

**Testimony before Task Force to Study the Provision of Behavioral Health Services for Young Adults  
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Good afternoon Member of the Task Force to Study the Provisions of Behavioral Health Services for Young Adults - my name is Jessica Ferreira and I am here today to share my views as a young adult in long-term recovery from diagnoses of Major Depressive Disorder, Borderline Personality Disorder and Post Traumatic Stress Disorder.

I am going to speak with you today about improving behavioral case management services. This is because I, myself, have a case manager and have been accessing this type of service since becoming a client of DMHAS Young Adult Services.

I currently attend Community Mental Health Affiliates (CMHA) in New Britain, where I am part of the YAS program. Through the program, I have a case manager that I am very comfortable with because I feel like she takes the time to get to know me as a person beyond my diagnosis and that I can trust her. I believe that we should have more case managers available throughout the state and that this kind of service should be offered to any young person who would benefit from this type of support.

Increasing the number of case managers would be helpful for both clients and the case managers themselves. Specifically because clients deserve an alternative approach to just medication and therapy and case managers shouldn't have to manage so many clients because it takes away from their ability to provide individualized and person-centered support.

I feel like the case managers at CMHA do so much for the young adults in the program, especially because a lot of us were in DCF custody and CMHA is pretty much taking on the role of a parental figure. Some times I feel that there is not enough time and everything ends up feeling rushed. I know for friends who have adults in their lives who really care, they are offered time and are shown genuine interest.

Taking time with us helps us to develop a bond with our case managers. Bonding is vital so that we can trust our case manager. Once trust is established we will allow them into our personal lives so that they can offer and we will willingly accept the guidance that will benefit us.

Trust also means that we will not feel like they are going to ditch us, and that we can tell them anything. I feel like I can talk to my manager about anything, and that I can trust that she will help me to make informed decisions. This is because she doesn't tell me what to do, but offers options and helps me to understand what I can expect from the choices I make.

In conclusion, it's really about core values that need to be expected in case managers, and maybe they should even be evaluated on them during the Regional Board Evaluation and Review processes.

It is also about the system itself making sure that it is possible for the core values to be upheld at the direct care level. Its about having enough case managers to ensure that every client is given the opportunity to have **time** to establish a **bond** so that they can **trust** their case manager enough to **talk** openly about their experiences.