support and client care.

With your collective leadership and continued support, we can partner to ensure services continue to be available and adequately staffed for the many Ohioans that rely on them. **Once again, thank you for the opportunity and privilege to address my concerns with you today. If I can be of any help in the process, please let me know.**

Sincerely,



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