Good evening Senator Osten, Rep Walker and members of the Appropriations Committee.

My name is David Woodworth and I am a registered voter in Winsted.

I am here to testify regarding HB 7148 - AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR.

As a person in long-term recovery from mental health and substance abuse challenges, I STRONGLY OPPOSE the proposed DMHAS closure and privatization of services now provided by the Torrington and Danbury offices of WCMHN. From an economic standpoint, this is a short-sighted, one-time cost savings. Private non-profit agencies have their strong points, but overall lower pay grades lead to undertrained and undereducated staff as well as notoriously high levels of staff turnover and burnout.

On a personal level, I am now a student Intern working at the Torrington DMHAS office of WCMHN. As a former client, the services that greatly contributed to my mental well-being include Peer-based Recovery Support, Case Management, Recovery and Wellness classes. I am a strong advocate for Peer Support. As an Advocacy Unlimited trained Recovery Support Specialist, I understand from my lived experience that peers in recovery have a very special ability to reach me in an authentic way because they have lived through some of the very same experiences that I might be going through and they’re able to walk with me along the same path, having been there before and then making it through to the other side. Clinicians don’t tend to possess this ability either because they do not have personal lived recovery experience or they are unable to break their anonymity for the purpose of maintaining industry-approved boundaries. There is also the added benefit for myself when working in a Peer Support role, as helping others is an effective way to maintain my own mental health.

The Recovery and Wellness classes offered at Western have also been critical to my mental wellness. Dozens of classes are available modeled on educational groups with the intention of helping clients achieve the goals they set for themselves in their recovery plans. Some symptoms of my depression lead to overwhelming lack of motivation, low energy, isolation, and sleeping to often. Some classes that have helped alleviate these symptoms included Walking for Health, Zumba, Hiking Adventures, Men’s Club, Making Mandalas and Process Painting. Not only do regular daily classes keep me set in a routine, they also boost my physical health leading to better brain health, get me out of the house and socializing with others, and improve my creativity
which brings color into my life on days where everything just seems dull, cloudy and gray.

I also oppose the 1% line item cut (roughly $875,000) to DHMAS grants which would effect Prime Time House where I’ve been a 10-year member. They recently had to sell their bus, in an area where public transportation is already seriously lacking. The Clubhouse model is based on the concept that work and productivity give meaning and purpose to my life while working alongside others with mental health challenges toward achieving goals larger ourselves is helpful in getting me outside of the darkness in my own mind. McCall Foundation, CHD, and MHC are also important social services that are critical to the vulnerable and impoverished population in the Torrington area.

I, in agreement with my colleagues and fellow advocates from AU and Keep The Promise, Support Maintaining/Restoration of Funding to: Young Adult Services, Peer Recovery Supports, specifically additional funding to Peer Support Specialist job opportunities on all CT college campuses, Supportive Housing Services, and the CT Legal Rights Project.

At this time, I would like to call attention to a specific population that I believe is now underserved. Aging adults from the sizable Baby Boomer generation in this state are reaching retirement age at unprecedented levels. This may seem like positive news, as this generation has made some of the greatest advancements to the economic growth of our country we have ever see. You would think that so many people would be happy to retire after long and productive careers. Unfortunately, this is simply not the case. Many are not able to retire from work because they simply cannot afford to do so. $1000 a month from Social Security income is not enough to survive as this social safety net is only one leg left of the 3-legged stool intended to support our elderly population in retirement. I could go on and on about the rising costs of living and lower purchasing power due to stagnation of wages, but we do not have the time here. I will summarize this challenge with one troubling statistic: the highest rate of suicide for any age group occurs among those aged 65 and older. Right now, I am in support of providing additional DMHAS funding directed toward our seemingly forgotten aging adult population.

Thank you for listening to my testimony.