

Good morning, distinguished members of the House Human Services Committee. My name is Cherie Brummans and I am the CEO and Executive Director of The Alliance of Community Service Providers.

The Alliance of Community Service Providers (“The Alliance”) is a trade association that represents dozens of human services organizations that employ hundreds of thousands of individuals in the SEPA area. Our member organizations provide services to children and adults who struggle with mental health issues, substance abuse disorders, intellectual disabilities and autism. We are not only committed to providing the best possible care to those in need, but also to ensuring that the voices of our member organizations and the individuals and families that they serve are heard and acknowledged.

I am here before this committee today to talk about the impact that COVID-19 has had on human services, as well as some of the policy levers available to make changes to those services.

One of the big issues that this pandemic has brought to light is the serious lack of personal protective equipment (PPE) available to our providers. As all of us are more than aware, PPE is **essential** if we are going to keep our employees and the people we serve, safe from COVID-19. Right now, many providers are forced to grapple with questions like: how often does one change their mask? Are there enough fresh gowns, masks, thermometers, and other items available to keep us safe? Do we keep COVID-positive individuals on the premises to quarantine and contain the spread? And if so, how do we keep ourselves safe? As you can see, there are a lot of moving pieces.

Obtaining PPE has been an ongoing struggle. Back in April, The Alliance began the process of making a bulk purchase of PPE for our providers. It is now July 28th and we are **still** working to complete that purchase because the supply chain has been slow, unpredictable and ever-changing. The cost of PPE is far above what it should be, and our providers are already working with razor thin profit margins. There must be more funding available and a more consistent effort to provide PPE to those who need it in our industry. The chaotic system of procuring PPE that we were faced with when COVID-19 first started does not seem to have improved much.

In addition to the shortage of PPE, testing has not been universally available, and we cannot get results in a timely fashion. Residential program workers and other Direct Support Professionals are often moving between multiple locations, which then increases the number of people they come in contact with. Without widely available testing that includes timely results, we are all at serious risk for contracting COVID-19.

With this pandemic has come the switch to utilizing telehealth as a primary tool for connecting therapists with their patients. This has been a good thing for providers and in many cases, a lifeline to the people we serve. We need telehealth to continue past the COVID-19 crisis. By changing the structure, many providers have kept most of their staff safely at home and working, without the need for significant layoffs. For this we are very grateful. This has been a good thing for providers, however the switch to telehealth did not come without significant cost. Costs such as equipping employees with the technology to provide telehealth along with the purchase of software are not insignificant.

The final issue I want to address today is a very important one: the mental health of both workers and the people they serve.

This pandemic has been extremely tough for everyone involved. There is no way of knowing if or when this will come to an end, which makes it all that much harder to deal with. Our essential workers wake up every day knowing that going to work could pose a serious risk to their health and yet staying home could mean forgoing a paycheck. We say that we support and admire essential workers, and yet providers are not reimbursed enough to substantially increase the amount of money that we pay these employees. This is a huge disconnect between what we say we value and what we are able to do to show those individuals who are risking their lives that we appreciate them and value the work they are doing.

But our employees are not the only people whose mental health is impacted by COVID-19. Most of the people that we serve have been isolated for months. For those who are struggling with depression, substance abuse, disability, or other issues, the lack of social interaction can have serious consequences. Providers are doing amazing and creative things to keep people connected to services while maintaining the health and safety of everyone.

These are only **some** of the many issues that plague human service providers and the people we serve. Even once we get past COVID-19, some will not fully recover; there will be relapses in mental health and sobriety and some providers will be unable to stay afloat. We know that when support systems fall apart, mental health falls apart. Many children and young people also suffer through difficult home lives which can often include poverty, domestic abuse, food insecurity and even addiction. Those issues are only made worse in a pandemic and the impact and trauma resulting from this crisis is not benign. COVID-19 will likely continue to effect children and their families for years to come. We need to keep this in mind as we think through how to appropriately budget for human services.

There are several policy levers that I believe would address some of these issues:

- PPE must be made more accessible and affordable for providers and their employees. This is not negotiable but rather, essential.
- Testing for COVID-19 needs to be more available and the time frame for receiving results needs to improve.
- Telehealth should continue as a means of keeping vulnerable people connected to services. Even when many of us will go back to “normal”, people with pre-existing conditions will still be unable to leave their homes until vaccines are widely available. We must funnel more resources into telehealth to ensure that patients are receiving quality care in the safest way possible.
- Essential employees need to receive pay that is commensurate with the level of risk of the job. This cannot only be in the form of 10-12 week grants. It must be assumed that an essential worker should be compensated for the risks they take and the hard work that they do.

Thank you for allowing me to speak before your committee today. I look forward to talking more with each one of you in the coming weeks and months on these important issues. We must make sure we are prioritizing the mental and physical health of all Pennsylvanians every single day.