

Chair Gelser, Vice-Chair Anderson, Senator Lieber, Senator Robinson, and Senator Taylor:

Thank you for the opportunity to provide testimony for Senate Bill 714. If you had asked me a year ago whether I would be providing testimony for a bill that supports maintaining a minimum number of staff in residential facilities, I wouldn't have believed you. A year ago, my parents were safely tucked away in the home that they shared for the last 40 years, and I was focused on my life in Portland. But in an instant, I found myself faced with the challenge that many people are now contending with: the brutality of dementia. My mother has Parkinson's Disease and the form of dementia that is associated with it, and for several years, my dad was her primary caretaker. But we began noticing subtle changes in his cognition. As my mom's physical challenges grew, including regular falls, my dad's eventual Alzheimer's diagnosis and his inability to care for them both became a real issue for our family. A significant fall that sent her to a rehab facility sealed our decision to move the two of them to Portland.

There are dozens of decisions that come with supporting someone with dementia, including whether or not you can actually care for a family member in your own home. We came to the harsh reality that we didn't have the tools or skills to manage not one, but TWO people in wheelchairs with dementia in our home. After quickly doing some homework, we found a memory care facility in SE Portland that was small, clean, and friendly. They especially touted their exceptional memory care program, and the salesperson hyped the activities and programming that would engage their minds. Unfortunately, as my parents moved into the facility, the ownership changed...as did our entire lives. What was meant to be a comfort to us in the provision of care became a daily nightmare. Staff morale became overtly negative, particularly towards management. We heard regular complaints from caregiving staff that management was disorganized, disrespectful, and setting expectations that they should work multiple shifts in order to cover the basic needs of the residents. Turnover became an ongoing issue, which meant that there were constant gaps in service and staffing that spilled over onto residents and family members.

In March, COVID arrived and the facility shut down completely. We could not go inside to monitor and advocate for my parent's care, yet the messaging regarding staffing continued to emerge from behind the fortified walls. Everyone from the caregivers, med techs, the sales director, and even the Executive Director, talked about being understaffed and stressed. Yet we haven't seen realistic efforts from management to adapt, especially when COVID made getting and keeping a full roster of staff more challenging. Most of the caregiving staff are young, low-wage working-class women, and the power dynamic between them and management is palpable. This gap inevitably trickles down to the residents, especially on the night shift. One morning, my mom was found laying on the floor in clothes that she had worn the day before. There was an imprint of the pedal from her wheelchair on her face because she had been left in her chair, fell out, and landed on the pedal. She clearly laid there for hours for the pedal to leave its mark. We have learned that there are typically 6 staff helping 20 residents per 24 hour period (averaging 2 staff per shift). This is not only unacceptable, but it is dangerous. I spend \$15,000 PER MONTH out of pocket for my parent's care, yet I have filed THREE APS complaints in 1 year, mostly due to poor staffing and inadequate care. We have also had 3 EDs, 2 memory care directors, and countless caregivers, which is an indicator that staff is burning out. Dementia should be about the care and not the cash, and our elders deserve to be honored on this painful path. We owe them that and more. For these reasons, I strongly advocate for SB714