Testimony before Task Force to Study the Provision of Behavioral Health Services for Young Adults January 14, 2014

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To the members of the Task Force to Study the Provisions of Behavioral health Service for Young Adults - my name is Sara Krolikowski and I am from New Britain, Connecticut.

I am here today because I would like to share my perspective as a young person in long-term recovery form a primary diagnosis of Major Depressive Disorder and Post Trauma Stress Disorder. I would like to specifically address the recommendation area related to individualized services for students exhibiting violent tendencies in school settings. I am addressing this topic because I was one of those students.

When I was in high school I really started to need help, but there was no one to go to who would understand and had the time to listen. All that was offered was seclusion where I was encouraged to get my frustration out through methods like punching a bag. I was told it was time to, "chill out." In retrospect, I really just needed someone to talk to, someone who I could relate to.

Ideally, if a student is acting out aggressively or who is unable to control their behaviors, they should be offered the opportunity to relax in a therapeutic setting, but they should not be left alone. They should be offered the opportunity to speak with a qualified school personnel who has training in behavioral health intervention methods and who is knowledgeable in adolescent development.

Too often, children who have behavioral challenges are assisted by a paraprofessional who has a limited background in behavioral health, implementing behavioral interventions, social skill development, and adolescent development. In the end - it just feels like babysitting until will get put into an alternative program because we are not being provided the support that would actually help us. It's like we're further punished because the system is not equipped to help us.

It would be much more beneficial if these individuals had specialized training and were given the space to work with us 1 on 1. In a perfect system, those put in a position to help us, would also be relatively close to the students own age, and possibility have lived experience themselves. Almost resembling the peer-to-peer model.

Potentially, this could be achieved by school districts actively **partnering with pre-existing behavioral health organizations and offering ongoing professional development** to educators, paraprofessionals, and other support staff within the school district. In addition, **the Department of Education could partner formally with the Department of Mental Health and Addiction Services to develop a pathway for those who are in recovery to provide mentorship to students** who are experiencing behavioral health challenges.

In conclusion, thank you for providing my peers and I the opportunity to share our perspective, as young people in recovery. I guess I only wish that you would take the time to include more of us during this process and that in the future we are included in the beginning. These types of opportunities help us to reflect on our own pathways to recovery and provide us the chance to give back to the community.