February 11th, 2021
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SEIU 1199NE
Before the Public Safety and
Security Committee

Testimony on SB 572: **AN ACT CONCERNING COMMUNITY CRISIS RESPONSE TEAMS AND REENTRY CENTERS**

Good afternoon, 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 CT's Dept. of Veterans Affairs, and for the last 6 years I have worked for DMHAS at Southeastern Mental Health Authority. Over the last 14 years I have been an 1199NE member, and most recently have become a delegate.

I am a Licensed Clinical Social Worker, and currently work at SMHA on the Mobile Outreach/Crisis team based in Norwich, Ct. We serve a large geographical area: from Colchester down to East Lyme, and then over to Pawcatuck/Stonington, and then back up to the towns in the Norwich area. 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 into MO/C on our main "crisis line", or through SMHA's general phone extension lines. Recently, People in our catchment area have also accessed MO/C by contacting 211 and being patched over to us.

In addition to Mobile Outreach/Crisis staff SMHA also has Crisis Intervention Team social workers. These social workers build working relationships with local CIT trained police officers and State Troopers. At times the police officer and social worker will ride together, and respond to calls together, in an effort to connect clients in a mental health/substance use crisis to community supports and services.

Staff members in both programs work to deescalate calls for service. Our goals are to keep our clients alive and safe, and connect them to appropriate resources to improve the quality of their lives.

We are decently staffed on our three shifts – 1st, 2nd, and 4th shift. We do not have a 3rd shift. Calls that come in after 12:30AM (4th shift) roll over to the SMHA Brief Care Unit. The health care professionals stationed on the Brief Care Unit answer the phone and

triage the call. They can speak with the caller until he/she is out of distress; this is known as a “warm call”. The Brief Care Unit are very skilled at deescalating and managing the situation until 1st shift can respond.

I believe that proposals that call for the social workers to staff city run programs (as opposed to DMHAS run programs) would not able to refer patients to the hospital for psychiatric evaluation. The DMHAS Mobile Outreach/Crisis and DMHAS CIT social workers have Emergency Certificate powers which allow us to do this. In the city run programs, the police would still have to write a PEER paper to get the client to the hospital. The EC statute currently in place was written with only DMHAS funded social workers in mind.

Mobile Crisis staff from across the state and 1199NE have met virtually to discuss what’s worked well in each unit and how we can expand these programs so they are successful statewide. We believe that it is unnecessary to reinvent the wheel when we currently have successful practices happening in each of our units that could be emulated statewide and expanded regionally. Please support SB 572.

Thank you for your time.