

**Testimony to Senate Health and Welfare Committee  
January 31, 2017  
by Bob Doran**

Thank you for the opportunity to speak to you today. My name is Bob Doran. I serve as the Crisis Bed Manager for the Cottage Crisis Bed in Addison County which is part of the Counseling Service of Addison County or CSAC.

Thank you for the current funding that is in place that allows us to provide services to people who experience great distress at different times of their lives. We appreciate having the chance to offer new ways of thinking and acting so that people may experience more peacefulness in their lives. Yet, our current funding levels create stressors on the structure of CSAC. In particular, low salaries have had a negative effect on recruiting and retaining staff.

At the Cottage Crisis Bed we are a two bedroom facility that provides 1 on 1 or 1 on 2 care, 24 hours a day. We are considered a step-down from the hospital or a hospital diversion program. During the last fiscal year there were 70 out of 72 hospital diversion visits that resulted in our guests most often feeling better, returning to the community and avoiding the need to go to the hospital.

Interestingly, we have seen an aging of the population of people who have stayed with us. There was one person for instance who experienced hearing voices or schizophrenia, and a degenerative neurological condition. They used the time to adjust their expectations for getting around physically during the day. Instead of trying to work non-stop they would set a modest pace, taking breaks between being up and moving. Often they would awaken in the wee hours of the night and feel very panicked. We were able to reassure them that this was a temporary feeling. They were able to accept reassurance, take prescribed medication, a sip of water and sleep successfully for the rest of the night. They also took advantage of counseling so that after conversations they seemed to experience less distress around hearing voices. They were able to go home after a few weeks feeling more rested physically and emotionally.

We also have a guest who has used our services on a regular basis. Our program has worked to greatly reduce hospital usage for those who have previously been cycling with high rates of hospitalization. Due to collaboration with the individual and their team they have been very successful in having positive stays with us.

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Incidents of suicidality have markedly decreased. It was noted by team members that there is a greater use of language that expresses needs. All of which has led to more positive experiences in the community and less visits to the hospital.

We do receive about half of our referrals from our Emergency Team, often when they are meeting at Porter Hospital. In many cases people are able to stay with us while waiting for a hospital placement. Or more often people will stay with us for a while, work through the crisis and go home feeling better.

Our team is at full strength; however, the low salaries have left other departments short handed. Our other residential programs are having a very hard time keeping fully staffed. This leads to long hours for current staff. The CRT and AOP programs both have unfilled clinical positions. I was told that when applicants find out the salary of the clinical positions they withdraw from consideration for these positions. The Adult Out Patient group has not had an Elder Care clinician for two years. This has resulted in not being able to visit elderly clients at nursing homes or at their homes. The CRT team is short one clinician as well. We have stretched the work load to accommodate which leaves less time for the individuals we see. Other departments have faced similar shortages. We are a small agency so that missing one person does create significant juggling to provide the best care for people.

Our colleagues are experiencing the stresses of low pay as well. Four of the seven staff at the Crisis Bed work at two jobs. One person I work with said that her family is living from paycheck to paycheck. I have a third vehicle that I have lent out on two occasions, once for two weeks, once for 2 months, because colleagues could not afford to replace their broken car right away. Another colleague is a single mom and clinician who is concerned about not having the money to repair her car to pass inspection. One colleague left the Crisis Bed and found employment as a flagger. He mentioned that the base pay was better than the residential base pay at CSAC. I have talked with colleagues about how much longer we can afford to stay at CSAC. It is a fantastic place to work in many ways. However, our partners are not so sure that they are comfortable with the financial sacrifice it takes to work here.

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We are thankful for the current funding that creates an opportunity to provide caring and innovative services to people. Increased funding will allow us to expand upon existing programs that help people gain independence from distress. This in turn means that we will have to resort less to more costly programs like hospitalization and incarceration. Also, providing salaries that help staff to feel a greater level of financial security will retain staff and help our overall service improve. Higher salaries will also allow us to fill positions that are currently empty. Thank you very much for your time.