

Thank you for inviting this testimony! As an employee of a small non-profit working with vulnerable populations in a hospital setting, this pandemic affects us as employees in many ways. We work with individuals suffering from mental illness, substance use, and often homelessness. Our patient base often goes from hospital to hospital to meet their basic needs, and as such are at high risk of contracting and spreading COVID-19. We don't want to spread it to our vulnerable clients, nor vice versa. To ensure their safety and ours, we must be able to quarantine without fearing that the time off from work would result in inability to afford rent, vehicle payments that allow us to get to work, or the healthcare and medications we take to keep ourselves healthy.

To alleviate worry about the ability to meet our basic needs should the worst happen, I would suggest the following:

1. Funding for 160 hours emergency sick leave for each employee, to be taken only in the event of quarantine and care for ourselves or our family members. I recommend 160 hours because it has been shown in both Japan and China that re-infection is possible after a two-month period, and as front-line caregivers for those most at-risk, we are more likely to both be infected and re-infected.
2. A technology fund designed to assist small workplaces such as our own with the purchase of equipment required to help employees work from home. We may need laptops for documentation or cell phones to forward calls from our desk phones.
3. An immediate order that all distance-based work be performed from home with the support of the above technology. There is no reason for a person whose work can be completed over the phone or on a computer to commute via mass transit or come to a hospital and risk infection or spreading acquired infection throughout our workforce or patients.
4. To create a central distribution area for Lifeline cell phones, where individuals can come and get their eligibility verified and a phone set up, with voicemail, for their immediate use. The current program is already funded, but the phones take weeks to order and arrive. Many of our patients are unable to call and verify when and where their appointments are, or get support via phone and thus seek it at emergency rooms. Many of them don't have mailing addresses where a phone could be delivered. Much of our work providing emotional support and access to resources could be done remotely if our client base had phones to call us. Our clients will also need safe places where they can charge their phones.

I am the Caring Contacts coordinator and peer support at Unity Center for Behavioral Health. My job is to call individuals who have discharged from our ER due to a behavioral health crisis. My goal is to provide support and help bridge the gap between inpatient (hospital) and outpatient care, so that our clients can move out of crisis into stability. 50% of my calls are to individuals living outside. 40% of all non-completed calls are due to the individual not having a phone number. I am only able to reach 20% of all individuals who have been in crisis or considering suicide. Now is the time to help our folks reach us, to facilitate connection over distance, and to help folks access resources that will keep them safe and healthy through this crisis.

I work in a hospital, and in an office which Facilities deemed too small for more than two people. We have seven full-time peer support specialists and three on-call peer support specialists in that office. Social distancing at work is impossible and we are afraid for our coworkers and ourselves. All of us are either ourselves medically vulnerable or in a home with someone who is. Being able to

work from home and provide support over the phone or via email would allow us the social distancing we need to keep ourselves, our families, our coworkers and our clients safe.

Thank you,

Katherine Bour