

**February 11, 2021**  
**Testimony before the Public Safety and Security Committee**  
**SB 572: An Act Concerning Community Crisis Response Teams and Reentry Centers**  
**By Paul Acker      Portland, CT**

Good morning/afternoon Senator Bradley, Representative Horn, and distinguished members of the Public Safety and Security Committee. My name is Paul Acker, registered voter from Portland, and I am here today to testify on SB 572, An Act Concerning Community Crisis Response Teams and Reentry Centers.

I applaud the state and our municipalities starting to look at how we as a society respond to people in crisis. I think that we need to broaden our offerings, as opposed to just change how someone in crisis ends up in the system. Our current crisis system and a lot of the models being looked at in our cities and towns, basically changes who does the crisis call, which is an important first step, but at the end of the day, the person in crisis ends up in our most expensive form of care, the Emergency Department followed by a hospitalization.

I ask the Public Safety and Security committee and other committees to start to look at bringing peer respite to scale in Connecticut. Connecticut is one of two states in the northeast that do not have at least one peer respite, Rhode Island being the other. Peer respite gives people a chance to preserve their personal agency while going through their crisis and reduces the costs that the state pays for an intervention.

The respites are completely staffed by people who have gone to crisis themselves. They have navigated their distress and the mental health and addiction system. Giving the person in crisis the hope of having someone say, "I have been through crisis myself. I have some things that have worked for me and I'm willing to walk through your crisis with you." It may be argued that Connecticut already has respites, but they are not based on peer run models. They tend to pathologize the person in crisis instead humanizing their experience, an approach that makes a world of difference to those who participate in services.

Currently 18 states have invested in peer respite as a part of their offering to the citizens who may find themselves in crisis. Connecticut should take this opportunity, as we look at addressing our offerings for people in crisis, to add a peer respite to each of the five DMHAS regions. Many states have found peer respite to be a smart money investment that pays for itself when you consider the savings from people not having to end up in the Emergency Department.

Thank you for your hearing my testimony. I'm available for questions if you have any questions.