

**Testimony before Task Force to Study the Provision of Behavioral Health Services for Young Adults
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To the members of the Task Force to Study the Provisions of Behavioral Health Services for Young Adults - my name is Kerri Dirgo and I live in Bridgeport, Connecticut.

I am here today to share my experiences as a young person in recovery from a primary diagnosis of major depressive disorder and a secondary diagnosis of substance use. This afternoon, I'd like to address the recommendation areas of improving case management services and the delivery system.

I understand that for any system to operate efficiently there needs to be structure, and since I receive services through a state-operated Community Mental Health Clinic I receive the most comprehensive services available in the state.

For me, I'm assigned to a treatment team. This includes a case manager, a clinician, a psychiatrist, and education/employment specialist. This treatment team generally works with each other to provide me wraparound support.

The challenge occurs that since the structure of the team is so clearly defined and their roles are regulated to such a degree due to various mandates and administrative policies, I have had the experience of not receiving a personalized delivery of treatment. The rigidity of the case management services and the overall delivery system has caused me to really struggle with accepting support.

I have found that establishing working relationships with treatment providers is essential to my recovery and my overall success.

Thankfully, after a couple years of actively seeking information that would help me advocate for a change in my treatment team, I finally was listened to. I guess that I had to speak their language before anyone would take my requests as credible and a strategy was developed for how my team would be organized.

Specifically, since I was a young adult, but I was ready to take on more responsibility as an adult, it was decided that I could remain a member of Young Adult Services, but my therapist would be in the adult services division. My current therapist lets me have much more autonomy and have a voice in my treatment. She sees me more as an equal, than as a child who is incapable of making decisions.

Since this change occurred, I began to view myself as something more and I didn't feel so helpless. I've achieved quite a bit in the last few years, including taking a leadership position with Join Rise Be, graduating from Recovery University, and becoming a peer-support specialist with GBCMHC.

It took my providers diverging from their rigid and highly systemic role where the protocols are developed from the top down and there is a due process for considering any request that comes from the bottom up.

What I'd like to suggest is that the delivery system needs to offer authentic individualized case management services, where the treatment team and the recovery plan is developed not just with the young person present, but BY the young person with guidance from the team.

In closing, I'd like to thank the Task Force to Study the Provisions of Behavioral Health Services for Young Adults for including us, the young adults, and allowing us to share our challenges and success stories with you. I hope you all consider how important it is to improve case management services. I also hope you can consider the dedicated young people here today as allies, granting inside information about what works and what doesn't. If you want the true experience of what type of services and how the delivery system is being implemented - just ask. We are ready and willing to help!