

Good morning. I'm so glad to be on this call with you. I hope you are all safe and healthy. Thank you for taking the time to meet with us today. I know as Legislators for Addison County you're very tapped into the enormous need, concern and anxiety that the COVID 19 crisis has wrought.

My team and I would like to bring you up to speed on how we have adapted to this new way of life and work. You'll hear from our program managers, CFO and Director of HR and me. We also have our board here today in support. Feel free to add to our presentations or stop us anytime for questions.

CSAC is a small but mighty agency within the DA/SSA system of care. We employ a little over 300 employees serving over 2300 people in Addison County. We consistently have high rates of client satisfaction and good care outcomes across the populations we serve. In our most recent DMH redesignation site visit, clients spoke up to say they felt heard and supported by staff and considered themselves a driver in care decisions. Our turnover rate is consistently one of the lowest in the system at 14%. Staff report easy access to supervision and support, and cite a strong culture emphasizing quality of care and connection to people.

CSAC is resilient. **This resiliency has allowed us to transform our entire care and delivery model to adapt to social distancing and do our part to flatten the curve during the COVID19 pandemic.** While bumpy, our transformation includes ensuring staff have the tools and technology they need to be able to work remotely. We are a rural county so some staff don't have reliable access to the internet and continue to work from the office. We have implemented safety and safe distancing protocols to accommodate these staff and provide a safe work environment.

**Our finances and service hours have been impacted because of increased costs, including tech and PPEs purchases, a drop in service hours across all payers, school closures, and Clients who are struggling with new ways of receiving service.** Our service hours have already dropped by about 33% when compared to our pre-COVID days. We are anticipating increased costs of \$902,617, through June, due to the purchase of PPEs, tech equipment, and other costs. If we have only one client in our residential programs who becomes COVID positive, we anticipate these increased costs to be \$1,257,868 through June. This will of course increase if we have more than one client who needs care and is COVID positive. **We have limited days of cash on hand to weather this crisis and keep staff employed- about 40 days. And to put this in a broader context, there are 9 other agencies across the state who have less than 5 weeks of cash on hand.**

**We are concerned about school mental health contracts.**

We understand that there is a statement pending from DMH and AOE to support continuation of school mental health contracts by school districts---this will be important for legislators to understand and support. These contracts serve Vermont's most high risk youth across the state. When schools are not in session, we have lost a valuable safety net to protect our kids. Our most stressed families are now taking on additional stresses—worry about illness, income losses and expenses, and new roles with children of full-time teachers and parents.

With families that were already experiencing tension, trauma, risk of abuse and domestic violence, the odds have now increased for more harm to come to children. Mental health staff are working differently now, but still connecting and bringing support to the children and families---**we are having more parent contact than ever before which we hope can mitigate risk.** These school contracts give us the staffing capacity we need to continue this work. If contracts are reduced or cut, we can expect to see that reflected in the well-being of our kids and only create situations of more need and expense in the future. These contracts are an investment in mitigating that risk.

We continue to provide essential community based services and staffing of our residential homes. We have staff who have volunteered to provide care to clients should they become infected. One community support worker, with over 20 years of service, who also has a family with 4 children has made the commitment to our DS residential program to provide ongoing supports, at the risk of his own health because of his commitment to clients and community based services.

**Staff who continue to do safe-to-face work with high risk people are nothing short of heroic.**

**However, the fragility of our programs, including our ability to maintain staffing is what keeps me up at night.**

Many of our clients are at high risk for severe illness from COVID19 because of age and a multitude of chronic conditions. Some clients struggle to adhere to social distancing putting everyone at risk. Many staff are scared about becoming exposed or infected, scared for the people they support, and worried there won't be enough PPEs to work safely. Due to the extraordinary risks of providing face to face services and because the majority of staff are working remotely, we are paying staff who continue to provide in person services (Essential Residential and Community Supports) a higher amount of pay than before COVID19.

**While we were able to get some PPEs, including masks, early on, we are at risk for running out. As of Friday we are requiring all staff who work with clients in residential, providing essential services, or who continue to come into our offices to wear masks in support of Commissioner Levine's recommendation. We are at risk of running out and have had to rely on board members and community volunteers to sew masks.**

Another concern is that unemployment benefits will have the unintended consequence of a severely reduced workforce because staff, after weighing the risks, will opt to leave the workforce because they can make more staying home. This is a scary thought and will impact our ability to provide care, especially in our residential homes.

The state is assuring us we will be made whole and have asked us to keep our staff employed through this crisis. CSAC continues to fully pay our staff to work, even if they are providing less billable services or not working their full amount of regular hours. We are working to leverage all federal and state benefits for staff compensation.

In light of diminished revenues and huge need across all sectors of the state, I remain worried and concerned this won't be possible. *We need assurances from the state with real money backing.*

Despite my anxiety about being kept whole, I do want to thank both DAIL and DMH, especially the Commissioners, Hutt and Squirrell, for their help, flexibility, and leadership. It has been invaluable and steady.

As Legislators representing Addison County, you should be proud of CSAC and our terrific staff and board. We have a strong culture, and we continue to retain most of our staff. Our unifying principles at this time are to support staff to remain safe and employed, support clients, continue to provide in person essential services, stay connected as an agency, and emerge as fiscally sound as we can. **We aim to come through this pandemic together with our adherence to our practices of quality work and positive culture.**

I'm asking that you please remember that CSAC employs **ESSENTIAL HEALTHCARE STAFF and provides essential and important services through this crisis. We remain open and available.** We will need your help and assurance that federal dollars coming into the state come to community mental health and specialized service agencies and that we are not left out in the cold. I can't emphasize enough how crucial this is to our system of care and CSAC. **If there is any way you can tackle some of these issues on the state level, please help us.**

Thank you.