

Testimony for Legislative Health Care Workforce Commission

November 18, 2015

Chairpersons and members of the Commission,

My name is Pam Gonnella and I am the mother of a 33-year-old daughter, Sarah, who has severe disabilities. I am also the co-chair of the 5% Campaign. I am here to tell you how the workforce crisis is affecting the group home where my daughter lives.

Sarah suffered a severe brain injury from viral encephalitis when she was five years old. It randomly destroyed about 20% of her brain. As a result, she can no longer speak. She must be fed, dressed, bathed and she wears diapers. She has a seizure disorder which is not completely controlled despite three seizure medications. She must wear a helmet to protect her from falls. Sarah wanders and must be constantly monitored because she is partially blind and cannot follow commands. We cared for her at home for 25 years with the help of Direct Support Professionals. One worked with us for 17 years and one for 24 years.

We live in Eagan and for the last 2-½ years Sarah has lived in a group home in Mendota Heights. She lives in an ICF/DD with five other people with severe disabilities. Only one of the six can speak. Another uses a computerized board to communicate. Four of the six are in wheelchairs. Only one of the six can eat without assistance. Sarah and two others have difficulty swallowing and can have choking problems that require more care and time when feeding them. The remaining two receive tube feeding, which also requires extra care and time. All of them need assistance in all activities of daily living.

As you can see, the staff who provide care for them must be highly trained to meet the high medical needs of these residents. They must be proficient in the use of lifts, standers and the preparation and dispensing of medications. They must constantly monitor the safety needs of their clients and be adept at understanding body language to assess the needs and welfare of their clients who cannot speak. In addition to a highly trained and caring workforce, this also requires continuity in staffing.

The staffing situation at Sarah's house, like so many others in Minnesota, has deteriorated with high turnover in recent months. I was shaken when I dropped Sarah off one day and found that, because of the shortage of staff, there were workers from a temp agency caring for these people with such high medical needs.

Another mother told me that the turnover in staff is the worst it has been in the 23 years her daughter has lived in this home. She told me that one dedicated staff member has worked almost every day for the last three months to fill empty shifts. In addition, at times there has not been sufficient staff to put her daughter in her stander as often as needed.

Last week, I called the house and happened to talk to a staff member who was working her last day. She cried as she told me how much she would miss the residents and that she had loved to work there because it felt like a family caring for the residents. She was no longer happy working there because of high staff turnover, pressure to fill empty shifts, and continued low wages.

Sarah's home needs a caring and highly trained staff since they are responsible for the care of medically fragile and very vulnerable adults. Without reasonable compensation, it is more and more difficult in this job market to attract and maintain staff. The problems I have seen in Sarah's home, are, unfortunately, common in settings all over the state and will only get worse if we do nothing.

On behalf of so many parents of people with disabilities and for the elderly, I ask you now to support and pass the 5% increase in rates this session to help with this staffing crisis.

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