

January 28, 2014

Senate Health Committee 10:00 AM

Dear Madame Chair and committee,

Thank you for allowing me to testify on this bill.

My name is Cheryl Felak, I am the founder of Because We Care – Beyond Inclusion, a volunteer advocacy group, director of nursing at a local home health agency and a founding member the national Community Choice Coalition. I am also the parent of 4 children, one of whom has a degenerative neurological disorder which could be called pediatric Alzheimer's. Because of our son I have become very familiar with the DD system - both supports and failures.

I support improving services in the community but I am neutral on SB 6122 because

1) It is based on a DD Audit which was riddled with inaccurate, incomplete and false information.

2) the strategies highlighted in Section 2 will be another exercise in wasted time, money and effort with little or no results because critical information will be ignored

We hear about the people with very high support needs who **do** live in the community but what we **don't** hear is the cost associated with that level of care or it's questionable quality. We also do not hear about the majority of DD clients who utilize paid services in other DSHS programs.

For example

A. One DD Task member mentioned that his son with DD was able to live at home for 17 years **but** with 19 hours of nursing care a day

B. Cost of care figures retrieved from DDA research for the top 30 DD clients in the community showed an average of \$598 a day while this same level of care is \$248 a day at the RHC.

(C. The costs reported by DDA are for generally for staff support only and not comprehensive care such as that found in the RHC).

The reality of the situation is that people with developmental disabilities access **several** services and programs within the DSHS budget. So in order to plan for care, we need to look at the **whole** budget: what's going on here is a significant

amount of **cost-shifting** to other local and state budgets, emergency response teams, hospitals, and more. The DSHS integrated Client Data Base shows **where** some of these costs will be **shifted** to. It also shows that any savings by this bill are not only a **mirage** but would actually **increase** the cost of care for our most vulnerable citizens.

Thank you,

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