

Emma Lo, MD

Testimony in SUPPORT of SB 572:  
An Act Concerning Community Crisis Response Teams and Reentry Centers  
Legislative Office Building  
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Representative Maria Horn, Senator Dennis Bradley, Senator Catherine Osten, Representative Alphonse Paolillo, and distinguished members of the Public Safety and Security Committee, thank you for the opportunity to submit testimony in **support of SB 572, An Act Concerning Community Crisis Response Teams and Reentry Centers.**

I am an Assistant Professor of Psychiatry at Yale University and the Attending Psychiatrist for the Street Psychiatry Team at the Connecticut Mental Health Center. As a psychiatrist who does community outreach to vulnerable populations with serious mental illness, I am regularly involved in crisis calls involving my patients. A Community Crisis Response Team that is tailored to the mental health needs of our community will be beneficial for a number of reasons:

1. **Limit unneeded contact with law enforcement.** Communities of color have been disproportionately impacted by implicit bias and racism of law enforcement, which has unfortunately led to numerous unnecessary, tragic deaths of Black community members. Last year, one such patient who was experiencing a mental health crisis was murdered by police officers. With this bill, police will not necessarily respond to mental health crises; rather, mental health specialists will be dispatched ensuring a more appropriate and non-violent response.
2. **Trained, qualified professionals will be dispatched to non-emergency 911 calls related to mental health, homelessness, and substance use.** This will allow individuals in crisis to be connected to the services they need, which police do not have the training, resources, or time to provide.
3. **Reduce incarceration and unnecessary emergency department visits.** Through the specialized team, fewer individuals will face legal charges for issues better addressed by a social services approach; for example substance use disorder treatment. This will also be an important investment to generate savings by diversion from incarceration and emergency hospital services.
4. **Improve re-entry for individuals returning home from incarceration.** Through improved Re-entry Welcome Centers, these individuals will be connected on the day of their release to resources such as housing, employment, medical care, substance use disorder treatment, and mental health treatment. Too often, individuals are not connected with any resources or housing upon release from incarceration, and end up experiencing homelessness and gaps in mental health treatment.

Successful models for a similar crisis response team include the CAHOOTS program in Eugene, OR, which has been in operation since 1989, and has demonstrated \$8.5 million annual savings for the City of Eugene due to diversion to more appropriate levels of services. Based on my experience doing community mental health work, having a specialized crisis response team will both protect people of color from unnecessary contact with law enforcement officials and will at the same time ease the burden of work for police officers, meanwhile reallocating public resources and social services to people who need them most.

Please note that the views expressed in this testimony are my own and not those of my institution. Thank you and please contact me with any questions,

Emma Lo, MD  
Psychiatrist  
[Emma.lo@yale.edu](mailto:Emma.lo@yale.edu)