

**Testimony before the Appropriations Committee  
on the Governor's Midterm Budget Adjustments  
February 18, 2016**

Claire Bien, Hamden, CT

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

My name is Claire Bien. I'm a registered voter in the town of Hamden and work full-time at The Connection as a writer and grantwriter. I'm immediate past president of the board of directors and NAMI Elm City and facilitate a Hearing Voices Network support group at Yale-New Haven Psychiatric Hospital. I'm also a person in recovery from hearing voices.

I'm here this evening to testify on the Governor's proposed mid-term budget adjustments. The proposed 5.75% cut to the DMHAS budget will have a devastating impact upon the ability of community agencies to provide quality clinical services to people who are struggling with mental illness and addiction.

In the New Haven area, the clinical services that agencies like the Connecticut Mental Health Center and The Connection provide are critically important to some of the neediest members of our community. Similarly, the residential programs and scattered-site supportive housing programs provided by The Connection are vitally necessary in helping people with mental illness and addictions move from crisis, to stability, and back into the community.

You have heard this evening the testimony of many clinicians and providers who chose to enter the mental health profession because it offered the opportunity to help people build, or re-build their lives. We—individually and collectively—can share many success stories about the difference our efforts have made on the lives of individuals and the community as a whole.

But all of this is greatly threatened by the proposed cuts to the DMHAS budget

As I said, I am a person in recovery from hearing voices. I learned to find my way toward substantial recovery because I had private insurance, access to excellent care, and a habit of self-guided and professional therapy. I was also embraced by a loving family and community of friends who knew who I was and what I am capable of being, and who helped support and guide me through crisis, toward recovery. I was lucky.

The industry standard for quality care is person-centered—the ability for a clinician or case manager to see the client or patient not as a diagnosis or set of behaviors, but as an individual. But the ability to see the person behind the diagnosis or behavior, and to establish the trust necessary to begin to effect change takes time. And sadly, due to lack of funding, time appears to have become an unattainable luxury.

I—and tens of thousands of others in Connecticut—are living proof that with proper support, significant recovery from mental illness is not only possible, but likely. Medication, which can certainly be very efficient, is often a critical part of the solution. Equally if not more important are the principles and interventions at the core of the community mental health movement: Person-centered therapy, the use

of peers, meaningful work, and the clear understanding that true acceptance by, and full integration within, the broader community is critical to the recovery process.

There appears to be greater political will to provide the level and quality of mental health care needed to ensure that every citizen in every community is safe and well cared for. I hope that is true and hope you will work together to identify and secure the funding needed to allow our dedicated staff the time and opportunity to see people in the throes of crisis, or struggling toward recovery, as the individuals they are, and to work with them toward becoming the citizens they are destined to be.

Thank you for your attention.

Claire Bien  
Hamden, CT 06517