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LD 1932

My name is Jessie Mathieson. I am a family member of multiple people with disabilities as well as a Direct Care worker. I have certifications and have worked as a Direct Support Professional, Mental Health Rehabilitation Technician and Certified Residential Medication Aide. I have a lifetime of experience caring for individuals with disabilities, from caring for my brother as a child to working in group homes and as a shared living provider for my brother as an adult.

Ten years ago I took over my brother's care, because he was on the verge of death. He was severely malnourished, his cocktail of 15 medications caused him to stop eating and repeatedly fall into unresponsive states. The group home was advocating for him to be put on more medications, but I stepped in and asked for an evaluation of his current meds to see if they were the root of the problem. After some research and discussions with a neurologist, we discovered that two medications, were interacting and affecting his vital organs. As his doctor and I went through his long list of medications, we realized that he was on anxiety meds for autistic stims, abnormally high doses of sedatives and many medications to treat issues caused by other medications.

This was not an isolated incident. My brother had experienced this 3 times over the ten years he lived in the home managed by Group Home Foundations. Each time he had been admitted to Spring Harbor in Portland and each time he was released, the doctors there took him off all medications and brought him back to baseline. When I pulled my brother out of the group home, it was revealed that GHF was mismanaging funds, including paying their CEO upwards of 300,000 per year. These companies do this all the time. They pay their boards 6 figure salaries while barely paying minimum wage for the people doing the bulk of the work. This leaves the homes under-staffed and without the ability to compete for quality workers. People who don't know what they are doing, who are overworked, who are working alone on a shift, will make mistakes. Constantly having new employees means workers don't know their clients' medical histories. Studies have shown a direct correlation between low pay and increases in abuse and neglect in care facilities. My brother experienced this firsthand.

Initially I blamed the workers, but after I worked in the group home myself, I realized that it was a systemic devaluation of care work at the root of what happened to my brother and so many others like him.

In my experience as a worker in group homes over the last decade, I have seen the revolving door of direct care workers due to the low pay and lack of competitive benefits. Direct care is one of the lowest paid jobs, so many people would leave for better opportunities elsewhere. When my husband and I both worked in the field, we made less combined than he makes working as a postman. It was not a career that would allow a family save up to buy a home or retire. Many of my co-workers who were retired would come back and work more at the group home, because, even after working over 25 years for the same company, they still could not afford to stop working.

This revolving door also means that the homes are rarely fully staffed. Out of 5 years working for New Communities, we only had a few months where we had every shift covered. I would often be left working alone, caring for 6 people. I would spend 12 hour shifts without stopping and without a break. I started getting tension headaches and my health declined, because of the demands due to staffing shortages.

In this environment, I saw the toll the job took on people's bodies, but what hurt me the most was seeing the effect on the residents. I was in charge of organizing activities for residents. I would consult with each person and plan activities based on their preferences. This got them out of the home and gave them a semblance of normality. It helped them be involved in their community and have life experiences that they were deprived of in institutional settings. But constant staffing shortages

meant we often did not have enough people to follow through with these activities. This was heartbreaking and could have been prevented if this was a well-paying job that people wanted to build their career around.

It is vital that we pay direct care workers competitive wages so we can ensure that the people living in these homes have the best care they can get. These are people that are highly vulnerable, so they need dedicated, trustworthy staff. We all do this work, because we care and love people, but we also deserve to be compensated fairly for our work. We deserve to have stability and not be living paycheck to paycheck. I strongly encourage you to pass this bill for the sake of the workers and for everyone, including many of the people here, who need care or will need care at some point in their lives.