

Hello Clara Martin Center service area representatives and other Legislators,

I understand House Appropriations has put DA/SSAs on the priority list with the question of what individual DA's are currently facing in light of Covid-19. I want to provide a brief overview of the work Clara Martin Center has been doing, and challenges we have been facing. Please feel free to reach out to me for additional clarification or questions you have.

**Programming:**

- 24/7 staffed 6 bed residential and crisis program are still operational at this time; working with minimal staff due to select staff members being in high risk category and lack of PPE has slowed any potential admissions
- Case Managers still providing as needed outreach services in the community in regards to grocery shopping for high risk clients, medication delivery to help maintain clients in their homes, following education around universal precautions, safety measures
- Development of remote capacity for both individual and group treatment options
- Psychiatry and nursing have managed all medication refills through the month of April
- Emergency services still able to be provided at Gifford Medical Center through the use of telehealth so that staff do not need to come on site to evaluate individuals. As of today, no CMC staff member has needed to present to the ED to provide in person support. Have been able to complete both voluntary and involuntary assessments through this process, and emergency staff work from home to facilitate needed admissions to hospitals
- Independent schools, East Valley Academy and Hartford Regional Alternative Program have closed for the year but staff are providing regular outreach calls to students and families to maintain services; planning and delivery of educational aspects coordinated for each student including purchasing of needed equipment to facilitate education

**Staffing:**

- Have transitioned roughly 85% of staff to work remotely from home, though some staff remain in each office at this time
- Staff survey completed to identify staff able/willing to be redeployed to other programs as needs change; as of present, no layoffs have needed to occur but situation being monitored
- Each agency site provided with limited supply of PPE currently on hand for staff to use as needed while awaiting new deliveries
- Currently only a small number of staff have needed to be tested for Covid-29, all results we have heard have been negative so far
- Have worked with agency Board of Trustees to determine any additional benefits that can be made available to staff during this time period

**Community:**

- Working with the VT Food Bank to assure availability at agency food bank in Bradford for client needs
- Working with Gifford Medical Center Behavioral Health Staff and Medical Staff on as needed mental health response for hospital staff
- Outreach to all law enforcement agencies in the area to plan around mental health responses; will be providing community based assessments as able through the use of telehealth but remain available if needed to respond in person with law enforcement

- Weekly statewide Emergency Director's meetings with DMH present occurring to update system of care
- Town mutual aid discussions and development with other community partners for Randolph, Brookfield, Braintree, Hancock, Granville, Rochester, Bradford as of today
- Coordination with Vermont Law School to provide alternatives to in person supports
- Public Relations work focused on community education, maintaining mental health and sobriety during this time through facebook, website, signs on facility doors, letters mailed to clients

#### Infrastructure and Expenses:

- Transition to home has caused system-wide technical issues resulting in an overload of remote computer system, resulting in disruption of services being able to be delivered to clients through telehealth and phone support; IT staff and help desk have been working nonstop to work out additional supports and develop alternative remote work connections
- Needed to purchase additional laptops and equipment for individuals that did not have capacity in their homes to provide care
- Daily management team meetings for the past two weeks to plan for needed clinical services, staffing issues, review changes in regulations, etc.
- All leadership provided with emergency resources and clinical orientation if staffing challenges require them to respond to a request for emergency services
- All capital improvements planned for agency put on hold at this time to manage days cash on hand through the end of the fiscal year
- Monitoring revenue loss due to decreased service delivery in an already underfunded system of care
- Have spent in excess of \$5,000 already on the purchase of PPE

While these efforts and similar challenges are being felt across the DA/SSA system, the mission of what our role is to provide support for the most vulnerable in our communities drives the work we do. Our communities are going to need healing and support through and after this crisis, and they need stable agencies there to provide that safety net to them. We are working every day and stretching beyond our current resources in some avenues to stabilize the communities we work in. State and federal funding needs to be prioritized to maintain and strengthen the DA system, so that it is there in the aftermath. We are still calculating the cost and loss of revenue that CMC will be experiencing, but should have a clearer sense in the next couple of days. As federal funding is released to the State, and the legislature needs to make decisions on the appropriation of funds, we appreciate that there will be focused efforts on solidifying the community mental health system, as we are working on solidifying our communities through this time. Both myself and Melanie Gidney, our new Executive Director, remain available to you throughout the process for any questions/clarifications, or information from the county level.

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