

**PUBLIC HEARING RE GOVERNOR'S PROPOSED BUDGET
APPROPRIATIONS COMMITTEE**

Michaela I. Fissel

February 18, 2014

Good evening respective members of the Appropriations Committee. My name is Michaela Fissel, and I am a current resident of Windsor, Connecticut. I am here tonight to respectfully request that you support the Governor's proposed budget for the Department of Mental Health and Addiction Services. If possible, I would also ask that you consider expanding funding for Young Adult Services.

I am making this request based on my experience as a young person in long term recovery from a primary diagnosis of bipolar disorder, as a behavioral health consultant that has connected with hundreds of young adults within our state, and as a graduate level researcher who has spent the last four years reviewing the research related to emerging adults as a behavioral health service population.

Based on the research, it is reported that nearly 14% of young adults within Connecticut meet the criteria for a serious mental illness. This is supported by the estimate that there are nearly 18,000 young people within our state who would qualify for DMHAS YAS. Unfortunately, the current infrastructure of YAS only has the capacity to support less than 1/10th of this service population.

An example of this disparity in access can be found just over the river in East Hartford at Intercommunity. Currently, Intercommunity provides tailored services to 25 young adults through their programming. However, as a Local Mental Health Authority (LMHA) they serve over 350 DMHAS clients who are eligible for DMHAS Young Adult Services. Often, Intercommunity makes referrals to Capitol Regional Mental Health Center so that these young people will have access to the comprehensive services offered through a DMHAS YAS site. This is unfortunate and unnecessary given that there is a service provider within their local community that has the programming options available, just not the capacity.

It is clear that young adulthood is one of the final stages of development that the opportunity for early intervention is still an option, given that three-quarters of chronic, lifetime cases of mental illness are diagnosed by the age of 24. What does this mean for the more than 9 out of 10 young people who are not receiving the comprehensive and developmentally appropriate services offered through DMHAS funded YAS programs?!

Based on my experience, it means that these young people will continue to live in desperation and despair as they attempt to manage the symptoms of their inadequately treated behavioral health diagnosis. That their lives will be marked by chronic disability that will inevitably place a further financial burden on our state.

Since achieving recovery more than six years ago, I have been working within the behavioral health field as a consultant, and through the various young adult initiatives I have had the opportunity to coordinate, it has become abundantly clear that young adults require tailored behavioral health services that not only address their clinical psychiatric needs, but expand their definition of treatment to also target the process of recovery and the broader transition into adulthood. This is why expanding DMHAS YAS funding to Local Mental Health Authorities that are first non-profits that offer a non-traditional service delivery option is a critical component of our state's behavioral health system that continues to be underfunded.

Upon reviewing the literature, along with current programming offered within our state, it remains abundantly clear that we continue to operate an overly rigid and inflexible service delivery model that misses the opportunity to put funding towards innovative and cost-effective approaches that would support a young person to not only receive clinical care, but also pushes further to support a young person to achieve recovery and catch up to the rest of their generational cohort as they transition into adulthood.

The problem is, without increased funding, the opportunity of recovery will continue to be made available only to a select few, while too many who currently receive services through the traditional clinical model, will remain dependent on the system. Inevitably, we will, once again, have a generation of young people who transition by chronological age into middle adulthood, but who do not achieve the individualism and interdependence that marks the developmental transition

into this next stage of life because we are offering services that continue to be operated through a delivery system that can be traced to the institutional care of the mid-20th century.

As I sit here before you this evening, I can say with confidence that I would not have made it through college, I wouldn't be gainfully employed, and I wouldn't be happily married with two beautiful children if I did not receive developmentally appropriate behavioral health services that considered my recovery and my future concurrently with my clinical care needs.

I can assure you that by investing in the expansion of DMHAS YAS funding to enhance the innovative recovery services offered through non-profits you will be supporting the opportunity of recovery – the opportunity to live a life of self-defined purpose that is not only comparable to our “healthy” peers, but far exceeds the value that most of my peers place on the chance to determine the direction of their lives.

Thank you for considering my testimony and I look forward to continuing to follow the tremendously important work that you carry out as Legislators.