

Co-Chairs Lieber and Sanchez, and members of the committee.

My name is Cristal DeJarnac, and I have been a Homecare and Personal Support Worker with the State of Oregon for 9 years now. I am also the President of Homecare for SEIU 503. As President, I represent the workforce of 26,000+ State-paid in-home Care Providers, which consists of Personal Support and Homecare Workers, and Personal Care Attendants.

I am testifying today to ask you to prioritize protecting Oregonians and our immediate needs in our state budget, including fairly funding your State-paid Care Provider Workforce.

Being a State-paid Care Provider, I currently make \$20.75 an hour, which is lower than what the majority of Agency Care Providers make. I live in Bend, where housing is the most expensive in the State. Up until this year, housing costs haven't really affected me personally, because I have had stable housing up until now. At the end of this month that is all changing for me, due to the State's Estate Recovery Program. We are having to move so the property I've lived on these last 9 years with my Consumer can be sold to pay back the State. We are a family of 5 and have three generations living here. With the costs of housing in Bend, it has been very difficult to find truly affordable housing.

In our current Homecare Contract with the State, our pay scale is based on a new Steps plan, there are currently 5 Steps in total, with our base pay starting at \$20 an hour, and the top Step being paid \$24.00 an hour. These Steps are reached by working 2000 hours per Step, that means it takes working 10,000 hours to get to \$24 an hour. This is your State-paid Workforce. The majority of Private Agency paid DSP's already make over \$25 an hour. I would also like to point out that a PSW and a DSP are the same thing, they do the same job, and in some instances work with the same Consumers.

Everyone knows there is a massive shortage of Care Providers in this State. We State-paid Care Providers saw that gap grow even larger over the past few years when over 4000+ Personal Support Workers moved to Agencies, due to their promises of higher wages of \$24-\$32 an hour with unlimited hours available to work. State-paid Care Providers are capped at 60 hours a week. A few of the main differences between these two workforces are as follows;

1. the continuity of care provided -vs- the revolving door of strangers going into a Consumers home. Let's face it, for a Consumer with Cognitive issues, Dementia, Alzheimer's or Developmental Disabilities, this can be very upsetting, and, in some cases, it can even be dangerous.
2. the fact that we save the State billions of dollars by keeping Consumers in their homes and out of facilities,

We have watched over these past few years as the State has literally helped to make "Medicaid Millionaires" out of some of these private Agency owners. As is the case of Rever

Grand, who has been charged with racketeering and Medicaid fraud, and yet, the State continues to pay them.

We State-paid Care Providers, are under a Contract with the State that limits our wages and caps our hours at only 60 a week. When a Consumer has more than 60 hours a week available, the Case Managers will usually bring in Agency workers to fill that gap. Now mind you the State-paid worker, and the Agency worker are doing the same job, but they are getting paid two different wages for doing so. There have been cases where Agencies have told Case Managers that the hours available for them to fill are too few and they were refusing to send anyone. In most of these cases, the State-paid worker ends up with their hours being cut or completely taken away, so the Agency can come in and take over all the hours.

We've had Consumers and their family members complain about the quality of care these Agencies provide and they've told us they want their State-paid worker back, only to be told that can't happen unless the Worker leaves the State Program and goes to work for the Agency instead. I'm sorry, but isn't that considered Union Busting? Once a Worker leaves the State Program and goes to an Agency, they are no longer a Union member and will lose all their benefits.

To become a new State-paid Homecare, or Personal Support Worker or Personal Care Attendant, you have to apply to the State, pass a background check, go through a 6-hour New Employee Orientation, get your Provider number, then take 8 hours of self-paced online training, which you are tested on after each class. You have 120 days in which to complete all of this before you can even begin caring for a Consumer. Once you are an established State-paid Provider, you must take 12 hours of Continuing Education training and testing every 2 years, just to renew your Provider number. Some of these trainings are online and some are in-person.

I have been told of cases where some Agency Workers watched a 20-minute video and were then sent out to a Consumers home. This is how things go wrong; the Consumer can get hurt, or the Worker can get hurt. As Care Providers, there is a lot more to the job than just housekeeping, there's toileting, bathing, dressing, physically transferring a consumer, med management, there can be wound care, preparing meals, feeding a consumer, driving a consumer to run errands, taking them to medical appointments, being their voice when there are cognitive issues involved, getting them out in the community, and saving their life.

For instance, I have a PSW Consumer I had to perform the Heimlich maneuver on twice because they choked on their medications, luckily, I was there and knew what to do, otherwise they could have suffocated to death. Our Consumers become a friend or a member of our families, we spend holidays with them and are there for them in emergencies, or when they call us 3, 4, even 5 times a day, just to have that connection when they are lonely.

Another thing I would like to bring to light is this, in my own experience as an established Homecare Worker for 7 years, I decided to become a Personal Support Worker after my Homecare Consumer passed away. Since I was already an established Care Provider, and all my trainings and background check were up to date, I figured it would be pretty easy to become a PSW. It actually took 2 months to get my PSW provider number so I could work with a new Consumer. A few months later, I decided to become a Personal Care Attendant too, that took another 3 months to get my PCA provider number. I don't understand why it takes so long for your State-paid Care Provider Workforce to become a Care Provider, when we have seen that Agency workers have been able to work in only a few days to a week.

We are now, once again, in Bargaining with the State for our next Contract. As part of our Bargaining process, we sent out a Survey to our Members, and one section of the Survey had questions to do with Public Assistance. Here are some of those results:

- 68% live paycheck to paycheck,
- 40% have a household income of \$30,000 or less,
- more than half, have at least 1 dependent,
- 1 in 4 work multiple jobs,
- 30% are on some sort of public assistance, (SNAP, TANF, WIC, housing assistance, utility assistance, etc)
- 18% don't have access to or can't afford internet service,
- 71% are housing insecure, spending more than 50% of their paycheck on housing,
- 7% have been without housing or are currently unhoused.

These aren't just statistics; they're your State-paid Care Provider Workforce. We are an invisible workforce, we don't have a shared workplace, but that doesn't mean we don't deserve a livable wage and a secure, stable, equitable life. Myself and the other 26,000+ members of your State-paid Care Provider Workforce respectfully urge you to fully fund and even consider increasing our Homecare Bargaining Pot. After all, we've all been affected by inflation, and unfortunately, with all the uncertainties at the Federal level, it's only going to get worse. The difference is, your State-paid Care Provider Workforce is truly struggling every day, just to make ends meet, now!

Thank you for your time and consideration,

Sincerely,

Cristal DeJarnac