Testimony regarding HB 2671

3/15/2013

My name is Becky Strickland. I am the Program Supervisor of the Adult Protective Services unit at Senior & Disabled Services, in Lane County. I have been a member of the Governor's appointed workgroup for Public Guardianship and Conservatorship.

I have been in my current position for 13 years supervising the Adult Protective Services Specialists who investigate allegations of abuse and neglect of vulnerable adults over the age of 65 and those adults 18 years and older with a physical disability in Lane County.

During my 13 years in Adult Protective Services I have seen hundreds of vulnerable adults who were either victims of abuse caused by a reported perpetrator or were cognitively impaired and who were severely self- neglecting. Many of these adults live out their golden years in fear, discomfort and shame. Many of these individuals met the legal definition of incapacitated and were in need of a decision maker such as a professional guardian and/or a professional fiduciary. The individuals I'm talking about are impoverished, with insufficient income or resources. The inability to afford prevents many Oregonians from having access to services that are provided by a private guardian. We are talking about people who have no one in their lives or those involved family are the abusers.

I will talk about two cases that occurred in Lane County and who would have benefited from a public guardianship program had one been available. These two individuals instead lived intolerable lives of neglect and abuse.

Case #1: Ethel was 81 years old when she came to the attention of the Adult Protective Services Unit. We received a call from a local utility company that Ethel's electricity was going to be disconnected due to an outstanding bill of $1,000.00. Ethel's usage had increased significantly in the past 6 months and consequently she had fallen in arrears. We also learned that Ethel was dependent on oxygen, so turning the electricity off would have a significant negative consequence. The utility company agreed to allow APS to make a home visit and assess the situation first before taking any action. The Adult Protective Services Specialist arrived at Ethel's home. She lived in a small modest home. The home appeared neat and tidy. Ethel's appearance looked somewhat disheveled. She was pale, frail, using oxygen and it was easy to tell she was ill. Ethel appeared to not have the physical energy or strength to do much for herself. It was apparent that Ethel had been fiercely strong and independent all of her life. She was a survivor of the depression and knew how to live on very little. Ethel acknowledged she did not have much of an appetite and the only food in the house appeared to be a pantry of canned foods. Ethel stated she had a car and up until recently had driven herself to the store. However, in the past 6 months she did not leave the home much. We asked Ethel if we could arrange for her to see a doctor, or get her medical attention, but she refused. Ethel told us she had no family other than her 3 dogs and 2 cats she always lived alone.

Our APS Specialist asked Ethel about her electricity bill and tried to ascertain why her bills had not been paid. She acknowledged her bill had been growing and the cost of utilities had gone up to the point she could only pay a portion each month. This resulted in a large outstanding debt and finally she just stopped paying. Ethel lived on a modest Social Security income, and acknowledged that until she got sick, she was able to make it; but lately things were getting harder. When she was having such a hard time breathing, she went to the doctor and he put her on oxygen, but she did not know why. Ethel said she was not much for doctors, and just could not pay the high medical bills and could not afford prescriptions, so she seldom went. We offered her programs through Senior & Disabled Services. Ethel would not agree to Medicaid and in home services, but Ethel did agree to home delivered meals. She seemed hesitant to trust government, so we knew we had our work cut out for us. Our goal was to offer her services that aligned with her wishes and beliefs.

Ethel mentioned that perhaps her use of oxygen was what was possibly driving her electricity bill up so high. She could not tell us why she was sick, and refused for us to get her medical attention.

Our APS Specialist, perplexed about the high utility bill, began an investigation. She learned that living next door was occupants of a rental house where there was possible known drug activity. Ethel said from time to time the neighbors would come over and borrow something from her. "I would let them in because they were nice to my animals." She did not know them well, "but they seemed okay," Ethel said. She did say there was a lot of people coming and going over there. It was discovered through our investigation that the house next door was not only a meth house, but they also had run extension cords from their home to Ethel's. They had been siphoning off her electricity and this explained the high utility bill. We asked the police to accompany us to the neighbor's home, so we could confront them about the theft of Ethel's' electricity. When we arrived to the house we found no one at home. It was vacant home filled with trash, garbage and the smell of a meth lab.

APS talked with the utility company and were able to negotiate the bill down to what Ethel had been accustomed to paying, and the utility company wrote the rest off. Ethel's electricity was not turned off and we then set her up with automatic payments.

We made frequent visits back to see Ethel, because we knew she remained vulnerable and very sick. Each visit we noticed a big decline from the last visit. Ethel had lost a lot of weight and she was spending most of her time in bed.

We made numerous attempts to get Ethel transported to the hospital, but when EMTs arrived she refused to go with them. Her condition continued to deteriorate; we even asked the commitment officer from mental health to make a home visit and assess her to see if she could be put on a medical hold. They said, “She did not meet criteria for danger to self or others.”

We still did not know why Ethel was so sick, because she refused all medical intervention. Her biggest known fear was leaving behind her animals. If she went to the hospital she might not ever come back.

Months went on and APS continued to make home visits to see Ethel. On each visit there were significant changes not only in her physical appearance, but also her mental status. She was becoming more and more confused and her capacity was diminishing, making it more difficult for her to understand the consequences of the choices she was making. Ethel primarily stayed in her bedroom which was located at the back of the house. We began to notice that it appeared someone else might be living in the front part of the house. Dishes were piled in the sink; there were dog and cat feces all over the house and evidence of drug paraphernalia. We asked Ethel if she was aware someone might be staying in the front part of her house. She seemed to know and yet did not care. We soon realized the neighbors from next door who had siphoned her electricity had returned and moved in and were taking over the front of Ethel’s home. Once again they were taking advantage of a very sick, frail vulnerable adult. The meals on wheels driver would leave the meal on the front porch. It was unclear if Ethel was receiving them or they were being eaten by others. As always when the APS staff would arrive, the squatters would scatter leaving behind a catastrophic mess.

Ethel’s’ house had gone from a neat and tidy house to one that was trashed; garbage and dishes piled high. It appeared no one was attempting to clean anything up let alone provide any care for Ethel. The smell in the house was becoming unbearable. The house smelled of animal feces and urine. Flies and ants were everywhere. The 5 animals were locked in the house and not being let out, old food in bowls were left on the floor. The police accompanied APS on multiple visits never to find anyone there but Ethel.

Over the 18 months that APS was involved with Ethel, It was clear that her wishes were to be at home surrounded by her 2 cats and 3 dogs. If we would have had a public guardian who could have been appointed, we could have advocated for Ethel to stay at home with appropriate care, and been able to die in her own home. Private guardianship was not an option for Ethel as she did not have adequate funds and resources.

It was a late spring day that we arrived at Ethel's home. Unaware this would be our last home visit. We proceeded to Ethel's bedroom where she laid in a blood soaked and urine soaked bed. On the floor in addition to animal feces were human feces. The blood was leaking from Ethel's breasts. The oxygen tubing was stretched to her bed, yet her breathing was labored. She was going in and out of consciousness. We called 911 and the ambulance arrived. Ethel was transported to the hospital, where she remained for three days until her discharge to a long-term care facility where she remained until her death 2 weeks later. We learned from the hospital that Ethel had untreated breast cancer which had metastasized to her lungs and brain.

If the State of Oregon had a Public Guardianship program then we could have petitioned for a decision maker to be appointed who could have honored her wishes to remain at home with her 2 cats and 3 dogs, receive hospice/palliative and appropriate in home care, and she could have died a dignified death. Instead she died in a Nursing home alone.

APS tried vigorously to help Ethel, while balancing safety yet honoring and respecting her right to choice. Adult Protective Services Specialists advocate for people's rights to self- determination, and guardianship is always used as a last resort. For 18 months we put Band-Aids on Ethel's situation and one by one they fell off. We will never forget Ethel.

Case #2: Daniel is 21 years old with a developmental disability. The Adult Protective Services triage/screening desk received a complaint about the lack of care Daniel was receiving. It was reported that Daniel was born with Downs Syndrome and had been extremely neglected. Some of the neglect concerns included that he had never received dental care and that most of his teeth were broken off. It was reported that Daniel also had an infection in his mouth. The reporter feared that by not receiving appropriate treatment, that it could result in infection spreading throughout Daniel's body and resulting in death. Daniel lived with his father who was also his Guardian. It was reported that his Guardian had refused to enroll him in Developmental Disability Services. This complainant stated that many attempts to get Daniel help had been made. Since the guardian had not enrolled him in Developmental Disability Services, that agency was unable to provide Adult Protective Services. The reporter indicated that Daniel was not ambulatory (could not walk), which then would meet our definition of a physical disability, so we were able to respond. The case was assigned for an Adult Protective Services investigation, and the father/guardian was listed as the reported perpetrator. The APS Specialist located Daniel at his home with his father/guardian. Daniels father was the caretaker at a junk yard. They lived in a very substandard mobile home on the property. The mobile home did not have running water or toilet facilities. When the Adult Protective Services Specialist met Daniel, he was crawling on the dirty floor. His hygiene was poor and it was evident he is incontinent and also not receiving oral care. Daniel was nonverbal and there was a strong odor coming from Daniel's mouth, which indicated a possible infection. The Adult Protective Services Specialist offered Daniel food and it was obvious he could not eat, and that chewing was too painful. It appeared that there had been a significant weight loss. When Daniel was a baby his mother abandoned him leaving him, in the care of his father. His father became guardian and rep payee of Daniel's Social Security/SSI benefit, which was the family's only source of income. Housing (mobile home) was provided in exchange for caretaking at the junk yard.

These situations like Daniels are all too common, by which the guardian/decision maker is also the abuser. The refusal to enroll in services is also very common, because the abuser does not want others involved nor to really see the vulnerable person's treatment and condition. In Daniel's case, without a public guardian we were not able to revoke the current guardianship, because there was no one to step in and replace it. Daniel is non- verbal and not able to speak, so my staff and

I are his voice. He deserves a quality life that will provide basic services and so he can live a life free of abuse and neglect.

APS was able to convince Daniel’s father to seek emergency dental and medical care, however it was not without the threat of police involvement that he finally agreed. Daniels father still remains his guardian.