

**Testimony for February 2016 Public Hearing on the Governor's Proposed Budget
for DMHAS, DPH, & DSS**

Thank you Senator Bye, Representative Walker, and members of the Appropriations Committee, for this opportunity to be heard.

My name is Vered Brandman, and I'm a Norwalk resident and a person in recovery from mental health issues. My current diagnosis is Major Depression with PTSD and an eating disorder. I'm 28 years old and while I've had symptoms most of my life, it wasn't until I was 20 years old that I was able to get real help that helped.

Since 2007 I've been involved with several groups that provide support, education, and advocacy opportunities for people like me. I've included a few of them in my written testimony, but I'd like to focus on just one today. Last spring I was nominated to the Board of Directors for the Southwest Regional Mental Health Board, one of Connecticut's five state-mandated private-non-profits.

I've been in recovery for almost nine years, and I've had more opportunities to connect with others, have my voice heard, and be part of some of the community solutions to mental health and addiction challenges in the three years I've been involved with my Regional Mental Health Board than in the first six years of my recovery. I've learned so much thanks to the Southwest Regional Mental Health Board, and I've received so much encouragement and support—in particular from our current Executive Director, Margaret Watt—and I was deeply touched when one of my peers—another person in recovery—nominated me to the Board of Directors last spring.

At my Regional Mental Health Board, I am not a patient. I am not a client. I'm not even a "consumer," though our bylaws do require that the consumer population have strong representation on the Board, and that is the perspective everyone knows I bring to the table. At my Regional Mental Health Board, I am a Board Member, with insight based on experience that no one will doubt or question. I am, and my experience is, deeply valued at the Regional Mental Health Board, and I would challenge anyone to name another impartial organization, one not tied to big-pharma or the insurance industry, where I would be able to sit at the table alongside my peers in recovery as well as family members and providers working in the community to improve our existing

system of care. What the Regional Mental Health Boards do best, beyond the tasks they are mandated to perform, is this: they provide a table for the community to sit at, they provide seats and a microphone when needed so that anyone—a person in recovery, a professional working in the field, a family member, or a concerned citizen—can be part of identifying problems and implementing solutions. I know Regional Mental Health Boards might seem expendable because they by definition do not provide direct-care services, but I guarantee that they are anything but expendable. Regional Mental Health Boards are what enables cross-agency collaboration in every region of our state, and without that, our “safety net” of public-and private-sector agencies, advocacy organizations, and activists would fall back into chaos, with no one to provide oversight or a place for community members to be heard and hear others in turn. Thank you for this opportunity to be heard.