

Testimony in support of (most of) SB 987: An act concerning reinvestment of savings achieved through a reduction in correctional facility population into reentry and community based services and programs

Good afternoon Senator Winfield, representative Stafstrom, and members of the committee. My name is Harvey Gemme. I have been a state of Connecticut social worker for 14 years. My career spans UConn's Correctional Managed Health Care in D.O.C., State of Connecticut's Department of Veterans Affairs, and for the last 6 years I have been working for DMHAS at Southeastern Mental Health Authority. Over the last 14 years I have been an 1199NE member, and most recently have become a union delegate. I would like to provide testify in support of (most of) Senate Bill 987.

I am a licensed clinical social worker, and currently work on SMHA's Mobile Outreach Team (sometimes call Mobile Crisis Team) based in Norwich, CT. We serve a large geographical area: from Colchester, down to East Lyme, over to Stonington/Pawcatuck, and then back up to the towns surrounding Norwich. This is Region 3 on the DMHAS map. Our team provides timely assistance to individuals in distress by identifying options and resources to meet the unique needs expressed by each caller. Clients can call Mobile Outreach on our main "crisis line", or through the SMHA general phone system extension lines. Recently, 211 has been added to the process. A person/family in crisis calls 211, then explains everything to their staff, they log it and then "warm" transfer the call to us...and we have to have the caller explain everything all over again so we can get it into our computer system and respond to the call for service.

In addition to Mobile Outreach staff members, SMHA has two Crisis Intervention Team (CIT) social workers that ride with the police from different towns. These social workers build working relationships with local CIT trained police officers and State Troopers. At times the social worker and police officer ride together and respond to calls together. They connect clients to mental health and substance abuse community supports and services. Upon arrival at a crisis call staff members in both programs (MOT and CIT) work to de-escalate and assess the nature of the crisis. Our goals are to keep our clients alive and safe. We strive to connect the client to appropriate resources in a timely manner, and to improve the quality of their lives moving forward.

We do not have a 3rd shift, instead the calls that come in after 12:15AM (which is considered 4th shift) roll over to the SMHA Brief Care unit. The health care professionals stationed on Brief Care answer the phone and triage the calls. They can speak with the caller until he/she is out of distress; this is known as a "warm call". The Brief Care unit staff are very skilled at de-escalating and managing the situation until 1st shift staff can respond, or by calling the police to respond in an actual emergency situation.

I disagree with the language used in this bill in Section 9, lines 207-210 and later in lines 217-220. Mobile Outreach/Crisis teams already co-respond to calls for mental health evaluations with direct calls from the police departments in our catchment area. We also have Crisis Intervention Trained social workers who ride with local police departments, and they also respond to calls with State Troopers. There does NOT need to be 911 language in Section 9; lines 207-210 and 217-220. There is no need, in my opinion as a front line social worker, to have one more step added to the process to connect us with clients.

In conclusion, I would like to note that only social workers on DMHAS funded Mobile Outreach (Crisis) Teams, and our CIT social workers, are able to refer clients to the hospital for a psychiatric evaluation. We can do this because we have Emergency Certificate powers under the current general statute. I believe that the statute would have to be rewritten if you want to have non-DMHAS funded social workers EC clients to hospitals. That is why I believe that we should expand the current MOT and CIT programs already in place, instead of creating new ones.

I encourage you to please support SB 987 (if you can strike out the 911 language mentioned above).

A handwritten signature in black ink that reads "Harvey Gemme, LCSW". The signature is written in a cursive, flowing style.

Sincerely,

Harvey Gemme, LCSW