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Before the Appropriations Committee

Good afternoon Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is Mandi Smith and I'm a Clinical Social Work Associate with one of CT's Mobile Crisis Teams (MCT). I have been a Connecticut State employee with DMHAS for five and half years. I am here today to speak to the need to allocate \$6M to fund DMHAS's mobile crisis teams.

Mobile Crisis is a service to the community that addresses gaps in services for people in need who might otherwise "fall through the cracks" of the mental health system. As a team of trained clinicians, we identify and intervene on individual needs that are too often lamented only after a tragic event has occurred. Unlike most services that require a person seeking help come to an office or hospital in the midst of extreme emotional turmoil, ambivalence and fear, we literally and figuratively "meet the client where they are at" in order to overcome barriers to receiving care. We work with community stakeholders of all kinds to efficiently coordinate resources, provide education and support in order to avoid unnecessary use of emergency services, or to ensure safety via more intensive evaluation needed.

Recently, MCT coordinated with an employer concerned about a young employee demonstrating signs of suicidal thinking; knowing the employee's past history of attempting to die by suicide increased the concern, however the employer felt overwhelmed and uncertain how to best support them. MCT met with the client privately and discreetly at their job to assess them. After determining client was not an imminent risk, MCT provided referral to a local IOP, which client began the next day. Since that time, the client has utilized MCT for support during periods of distress and problem solved (i.e. care for pets, employment) in order to ensure they felt comfortable going to the hospital if needed in the future.

Since March, calls to MCT have increased substantially in volume. Many providers have worked either entirely or largely via telehealth, leaving them to rely on MCT or our Crisis Intervention Team (CIT) for in-person assessments when there are risk issues requiring immediate attention. Our MCT has provided on- going clinical support to 24 hour residential programs (over 20 in our catchment area, including: group homes/supervised apartments, shelters, residential substance abuse/dual diagnosis, Respite, etc.) during the weekend and "off" hours up until midnight, and to any community member—regardless

of whether they have ever received mental health treatment or not. Now that staff is predominately working from home, we are present in the office to provide on-going crisis services to accompany the increase in outreaches and acuity of our clients.

As the demand for these services continues to climb it is important that we meet that need by expanding these services. We must ensure that staffing vacancies are filled and additional positions are created and filled to ensure the capacity of our MCTs is appropriate. When we are able to address crisis in real time we not only save lives, we save the state money by preventing hospitalizations or worse. Thank you for your interest in supporting the work my colleagues and I do, and I hope you can support us. Thank you for your time.