

**Testimony before Task Force to Study the Provision of Behavioral Health Services for Young Adults  
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Age: 19

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Good afternoon members of the Task Force to Study the Provisions of Behavioral Health Services for Young Adults. My name is Dan Prouty and I am a young person in recovery from major depressive disorder and addiction.

I am here today to share my experience regarding the topic of improving payment models for behavioral health services.

When I was 15 years old I was hospitalized at the Institute of Living in Hartford, Connecticut. The primary reason I was hospitalized was due to depression, with secondary alcohol and other drug addiction. Since IOL did not offer the specialized addiction treatment options that I needed, I left the state and was admitted to the Brattleboro Retreat in Brattleboro, Vermont.

The problem was, I was still on my parents insurance and their insurance company would only authorize 15 days of treatment. For me, given I was returning home to the same environment and without a connection to the recovery community, I subsequently relapsed.

Thankfully, I was able to return to Brattleboro Retreat after being accepted into DCF voluntary services. If it weren't for DCF paying for me to receive the specialized treatment offered through Brattleboro I know I wouldn't be testifying before you today.

I have always found that private insurance, particularly Anthem Blue Cross/ Blue Shield does very little to cover the cost of inpatient services. This is especially true in the area of substance use treatment.

I can only imagine how many people are either discharged too early from inpatient services due to private insurance and end up losing their lives to either overdose or suicide. This is a major problem in the system that must be looked into if we are going to operate the most comprehensive and effective delivery system available to the many men and women who seek treatment everyday.

I have one last thought before I conclude - I am also concerned that our public service systems are beginning to shift away from sending young people out of state for specialized treatment. If it is found that within our state we do not offer the care that is needed, then this pathway to recovery should still be available. It does not mean that we have to send everyone out of state, but if we are providing authentic person center and individualized treatment options, then Brattleboro should be accessible given their specialization and tailored programming.

In conclusion, I would like to thank you for allowing me the opportunity to share my experience and I look forward to continuing to follow the work that is carried out during the upcoming legislative session.