

Co-Chair Steiner Hayward, Co-Chair Rayfield, members of the committee:

My name is Sam Rutledge and I am an SEIU member. I write today to share my experience of a day in the life of an Adult Protective Services Specialist in Oregon. As you face tough choices between essential services and competing priorities, I hope you see how Adult Protective Services is both the first and last line of defense for our State's most vulnerable adults. APS is part of a safety net, and our work becomes considerably harder when other parts of the net are cut. We need you to look courageously at solutions that will fully fund safety net programs, including APS.

In Lane County, APS Specialists take turns to screen cases. Each day, two of us work full time to answer the screening hotline. We talk to callers who tell us stories about abuse and neglect. People call us on the worst day of their lives. We hear from all sorts of people, from neighbors to care professionals, to family members who call only after long soul-searching.

These are tense calls and emotions often run high. APS Specialists are professional, empathetic, and efficient. When I started this job three years ago, a busy day brought around nineteen new referrals. Today, we often process more than thirty. Still, we take pride in treating each caller with the high level of service, dignity, and respect that they deserve. As call volume increases year after year, we are closing in on a time when we will no longer have the ability to do background research, look thoroughly into case histories, or ask the right questions during screening. Instead, we will pass along referrals for investigation with only the bare-bones information. This will create confusion and inefficiency down the line.

With as many as twenty new cases for each worker each month, keeping up with report writing is also a challenge. Our reports need to be thorough, concise, and timely. The background check unit reviews them to make determinations about prospective caregivers. The corrective action team for care facilities relies on them to impose civil penalties on facilities. In some cases, our reports even enter into criminal and civil court actions. The attention and detail we put into these reports can make the difference between an abuser facing a conviction or walking free. It can decide whether a care

facility is held accountable for neglecting our Seniors. When we are not thorough, wrongdoing continues. We take this responsibility very seriously.

After spending a few hours on reports and other desk-bound work, we head out into the field.

Today, I opened a case involving a nearly 100 year old World War II veteran. He still lives alone, with minimal in-home support. He is starting to get confused about the basic facts of his life. Community members have expressed concern for his safety. We're worried that he might have a urinary tract infection, but he doesn't want to see a doctor to get checked out. I visited with him, and spent some time troubleshooting with his in-home support provider. After a lot of talking, and building trust, he agreed to see a doctor.

After visiting him, I started an investigation into neglect at a memory care facility. This began when two residents, each of whom has severe dementia, got into a physical altercation. These altercations are too common in memory care. We look into each of them to determine whether there were steps the facility could have taken to keep their residents safe.

Finally, I went to interview two reported perpetrators, the son and daughter-in-law of an 87 year old retired Oregon farmer. He had told me earlier this week that that they'd held him against his will, and were using his retirement income for their own purposes. He is safe now, living with a different child, but we are still trying to hold these perpetrators accountable. They weren't home, so I will try again tomorrow.

I got back to the office around 4:30 hoping to use the last half hour of my day to start typing up notes on the cases I opened. Instead, I sat with a colleague who wanted to talk through an especially difficult case. She is helping an elderly woman who has had mental illness for her whole life, and who has lived on the streets for around 40 years. This client, who has always avoided doctors, is now having to interact with the health care system. A bad case of frostbite from a cold night outside a few winters ago led to a stubborn infection. She's had to undergo an amputation of her foot. She needs treatment at a skilled nursing facility to rehabilitate, but her paranoia keeps her from accepting this help. We spent the end of the work day brainstorming ideas for how to support her

through these challenges. Our goal is to help this consumer to recover some of her independence.

Today was a very typical day for us. I hope it's clear that we are working at or beyond our capacity. Our team of investigators is now fourteen people strong after a new addition a few months ago. We assigned 2,288 investigations between March 20, 2016 and March 20, 2017. During the prior year, it was 1,994. Demand for our services has increased every year, and we expect that trend to continue. The baby-boom generation continues to age into the population we serve. Other supports are being cut across the continuum of care. Adult Protective Services is a last resort for the safety net, working to connect vulnerable individuals to services and advocating for people whom everyone else has turned away.

Our State needs essential services. We need to protect our most vulnerable people. This is both a moral responsibility and a practical concern. I urge you, in the strongest terms possible, to search and scour every possibility for new funding solutions. We must prevent further cuts to the safety net programs. Every cut increases an already unmanageable workload and shifts consumers toward more expensive interventions such as hospitals and nursing homes. We need to keep our State safe and ensure that Oregon remains the best place in the world to live.

Thank you for your consideration,

Sam Rutledge  
APS Specialist