

**Testimony before the Appropriations Committee
on the Governor's Proposed Biennial Budget
March 6, 2015**

Claire Bien, Hamden, CT

Good afternoon Senator Bye, Representative Walker, and members of the Appropriations Committee.

My name is Claire Bien and I am a registered voter in the town of Hamden. I work full-time at The Connection as a writer, grantwriter and public and community relations officer. I am President of the board of directors the New Haven affiliate of the National Alliance on Mental Illness and am a member of the board of trustees of the Connecticut Hearing Voices Network. I am also a person in recovery from hearing voices.

I am here to testify on the Governor's Proposed Biennial Budget. I am opposed to all the proposed cuts to the Department of Mental Health and Addiction Services and urge you to restore funding across the board to these programs. However, because I feel most passionately about the necessity for the triumvirate of **Treatment, Research, and Community Mental Health** resources and supports in helping individuals living with mental illness achieve a substantial degree of recovery, I wish to speak directly to those three areas.

The particular cuts I most object to are the decisions to:

- **Annualize the 2015 Recissions and cut \$343,000 from the DMHAS contract with the Yale Department of Psychiatry that supports clinical programs.** The \$343,000 cut would require the elimination of 2.5 FTE psychiatrists who currently treat 500 patients, all of whom are among the neediest members of the New Haven community.
- **Eliminate \$786,000 in support for the CMHC research programs.** This funding supports essential core resources that cannot be charged to federal grants and contracts. Loss of this funding would have devastating effects on these research programs, from which they would be unlikely to recover. This loss of funding would dramatically diminish CMHC's contributions to advances in treatment. Further, the CMHC missions are inseparable. Cutting research eliminates the contributions of research faculty to teaching and patient care.
- **Reduce funding to the Regional Community Mental Health Boards (RCMHB) by \$585,000.** The RCMHBs are the eyes and ears on the mental health needs of individuals and families in our communities. Their mission is to help ensure that our communities provide educational, treatment, and recovery opportunities secure or develop and deliver the services that individuals and families with struggling with mental illness need. Reducing funding will make it that much more difficult for cities and towns throughout the state to identify the mental health needs of their communities.

As I said earlier, I am a person in recovery from hearing voices. I have learned, through therapy, medication as needed, and a supportive community, to find my way toward recovery. I was lucky because I had excellent private insurance and treatment, a loving and supportive family, and a community of friends who accepted me, and supported me.

Not everyone is so lucky. Many people throughout the state, especially those who live in the hearts of our major cities, rely upon the services provided by DMHAS, CMHC, and the Regional Community Mental Health Boards. Without these supports true recovery is simply not possible.

The cuts proposed in the current budget threaten to undermine the infrastructure that the providers of clinical services, research institutions, and community mental health boards have worked so hard to build.

I—and tens of thousands of others in Connecticut—are living proof that true recovery from mental illness is possible. But it is possible only if the proper supports are in place. Many useful tools have been developed by the medical-scientific and psychotherapeutic communities. Medication is a critical part of the solution, especially to treat the worst symptoms of illness. Equally if not more important are the various interventions that form the core of the community mental health movement: Person-centered therapy, the use of peer counselors, and the clear understanding that meaningful work and true acceptance by, and full integration within, the broader community—the community outside the mental health arena—are also critical to the recovery process, of living and being in the world.

If the proposed annualized cuts to DMHAS, and the proposed further cuts to the clinical and research arms of CMHC, as well as cuts to the Community Regional Mental Health Boards go through, then we will create a black hole of non-treatment for the neediest members of our communities. This is a hole from which they – and we – may never climb out. The cost to our communities, even in this year as people give up and depart – and certainly in one, two, five, and twenty years will be incalculable.

Thank you.

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