

Good morning, Senator Kelly, Senator Larson, Representative Scanlon, and members of the Insurance Committee;

My name is Vered Brandman and I am a resident of Norwalk. I am here today to speak as a person in recovery from Major Depression, PTSD, and an eating disorder, and as a certified Recovery Support Specialist, also known as Peer Support Specialist. I ask that you move in favor of HB 6887, An Act Expanding Coverage for Mental Health Care Services and Substance Abuse Services. I would like to thank Representative Cristin McCarthy-Vahey, who met with community members in Fairfield County and brought back to you a request, on our behalf, in the form of this proposed bill.

The specific services this bill addresses are Case Management and Peer Support services. Case Management was a term I heard a lot even when I was new to treatment, but I didn't know what it meant, as a privately-insured high school student struggling with depression and PTSD. Over the years, I've learned that had a lot to do with insurance coverage—Case Management or Care Coordination for mental health services is something only available through DMHAS, the Department of Mental Health and Addiction Services, and other state departments. As underfunded as it is, DMHAS does not serve Connecticut residents who can afford to receive services through the private sector; the fact that the public sector offers a wider range of services doesn't change the fact that the Department can't afford to serve everyone who can benefit from any of its specialized services.

Peer Support Services was something I couldn't even imagine as a high school student—people who struggle the way I do, trained and working alongside therapists and psychiatrists?—I assumed that was why therapists went into that line of work. I assumed that the only way to provide direct care in the mental health field was by surviving years of grueling academic study and training in the medical-model, mastering the DSM (Diagnostic and Statistical Manual) and internalizing the habit of pathologizing other people's experiences.

There are several reasons why I didn't know about Peer Support Specialists until eight years ago, and the reason that feeds all of those other reasons is insurance coverage. Private insurance

doesn't reimburse for services provided by Certified Peer Support Specialists. Yes, certified; three years ago I took a 60-hour course through Advocacy Unlimited, which has since been upgraded to an 80-hour course. I had to pass a certification exam; and since passing that exam I've had to earn 60 CEUs and re-certify every three years so my certification doesn't expire, just like any other professional. I've taken Emotional CPR, Mental Health First Aid, ASIST (Applied Suicide Intervention Skills Training), and attended many other workshops, presentations, and conferences over the last three years to grow and keep up in the field. As of summer 2015, more than half the states in the union have established programs to train and certify people like me to use our lived experience to support our peers.

But because of the barrier of insurance reimbursement, those of our peers in Connecticut who are privately insured can't have Peer Support Specialists on their treatment team. The agencies where those privately insured folks go can't get reimbursed for our hours, so they can't hire us. Many of those agencies that serve privately-insured folks don't even know Certified Peer Support Specialists exist; which means their clients don't know, either.

I'd like to lay to rest the concern that Peer Support Specialists are coming for other people's jobs; we're not. We can't prescribe medications like psychiatrists and psych APRNs, and we prefer it that way—prescribing isn't the work we want to do; it isn't why we got certified as Peer Support Specialists. We won't replace social workers, psychologists, or therapists, either; our job is to complement the existing treatment team, to help our teammates carry the load. There are already not enough clinicians for the number of people seeking services, which means mental health workers have heavy caseloads—heavier than is in the interest of their clients, since burnout is so prevalent in the field. Certified Peer Support Specialists can help alleviate that burden; folks already working wouldn't have less total hours of work, they'd have more hours per client. The agencies where they work might not need to turn potential clients away, or put them on waitlists, due to caseload issues.

Our job as Certified Peer Support Specialists is to model the perseverance, healthy coping strategies, help-seeking behaviors, and sense of hope that are the hallmarks of recovery—the way only peers can. Traditionally credentialed mental health workers like psychiatrists, social

workers, and psychologists have been formally instructed not to disclose to clients any lived experience they may have; when I see a new therapist for the first time, I know they are qualified because they studied. I only know otherwise if the particular therapist chooses to disclose. When I see a Peer Support Specialist for the first time, I know they are qualified because they learned the same way I did: by navigating the system as a user of mental health services, as a person in need of those services. We may not have the same diagnosis or psychiatric history, but we've both had to navigate getting help for a condition that is socially difficult to explain. I feel that the difference in the therapeutic dynamic cannot be overstated.

There are over 800 of us certified in the state, and we'd love nothing more than the opportunity to put our training to use. HB 6887 would allow us to do that.

Thank you for your consideration.