

Kaitlyn Reynolds
Levant

Good Morning, Senator Claxton, Representative Myer and members of the Health and Human Services Committee. Thank you for the opportunity to provide testimony in support of LD 1573 An Act to Implement the Recommendations of Commission To Study Long-term Care Workforce Issues.

My name is Kaitlyn Reynolds and I am a DSP/CRMA for OHI in Bangor. The agency has asked me to speak today about wages we receive as DSPs in comparison to the mental and physical exhaustion, we as DSPs endure.

I have worked in this field for 5 years. While also working in this field, I had another job as a PSS with an agency that closed early last year due to the increase in minimum wage and not enough reimbursement from Medicare/Medicaid. Prior to working for OHI, I was a CNA for 8 years, which at that time I wasn't making much more than minimum wage for the stress we endured as well. I find my job as a DSP so very rewarding by the end of the day, yet, very challenging.

Being a DSP holds a special place in my heart; I have a 14-year-old son who is diagnosed with Autism, ADHD, pyromania, and DUP15q syndrome. As a parent, I had to live the worst nightmare and send my child to a residential facility. I will tell you something that I would not wish that on any parent. I just hoped that those overworked, tired, underpaid staff he had in the one short month that he was in someone else's care, treated my son as best as they could.

I started with OHI making 11.75 an hour, that was 5 years ago. I now only make 12.50 an hour. The same amount as a newcomer makes starting out. There is no room to grow because agencies aren't getting reimbursed. We have survived staff shortages, covid pandemic, and now a state staffing crisis. My base schedule is 40 hours a week. I must work at least 1 extra shift to keep my bill barely paid. It is a struggle! I make 50 dollars too much to get government assistance just working the bare minimum 40 hours. The car payment I have that I need for work and to transport my own children around in does not count as a bill because there is public transportation. I live 30 minutes away from public transportation, work and any stores. My son has a specialist in Portland. Lynx will only allow the child and parent to go. I have 3 other kids, that means I may or may not have to find a sitter depending on if my husband isn't working as well. As a family of 6; we rely on the food cupboard some weeks to feed us. Christmases normally are when our credit cards get maxed out to give our kids a decent Christmas. When my sons Medicaid insurance doesn't pay for what he needs for his sensory diet then that comes out of my pocket, which normally means a bill we can't pay one month. We rent a rundown trailer because we had to condemn our home 2 years ago because the repairs far exceeded our income. This is a family home, one my late father built and one our family so desperately wants to move back into.

Despite my personal financial hardship; being an underpaid DSP and having staff shortages; is not fair to anyone. Especially the ones who count. The ones receiving the services. They are the ones that deserve well rested and happy staff. Not over worked and cranky staff who are burnt out. They deserve the hours that their insurance, their plans have allotted them but there aren't enough workers to fulfill this need. These amazing and wonderful souls deserve so much more than what they are getting. I work with a person that requires 2 staff to access the community and 2 out of my 3 of days working; they can't go out because the house is not adequately staffed. My paycheck this week will have about 30 hours in overtime. That is 70 hours a week out of 168 that I am away from my family, just to fill the shifts and as I said above to make ends meet. We have a staff member who was hired 2 months ago that already found another job that pays so much more. The turnover rate is so high, and the hiring is so few. I mean why would they want to apply for this job? 12.50/hour. We make less than a high school teenager working at a fast food restaurant. To some people it's not about how rewarding the job is; it's about surviving in this world financially and not drowning in debt.

I am going to compare DSP work to CNA work, because people like to believe they

are one and the same. Working as a DSP, we deal with challenging behaviors from people with diagnoses as Autism, Schizophrenia, Bipolar, Mood disorders, Aggression, and Self injurious behaviors just to name a few. Besides constantly being on our toes to make sure they are all physically and emotionally safe; we also cook, clean, do laundry, paperwork, pass medications, shopping (both personal for the people we support and grocery/household shopping for the house we work at). We support ages that range from 18-80 years old. Which means we are also responsible and need the knowledge and training in doing the following: Hoyer transfers, peri care, bathing, hair care, nail care, and doctors' appointments this is a very short list of the things we do which is ten times more than what a CNA does and sometimes even an RN at a nursing home. We are essentially front line workers, government workers, our non-profit agency relies on non-profits to be able to do the job we are hired and trained to do. A job that doesn't get as much recognition as it should. A very vague job that is required and expected to fulfill by the state.

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