

Senator Osten, Representative Toni Walker, and respective members of the Appropriations Committee,
My name is Hilary Rudenauer and I live in Vernon, Connecticut.

I am involved with Advocacy Unlimited, Inc., which is a statewide, peer-led, organization that is dedicated to improving the wellbeing and outcomes for individuals who experience mental health and co-occurring disorders (www.advocacyunlimited.org). I work for Toivo, an initiative through Advocacy Unlimited, that provides the tools and support so individuals can access their innate healing capacity. We offer holistic healing modalities and stress management techniques at DMHAS operated and funded facilities statewide, as well as at our center in Hartford.

I am e-mailing my testimony in support of the Governor's proposed budget. Specifically, I am referring to the DMHAS budget.

Currently, it is estimated that 20%, or 1 out of 5, Connecticut residents will experience a mental health condition in their lifetime. Given this statistic it is critical that we preserve funding for DMHAS to ensure that the continuum of services is maintained within our state. When I speak about the continuum of services, I am speaking about prevention, intervention, treatment, and peer recovery services.

When taking up the challenge of fiscal responsibility, please consider the rising costs of service delivery, the investment in clinical oriented services and treatment, along with the reported outcomes of the agency.

Fundamentally, there is a need to reconsider the basic assumption that our system was designed around the belief that people who experience mental health challenges are disabled and will be dependent on services for the rest of their lives. This assumption directly contradicts the possibility of recovery and makes it impossible to decrease dependence on publicly funded mental health care. Possibly, it is time to restructure the fundamental design of our mental health service system and begin to look beyond the clinical paradigm.

We ask that you protect funding for peer recovery services within the DMHAS budget, and we ask that you encourage DMHAS to expand funding for supports beyond clinical intervention. Peer recovery services have growing evidence to support the benefits of peer support, while holistic approaches to mitigating stress is also effective.

I have navigated personally devastating circumstances like childhood trauma, substance use and mental health struggles. I spent almost ten years receiving traditional mental health treatment without success. It wasn't until I found holistic, community-based supports that my healing truly began. I benefited greatly from a regular yoga practice to calm my mind and relax my body. Practicing yoga within a safe and supportive community, made this modality even more effective.

In addition to stress management techniques like yoga, peer-support has been essential to my healing journey. I wasn't exposed to peer support until I was hired by Advocacy Unlimited six years ago. Before joining this organization, there were very few people who truly knew me and the full extent of my story. This was mainly because I assumed that there weren't many people who could hear my truth without judging, shaming or rejecting me. What an amazing surprise it was to realize that there are communities out there that actually gather around their shared experiences and acknowledge one another for the incredible strength and perseverance it takes to navigate personally devastating circumstances.

Each time I shared openly with this community and my truth was compassionately held by another, I became a little more comfortable in my skin. I'm so grateful to all the people who have afforded me the compassion and respect I needed to shift my self-perception. It's been an honor to do the same for others.

I believe the world would be a much better place if more spaces like Toivo and Advocacy Unlimited existed. Everyone deserves to experience authentic connection. Everyone deserves the opportunity to be seen, heard and valued. I believe additional funding should be allocated to non-clinical, community-based supports like these because this is where the real healing happens.

To summarize, there are areas that are growing disproportionately, and possibly there are deeper discussions that can be taken up as we consider the outcomes we expect for 719,335 of our neighbors, friends, and family members who, like myself experienced the symptoms of a mental health challenge within their lifetime.

Thank you for your consideration.