



Chairs Beyer, Nosse and members of the committee.

My name is Dan Torres and I work for Oregon AFSCME which represents roughly 27,000 workers across the state of Oregon. I am here to testify on HB 5026 and how the DHS budget impacts the many services our members deliver in communities across the state.

The first issue I want to highlight is the Eliot homes which are a part of the Stabilization and Crisis Unit. The SACU Eliot homes are a state run I/DD group home where some of the most vulnerable and medically fragile individuals reside. The workers there are represented by Oregon AFSCME and the Oregon Nurses Association. As a facility caring for those with increased medical needs, the house is comprised of both a full time 24/7 nursing staff and a large investment in upgrades to the houses. The homes are centrally located in Portland near many community amenities including Emanuel hospital.

Last session the Eliot homes were placed on the recommended cuts list and ONA, AFSCME and parent advocates met with legislators to share our concerns about the potential closure of these facilities. A budget note was added to the DHS budget that required a plan to be presented to the legislature prior to any closure of facilities. We heard that these plans would be presented during the short session but those ended up being delayed. We are concerned about phasing out services and worry about what happens if the plan isn't fully fleshed out with proper transition and support. We have heard stories of people being moved to private care facilities only to end up in the emergency room because the facility they moved to did not have adequate staff or training to meet the medical needs of the residents. We strongly believe that a plan needs to be in place that is thoroughly vetted and built in coordination with the families to ensure a good transition. Until then we are taking a big risk by cutting critical services prior to that plan being implemented. That risk is one that could not only cost more in the long run but could put residence at risk of harm.

These highly specialized remodeled homes are located in a community settings surrounded by great medical supports. Currently there are 9 residents in 10 beds with one bed open but not being filled. We believe strongly in the benefits and quality of care that people receive at the Eliot homes and think closure is not only short sighted but puts some of Oregon's most vulnerable at risk.

The second issue I want to bring up is I/DD direct support provider wages. AFSCME represents a number of DSP's in private facilities and have seen the crisis brewing among the workforce. We have areas of the state that are losing providers who go to work at fast food restaurants because the pay is better. If we don't do something to address our workforce issue we will find our ability to serve the community even more strained that it already is. We applaud DHS for putting forward a POP that attempts to increase wages and opportunities for individuals in this

workforce. Yes, the price tag is high, a fact of our underfunded caregiving and support services across the board. However, the cost of not addressing the workforce problem by supporting living wages presents other costs, such as employee dependency on self-sufficiency supports and of course the risk of losing caring, qualified people to support people living in I/DD group homes.

Lastly along the lines of supporting services I want to call attention to the crisis case managers in both I/DD and APD. We represent case managers in both programs in counties around the state and at North West Seniors and People with Disabilities. One of our Local 88, Multnomah County members has provided testimony on the need to fund I/DD case management. Here I will focus on APD. In APD case managers are continually asked to do more with fewer resources and have seen the number of cases they handle sky rocket to over 100 cases or more per manager with some programs nearing the limit of 202 cases. These tremendous caseloads leave the people needing connections to services or housing for too long, putting them at risk for crisis, a greater cost to them and financial cost to our services. These improbable caseloads also impact the health – physical and mental - of the case managers.

There is a pop from DHS to fund 100% Workload Model within in the APD system. It comprises of \$26 million General Fund and \$15 million Federal Funds. A recent Secretary of State audit found that caseloads are reaching an unmanageable level which may lead to both quality and safety issues. Another, POP 108, a smaller ask is, provides additional case management staffing to help fill the gaps. Again, the workload model does not accurately reflect the work that our case managers are doing. As more complicated or multi need consumers engage with services compounded with increased rules and regulations we see case workers that are stretched too thin. With such high caseloads there is an increase in the chance of missing a critical assessment. These are folks who are caring for the most vulnerable in our community and by not keeping up with funding or proper work load models we put consumer safety at risk and we continue to see high levels of burnout and stress from these case managers.

We know the legislature has a difficult task at hand when balancing the budget. We only offer our comments as a check in on the front line of the services our members provide. We do a lot of things really well in Oregon but as we continue to evolve and fine tune our system, we must support the work already done. We urge the committee to look at these critical issues and would be happy to follow up with any additional information.

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