**Testimony of [NAME]
Member of Connecticut Prevention Network and**

**[TITLE & ORGANIZATION]**

***In [SUPPORT/OPPOSTION] of***

**[BILL NO. and TITLE]**

**[COMMITTEE NAME] , [DATE OF HEARING]**

Senator [SENATE CO-CHAIR NAME], Representative [REPRESENTATIVE CO-CHAIR NAME], Senator [SENATE RANKING MEMBER], Representative [HOUSE RANKING MEMBER], and Members of the [COMMITTEE NAME] Committee, my name is [NAME] and I am [POSTION AND ORGANIZATION] and here in my capacity today as [a MEMBER/or POSITION] of the Connecticut Prevention Network (CPN). CPN is the coalition of the five Regional Behavioral Health Action Organizations and other prevention organizations who are focused on substance abuse and mental health prevention efforts

I am here today to **[support/oppose] [Bill No. and Title].**

[DESCRIBE ISSUE & WHY SUPPORT/OPPOSE]

[DESCRIBE AGENCY INVOLVEMENT ON THE ISSUE]

[USE DATA & WHEN APPROPRIATE ANTEDOTAL EVIDENCE TO SUPPORT OR OPPOSE THE LEGISLATION]

I am available to answer any questions and look forward to working with the committee on this issue further.

Thank you for your attention to this matter.

[CONTACT INFO WITH EMAIL OR PHONE]