



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

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**Testimony of Commissioner Miriam Delphin-Rittmon**  
**Department of Mental Health and Addiction Services**

**Senate Bill No. 572 AN ACT CONCERNING COMMUNITY CRISIS RESPONSE**  
**TEAMS AND REENTRY CENTERS**

**Public Safety and Security Committee**  
**February 11, 2021**

Good Morning Senator Bradley, Representative Horn, and members of the Public Safety and Security Committee. I am Commissioner Miriam Delphin-Rittmon of the Department of Mental Health and Addiction Services (DMHAS). Thank you for the opportunity to provide testimony on Senate Bill No. 572 AN ACT CONCERNING COMMUNITY CRISIS RESPONSE TEAMS AND REENTRY CENTERS.

The Department of Mental Health and Addiction Services (DMHAS) provides mobile emergency crisis services to individuals age eighteen or older. Mobile emergency crisis services are defined as mobile, readily accessible, rapid response, short-term services for individuals and families experiencing episodes of mental health or substance use crises. This is a statewide network of services designed to assist individuals that are dealing with psychiatric and substance use emergencies. The services provide immediate assistance and help to link these individuals to necessary follow-up services. The continuum of crisis services includes direct crisis services, a call line run in collaboration with 211 which offers an array of supports to individuals experiencing psychiatric distress, and training and education targeted to law enforcement in a partnership designed to strengthen police response to persons experiencing crises in the community.

There are 18 Mobile Crisis Teams (MCT) in our state, 8 DMHAS operated and 10 DMHAS-funded. Mobile Crisis Team staff provide immediate assistance to people in distress by identifying options and resources that meet the unique needs expressed by the individual. DMHAS funds and operates MCT services throughout the state including all of the large urban centers. MCT aim to promote the prevention of crises among persons and families and postvention activities that support persons in developing a meaningful sense of belonging in their communities. MCTs are multidisciplinary teams which may include licensed master's level social workers, licensed clinical social workers, licensed professional counselors, peer support specialists, nurses, mental health workers and psychologists. The mobile crisis teams also are supported by respite beds, which are locally operated and available in most regions. These beds are designed to provide short-term treatment in an effort to divert persons in crisis from hospitalization if possible.

DMHAS also funds Crisis Intervention Teams (CIT), a best practice designed to provide law enforcement with training on resources to connect persons in a mental health/substance use crisis to community supports and services. It is a partnership between local police and the community mental health/substance use services network to jointly respond to crises in the community. The goal of CIT is to reduce the need for arrest in favor of referrals to appropriate treatment resources and supports, and, to promote safety for persons in crisis, the community and the police. Every mobile crisis team has CIT trained clinicians who work collaboratively with law enforcement, providing mental health evaluation and recommendations when responding to crisis calls. The CT Alliance to Benefit Law Enforcement (CABLE) is the organization responsible for providing basic and advanced CIT training in the State of Connecticut to law enforcement officers and mental health professionals. To date, DMHAS has funded over **70** CIT trainings attended by approximately **2,500** people including state, municipal, hospital, and university police officers, mental health professionals, correctional officers, probation officers, and EMS. **116** police departments now have CIT-trained officers and **43** police departments have CIT policies.

CIT training prepares participants to recognize and respond to mental health and addiction crises and identify strategies for police officers to partner with mobile crisis team clinicians who can follow up on calls to ensure that an individual in distress is offered the supports and services of their choice. DMHAS supports approximately 7 clinical staff who work collaboratively with local law enforcement.

DMHAS uses the recently implemented “Action Line”, a centralized phone number answered by 2-1-1 staff trained to offer an array of supports and options to individuals in distress. Action Line services include telephonic support, referrals and information about community resources and services; warm-transfer to the Mobile Crisis Team (MCT) of their area; and when necessary, direct connection to 911. The ACTION Line’s services are free to all Connecticut residents and operates 24 hours a day, seven days a week, 365 days a year (24/7/365) with the availability of multilingual staff or interpreters as needed. The centralized line is available to provide after-hours coverage for mobile crisis providers throughout the state.

DMHAS supports the intent of SB 572 as evidenced by the services described above. While these services are an integral component of Connecticut’s behavioral health continuum of care, funding for the expansion of any of these services is not currently available. The range of services currently available provide a comprehensive network of crisis assistance across the state, especially in the largest urban areas.

Thank you for providing an opportunity to weigh in. If you have any questions related to the material contained in this testimony please contact the Mary Kate Mason, DMHAS Director of Government Affairs at [mary.mason@ct.gov](mailto:mary.mason@ct.gov) so she can provide additional information.