

Thank you for the opportunity to speak to you about increasing funding for caretakers of people with IDD.

Our son Ryan is 46 years old. When he was born, he was a normal child. At five years of age, he became very sick and went into a coma for two weeks. When he woke up, he was found to have mental retardation, uncontrolled seizures, perceptual impairment (meaning he doesn't recognize things by sight) and expressive aphasia (meaning he can't think of the words to communicate what he is thinking). Over the past 40 years, he has also been diagnosed as being bi-polar and having aggressive behavior if he feels threatened. While Ryan can walk, he uses a wheelchair because seizures occur daily at any moment with no warning. His seizures are dangerous and have resulted in a broken nose, ribs, leg, teeth - and at the moment, a broken arm.

Ryan can't do most of the things you and I can do. He can't cook, drive, get a job, have a spouse or children. He can't take his own medicine, get dressed or even take a shower on his own. He requires 24 hour supervision.

Ryan has been a recipient of caretaker services in the state of Kansas for over 20 years. Over the course of these years, the pay caretakers receive, has not kept up with pay in other job sectors. The quality and number of applicants for the job of caretaker has decreased. Ryan has had caretakers who have decided to take the job because they thought it would be like babysitting. Once the caretakers see the amount of work required, they realize they aren't being paid enough and they leave to go work at Walmart or McDonald's where the pay is better.

The continual turnover of staff is difficult for Ryan. Since he can't recognize a person by sight, it takes him a long time to learn a new staff's voice and even longer to begin to trust them. Ryan is happiest when there is consistency. Sadly, there is little consistency when new staff show up every few months with different ways of doing things. Ryan gets frustrated and his way of coping is to call me. My record is 37 phone calls in one day.

The continual turnover of staff not only impacts Ryan, but it also impacts all the other clients in Ryan's group home. The dynamics of a group home and work place change every time a new person comes.,

In addition the inability to attract, train, & retain staff, affects the current caretakers who have to work longer hours or come in on their days off. I've seen good caretakers get burned out and quit because too much is being asked of them. Clients are left with less staff to help them at times because there simply aren't enough workers. Not having enough staff on duty could be considered a case for negligence with the potential for law suits.

Lastly the current lack of well-paid staff has had an impact on my husband and me. Four years ago, we left friends and our home of 20 years to move to where we live now. We did this because the caretakers for Ryan were so much better here. Now, even here, good applicants have gotten progressively more difficult to find and keep. My

husband and I live with fear. We never know when we are getting the next phone to tell us that Ryan has a broken bone or that Ryan is turning blue because he had a seizure while eating lunch and had gotten food stuck in his throat. We live in fear Ryan will get frustrated trying to communicate with new staff & will get aggressive which would result in a phone call to police. We are afraid that new staff won't give Ryan the required seizure meds in the proper amounts at the proper time.

In summary, the state of Kansas can and should do better. We need to provide funding to attract, train, and retain a better quality of caretakers. Let Kansas be a model for other states. Let them know that here in Kansas, we value and take care of all people - even the usually forgotten people with special needs.

Thank you for your time.

Brenda Klotz