

Community Conversations

Between January and April 2014, twenty-two Community Conversations were held across the state to gather input from families and youth regarding the Network of Care in Connecticut. These conversations were co-facilitated by a staff member from the Department of Children and Families (DCF) and a Family Systems Manager from FAVOR. Family Systems Managers are family members who provide leadership and support to the development of the local, regional and statewide integrated family-driven network of care. A second Family Systems Manager attended the Community Conversation to take notes to document the themes that emerged in the conversation and the number of people attending the conversation who endorsed each theme.

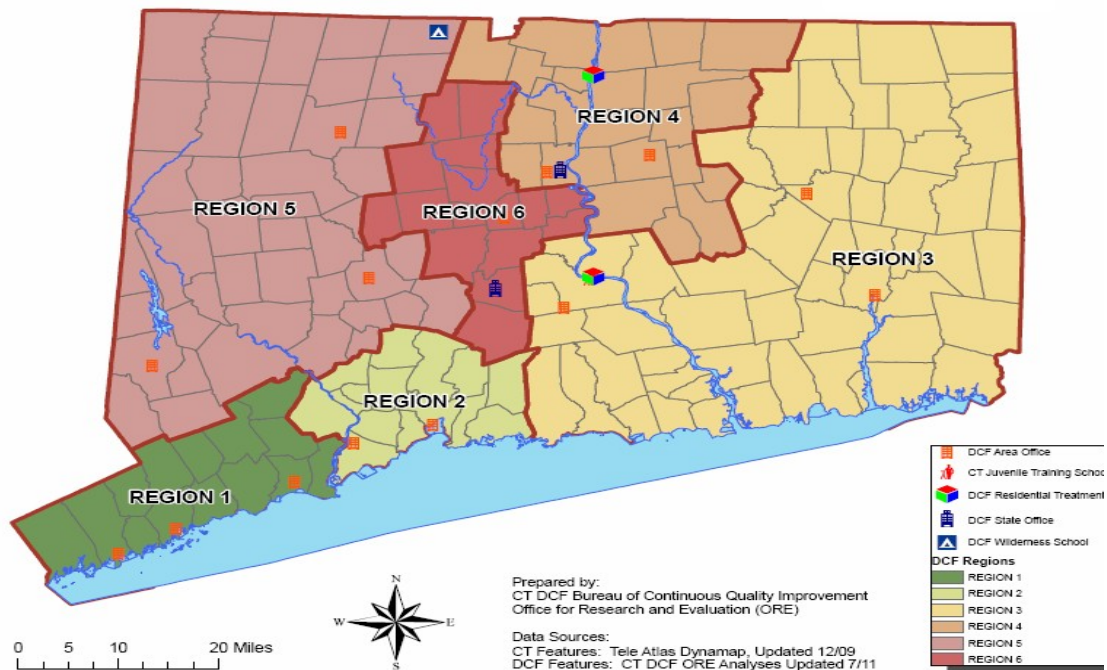
What follows is the data that was collected from the conversations. The data is organized by overall topic area including: strengths of the network of care, areas of concern, and suggestions for improvement. Within each of these categories the Family Systems Managers, working in collaboration with a team of Evaluators from the Yale Consultation Center, coded the data to get to specific feedback. A theme was only included in the data summary if it was endorsed by the majority of people attending a group or endorsed by a number of individuals across multiple groups. In other words, issues or suggestions that are specific to a particular family are not included in the summary. A copy of the summary, including the questions asked, follows this cover page.

The attached code sheets include a list of the groups that provided information and the region of the state where the group is located (see below for a map of Connecticut with the DCF regions noted).

The sheets with the data include the following columns: the code; participant type (adults, youth or mixed); synopsis of the theme; and the number of people who endorsed the theme within the group.

Finally, there is a list of the number of people who attended each group.

CT Department of Children and Families Regions





Connecticut Network of
Care Transformation
(CONNECT)



Summary of Community Conversations Regarding Consumer Perspectives of the Connecticut Network of Care

Between January and April 2014, twenty-two Community Conversations were held across the state to gather input from families and youth regarding the Network of Care in Connecticut. These conversations were co-facilitated by a staff member from the Department of Children and Families (DCF) and a Family Systems Manager from FAVOR. Family Systems Managers are family members who provide leadership and support to the development of the local, regional and statewide integrated family-driven network of care. The Community Conversations included input from 297 adults and 86 youth. Participants were asked the following questions:

1. What are the strengths of Connecticut's service system for children and families?
 - a. What is working well?
 - b. What needs are being met?
 - c. In what ways are services accessible for families? Do people know about the services that are available?
2. What are the major areas of concern within Connecticut's service system for children and families?
 - a. What is missing from our system?
 - b. What needs are not being met?
 - c. What are some of the barriers families encounter when trying to access appropriate services?
 - d. Which populations within our communities experience greater difficulties accessing services? (ask about: race/ethnicity, language, gender, sexual orientation/identity)
3. How should we fix these problems? What are your suggestions to improve our system of care?
 - a. How would you like the system to work?
 - b. What services are most important so that all of our children and families have the supports they need?
 - c. What do we need to do to improve access to care for all of Connecticut's children and families?

Information from these meetings was gathered through careful notes taken by FAVOR staff and then analyzed using standard procedures for analyzing qualitative data (Krueger, 1994); data was aggregated and synthesized by FAVOR Family Systems Managers and an evaluator from Yale University through careful reviews of meeting notes. Only comments made by participants across different meetings or by consensus of one group of participants are included in the summary. Thus, not everything said in the community meetings were included in the results.

Strengths of the Network of Care

Community Conversation participants report some significant strengths with the existing Network of Care in Connecticut.

Advocacy Services. Community members report high levels of satisfaction with the Advocacy Program stating that they feel supported and understood by the advocates.

Support Groups. Parents and youth report that peer-to-peer support groups are an important and helpful feature of the network of care.

Non-Traditional Service Providers. Community members report very high levels of satisfaction with the non-traditional services that are developed by local grass roots organizations. They feel that these services are more personal in nature and take into consideration the specific needs of families within that community. It is through these services that family members most often have the opportunity to work with individuals who are from their communities and therefore have a greater understanding of the values and practices that are part of their culture.

In-Home Services. Parents and caregivers report high levels of satisfaction with the in-home service options available to them.

Differential Response. The Differential Support Services offered by DCF are viewed as a very positive feature of the network of care. Community members report that differential response service providers are less judgmental, work hard to maintain the family unit, and have a positive impact on families who report significant improvement as a result of these services. However, community members report that the time limitations of the program can be difficult for families who may need longer term care and community members wish that staff from the DRS programs would check in with them after discharge to see how the family is doing and check whether the family has identified any additional service needs.

Parent Education. Parents and caregivers report that they highly value all of the educational opportunities that are available to them to increase their leadership skills and educate them about the service network including ways to advocate for their families and access services.

Department of Children and Families. Community members noted and appreciate the significant transformation that DCF has undergone in recent years which has resulted in an improved approach to service delivery. Examples given include that DCF workers now call before they make a visit, staff are seen as much more responsive and understanding, and that workers care about and work collaboratively with families.

Network of Care Staff. Parents, caregivers and youth report high levels of satisfaction with the staff providing services across the network of care. Providers are seen as caring, work to understand the needs of each family, and work hard to build quality relationships with families. In addition, families report appreciating the high quality of care that staff provide across the state.

Resources Needed

Community conversation participants also described resources that are needed in the network of care.

Stigma Reduction Campaign. Community conversation participants spoke of the need for a social marketing campaign that utilizes all types of media (e.g., print, television, social media) to enhance knowledge regarding behavioral health and to increase the level of comfort across the state for neighbors, community members and friends to reach out and ask how they can support youth who have behavioral health needs. In addition, culturally specific campaigns are needed within specific ethnic communities to help reduce the stigma regarding receiving care for behavioral health concerns.

Basic Needs. Participants in the community conversations report that one of the most significant needs in the network of care is to assist those families who are living in poverty to provide the basic needs for their families. Participants indicate that it is difficult for families to focus on behavioral health needs of their children when concerns about stable housing or inadequate food are so pressing.

Access to Resources. Families are not aware of and therefore cannot access the appropriate and culturally and linguistically competent resources that are available. Work is needed to educate community members on the resources that are available within the network of care. As one community conversation participant stated “finding help is like understanding a spider web”, the network of care needs to work towards making this process easier for families.

Transportation. For some families, especially those living in parts of the state without public transportation, getting to an appointment can be a significant barrier to receiving services. Strategies to provide transportation options for these families need to be developed.

Peer-to-Peer Support for Youth. There is a need for the development of structures for youth to engage in peer-to-peer support so that they can enhance their natural supports. In addition, families report that additional Sibshops are needed so that siblings of youth with behavioral health concerns also have peer-to-peer support.

Peer-to-Peer Support for Caregivers. While there are many support groups across the state that provide support and information for parents and caregivers, more are needed especially those that are offered in the primary language of family members and those that are geared towards fathers.

Parent Education. While parents and caregivers report high levels of satisfaction with the training opportunities that are available there is a need for additional training for parents in areas such as treatment options for specific diagnoses and medication management. In addition, parents and caregivers would like training to enhance their skills so that they can be full and equal participants at network of care decision making tables. Parents and caregivers request that training be provided through multiple methods (e.g., face to face, webinars) so that all families have the opportunity to participate.

Training for School Staff. Across the state parents, caregivers and youth report the need for school staff to receive training on behavioral health and appropriate ways to work in the classroom and school setting with youth experiencing behavioral health difficulties.

Training for Primary Care Providers. Parents, caregivers and youth also report that there is a need for pediatricians and other primary care providers to receive training on behavioral health as they are instrumental in early identification of children in need of services and that early intervention is vital to prevent more significant issues from developing.

Training for Police. Parents and youth also expressed the desire for police to be trained so that they can work more effectively with youth who have behavioral health concerns.

Training for DCF Workers. Youth and parents report that DCF workers need training to enhance their communication with the youth who are in their care. While DCF staff is doing better communicating with parents and caregivers, youth feel that the workers are not listening to their concerns or working to develop a relationship with them.

Training for Youth. In addition to the stigma reduction campaign it was suggested that the state required health curriculum for high school students include modules on behavioral health so that all students are educated and can more easily identify and support friends and classmates who may be experiencing difficulties.

Culturally Competent and Linguistically Appropriate Services. Across the network of care there is a need for additional staff that speak the languages as the families seeking services and who come from the same communities as families report the highest level of comfort when working with providers who share their cultural background. In addition, training is needed for all staff on how to deliver services in a manner that respects the culture (e.g., family composition, religion, customs) of each family that they work with.

Stable Workforce. There is a need to develop a more stable workforce of individuals who work with children and families in need of services. High staff turnover leads to a lack of continuity of care that is detrimental to families.

Network of Care Staff Training. While there has been improvement caregivers and youth shared experiences where staff were rude in their interactions with families, treated families in a punitive manner, or where youth were exposed to questionable behavior by staff working in congregate care settings.

Trauma Informed Care. Training is needed for all providers working with children and families regarding how to provide trauma-informed care and how to identify children and families impacted by trauma.

Planning for Transitions. Parents and caregivers report that when transitions happen between service modalities (e.g., discharge from inpatient care, DCF case closing) discharge planning is inadequate and can leave the child and family without appropriate services. Participants in the community conversations believe that policies need to be established that mandate that solid transition plans be implemented prior to discharge from services as lack of coordinated planning can be traumatic for the children and their caregivers and can enhance or exacerbate difficulties.

Substance Abuse Treatment for Youth. There is a significant need for detox, inpatient and outpatient substance abuse treatment for youth in Connecticut.

Child Psychiatry. There is a significant need for additional psychiatrists trained to work with children and youth to provide care for Connecticut's children.

Childcare for Children with Social-Emotional Needs. There is a significant lack of child care (day care and after-school care) available for children who have social-emotional needs. This lack of appropriate childcare impacts the financial stability of families as parents often have to stay home to care for their child.

Recreational Services. Safe recreational programs with staff supports for children who have behavioral health needs are needed within communities.

Supports for Foster Families. The network of care relies on foster families to provide care when a child's family cannot. Peer-to-peer and other support structures are needed for these families so that they and their children can continue to provide this vital resource.

Structures that Need Improvement/Enhancement

Finally, participants reported on some structures that need enhancement or improvement to meet the needs of children and families.

Parents as Full Partners. In order for the network of care to be effective, parents need to be full partners at all decision making tables. In addition to the aforementioned need for training, meeting times need to be flexible to accommodate work and family responsibilities.

Time Limits on Services. Many services have time-limits that do not take into consideration the needs of the family. Often these time-limits result in disruption of service and a change in providers causing the family to have to "start over" versus continuing the course of treatment. When services do end it is important for the referring provider to follow-up with families to determine if their service needs are being adequately met.

Funding Mechanisms for Non-Traditional Providers. Given the high rates of satisfaction with services provided by local grass roots organizations it is important that funding mechanisms be developed so that grass roots organizations can be competitive in procurement processes involving state dollars.

Interagency Collaboration. Parents, caregivers and youth report that enhanced collaboration is needed between service providers working with their families. Service providers working with the same family often do not communicate and schools do not often know when a student is receiving services in the community. This lack of collaboration can lead to duplication of some services while other service needs go unmet.

Enhanced Communication with Foster Families. There is an expressed need to enhance the communication between DCF and foster parents as it relates to removal of a child from a long-term foster care placement. In the current system DCF, at times, abruptly removes a child without any planning which can negatively impact the child in care and the foster family including the foster siblings.

Changes in Reimbursement Policies. Parents and caregivers report frustration that the types of services provided to their children and families are dictated by their health insurance status. They report that some services are only available for families who have Husky, others (e.g., in-home services) are not available for families with commercial insurance and some providers take no insurance at all with their services are only available to those families with the resources to pay out of pocket. In addition, those families who live in rural communities that border other states cannot always access the closest available appropriate care for their child as it is located across the state border and their insurance will not reimburse for out of state care.

Accountability. Community conversation participants would like all services that are supported by state dollars to report on the outcomes of their services so that families can use this information in choosing the care provider for their child.

Infoline. Community members reported that the reliance on Infoline as the primary source for information about services is inadequate. When a family member calls Infoline they may not know the appropriate terms to use to help identify services targeted for their family's need. This often results in the family receiving a long list of possible resources which can be very difficult to decipher especially if the family is in crisis. Participants also report that the information in the Infoline database is not current and does not always include if the service is for adults or children or what type of insurance the provider will take leaving it to parents to make multiple calls. Finally, there is a perception in the community that families who call are left on hold for long periods of time, dissuading some from using the service.

Excel Database used to Organize and Analyze Data Collected from Community Conversations

Spread Sheet includes the following:

- List of the overall codes by domain
- List of the support group and other meetings where the Community Conversations occurred and the DCF Region where individuals in this group live
- The data collected on the strengths of the Network of Care
- The data collected on the concerns regarding the network of care
- The data collected from the community conversations on the solutions to improve the network of care
- A list of the number of youth and adults who attended each community conversation

CONNECT STRENGTHS DOMAIN	CONNECT CONCERNS DOMAIN	CONNECT SOLUTIONS DOMAIN
<p>Focus Groups Responses to: What are the strengths of Connecticut’s service system for children and families?</p> <ul style="list-style-type: none"> •What is working well? •What needs are being met? •In what ways are services accessible for families? Do people know about the services that are available? 	<p>Focus Groups Responses to: What are the major areas of concern within Connecticut’s service system for children and families?</p> <ul style="list-style-type: none"> • What is missing from our system? • What needs are not being met? • What are some of the barriers families encounter when trying to access appropriate services? • Which populations within our communities experience greater difficulties accessing services? 	<p>Focus Groups Responses to: How should we fix these problems? What are your suggestions to improve our system of care?</p> <ul style="list-style-type: none"> • How would you like the system to work? • What services are most important so that all of our children and families have the supports they need? • What do we need to do to improve access to care for all of Connecticut’s children and families?
CODES:	CODES:	CODES:
Coordination +	Medication (-)	Collaboration
Other +	Other (-)	Other
Resources +	Services (-)	Resources
Services +	Safety (-)	Services
Staff +	Staff (-)	Staff
System +	System (-)	System

REGION	MEETING
	3 SEMHSOC Family Advisory Board
	4 Sibshop
	4 Women of Destiny Support Group
	5 Waterbury Youth Conversation
	1 The Nehemiah Commission, Parent Support Group
Statewide	FAVOR – Citizen Review Panel
	2 Lower Naugatuck Valley Support Group
	3 Waterford Country School Safe Home
	1 Latino Community Café Conversation/ The Exchange Parenting Group
	3 Communities Raising children Family Advisory Board Parents Supporting Each Other/ Regional Advisory Council Family Advisory Board
	5 Waterbury Madre Latina
	6 Inspiration Support Group Spanish
	3 The Parent Chat Support Group
	4 North Central Parent / Child Support Group
	1 Boys and Girls Village Foster Parents Support Group
	5 Center For Youth and Families Region 5 Torrington Support Group
	6 Inspiration Support Group English
	2 West Haven Parent Support Group/Autism Support/Spanish Support Group
	6 Meeting: Domestic Violence Support Group (Spanish)
	2 Caring Family Solutions, 50 Grand Ave, New Haven, CT
Statewide	DCF Solnit North Family Night
Statewide	DCF Solnit South Family Night

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Coordination +	Mixed	3	Coordination	5
Coordination/ Parents +	Youth Only	4	Initial steps for parents to receive help	1
Coordination/ Family		4	Opportunities for family Engagement	1
Other +	Adults Only	3	Facebook	4
Other +	Mixed	3	School/friends/peers: helped because they have been through it and can relate	3
Other +	Youth Only	4	Academic progress	3
Other +	Youth Only	4	musically inclined	1
Other+	Youth Only	4	Physically active	5

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Resources +	Adults Only	5	How information about community resources is effectively disseminated to parents	3
Resources +	Adults Only	1	Use of 211 was helpful for a parent (EMPS) Derby area.	
Resources +	Adults Only	2	There are some good resources available.	10
Resources +	Adults Only	2	Info line is very helpful whenever calledconnected her to other resources.	2
Resources +	Adults Only	2	There is a local/statewide directory that Bob Morton keeps updated and makes accessible to families in this area.	14
Resources +	Mixed	5	Community supports and resources outside of DCF	2
Resources +	Mixed	5	Assessment conference for families w/in the department	Identified by data team / department
Services +	Adults Only	4	Community activities ie; Movie night for persons with sensory issues	1
Services +	Adults Only	5	Advocacy, Families feel supported by advocacy	3
Services +	Adults Only	1	Female single mother of 3 children received services in D.C.F voluntary; Parent is actively involved with Wrap around, community resource collaborative, and volunteer. CRC is a tremendous resource, wrap around prepared mother to volunteer in her community.	-

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Services +	Adults Only	1	Reyes Family Advocate and parent of autistic child approve of the CRC; the collaboration in our city is unique to most areas of the state. Relationships built within these collaborative/systems. Nehemiah Commission program is contracted services available through flex funding and referral services.	—
Services +	Adults Only	1	Project longevity good program	
Services +	Adults Only	1	Therapeutic Services	
Services +	Adults Only	1	Residential life skill building	
Services +	Adults Only	1	4H mentoring	
Services +	Adults Only	1	Family Advocate of FAVOR- parent shares she feels understood and supported.	
Services +	Adults Only	1	Youth Services Advocacy of Norwalk ~worked with family as a whole	
Services +	Adults Only	1	The Exchange Club parent engagement, preventative services and educational (information is disseminated to schools to help families) services	—
Services +	Adults Only	1	St. Joseph Parent Support providing leadership and advocacy for families (currently has 6 families in need of appropriate services) with children that has autism.	—
Services +	Adults Only	1	Child Guidance Stamford- extended family services as the program saw the need of the family	
Services +	Adults Only	3	In home services because they come to you. I have a child with major disability and it was more effective when they work around my schedule. I don't have to miss work. Behavior management much easier with natural habitat. They witness it and its easier for THEM to get when they see it and hear it. (IICAPPS/CHR/PLAINFIELD)	3
Services +	Adults Only	3	PLTI training	2

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Services +	Adults Only	3	Trauma and adoption competent service therapist.	8
Services +	Adults Only	3	Free trainings.	2
Services +	Adults Only	3	Mentor programs	1
Services +	Adults Only	3	CHR was great they had the Father initiative program, Madonna place, they truly helped me when I was in a very dark place but at the end of the day. I am still alone.	1
Services +	Adults Only	5	Foster care program, Appropriate placement of children w / families, Has a program that assist foster parents w/ children w / special needs	3
Services +	Adults Only	5	Wellmore does a good job with supporting families through the IEP process	1
Services +	Adults Only	5	Parenting classes and services that support single mothers	1
Services +	Adults Only	3	Family Support Network and support group	12
Services +	Adults Only	3	Great BCBA in-home services through DSS Voluntary Services	1
Services +	Adults Only	1	Yale psychiatric children's psych ward showed great knowledge and was compassionate	
Services +	Mixed	1	Children Services in Derby, CT/ Triple P same location	
Services +	Mixed	4	Faith Based Organizations	50
Services +	Mixed	3	Natchaug Hospital Great Discharge	2
Services +	Mixed	3	Riverview- A successful stay	2
Services +	Mixed	3	In Home Services- LONG TERM	9
Services +	Mixed	3	Support Groups	12
Services +	Mixed	3	Wrap Around	5
Services +	Mixed	3	Trauma Services	12

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Services +	Mixed		3 Service List of Providers	12
Services +	Mixed		4 Local Programs Run Locally, Wilson Gray YMCA, Martial Arts Programs, Dumline Kda-Parker Memorial	5
Services +	Mixed		4 HELP (Healing, empowering, loving and prospering) A local group of women who have opened their homes to help young women. This program is funded out of their pockets. They look at every aspect of a young person's life and try to help them with it. The strength of the program is that it is a one stop shop (a centralized hub	50
Services +	Mixed		4 Youth (Salina p) attends group and wants to start her own	50
Services +	Mixed		4 Parker Memorial Center on Main Street, Hartford is working and is absolutely FREE	
Services +	Mixed		4 Kiddie Cab organization will transport your child to and from service in the state of Connecticut	
Services +	Mixed		5 Youth Service Bureau has a lot of adjustable groups (middle school, high school, adult programming)	23
Services +	Mixed	Statewide	DRS – positive support for the “non-investigative” approach	7
Services +	Mixed	Statewide	School community programs / childcare / afterschool programs	7
Services +	Mixed	Statewide	Continued support for parent/caregiver - ongoing while child is outplaced	7
Services +	Mixed		3 NFA (CDT) ACES Program – taught me how to write checks, do laundry, life skills	1
Services +	Mixed		3 Project Genesis – taught me life skills, to pay bills, write checks and laundry	1
Services +	Mixed		3 Vocational Job Training	2
Services +	Mixed		3 Job coach and Ledyard High	1
Services +	Mixed		5 Catholic Charities – resources and support	2
Services +	Mixed		5 IICAPS (Intensive In-home Child and Adolescent Psychiatric Services)	3
Services +	Mixed		5 Careline – Differential Response	Identified by data team / department
Services +	Youth Only		5 Community Collaboratives	Identified by data team / department
Services +	Youth Only		4 Program called creative interventions that is focused on occupational therapy	1
Services +	Youth Only		4 Special needs social groups	1

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Services +	Youth Only	4	Special needs support in college	1
Services +	Adults Only	4	Vocational support	1
Services +	Adults Only	1	St. Joseph Parent Support group for parents with children with autism	
Services +	Adults Only	3	EMDR	1
Services +	Adults Only	3	WRAP in all situations because when professionals go away the WRAP team is still there	1
Services +	Adults Only	5	DRS (Differential response)Positive effect on families, Positive improvement in families lives, Does a good job of keeping children w / their families	3
Services +	Adults Only	3	Dads Night Out	2
Services +	Adults Only	1	Provider contracted services was able to identify and relate to personal experience.	
Services +	Adults Only	1	Provider contracted service were responsive and capable of handling family needs	
Services +	Adults Only	1	Clifford Beers Services	
Services +	Adults Only	1	Region 2 education system is acceptable, family felt very supported.	
Services +	Adults Only	2	Boys & Girls Village Residential program was a very successful program.....once services were started people were very active with identifying specific needs of kids.	2
Services +	Adults Only	2	Care Coordination is good...they are very involved.	20
Services +	Adults Only	2	Yale ICAPS is good.	1
Services +	Adults Only	2	Yale child study center is good.	1
Services +	Adults Only	2	1:1 supports have been very successfulson relates to 1:1 very well.	1
Services +	Adults Only	2	DEC....drug endangered children program	1
Services +	Adults Only	2	FAVOR and the Family System Manager	2
Services +	Adults Only	2	Caring Family Solutions (mentor, in-home supports, don't feel judged, urban non-traditional therapy)	4
Services +	Adults Only	2	Nontraditional programs are good.....	1
Services +	Adults Only	2	Having a choice in services was helpful and meaningful.	1

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Services +	Adults Only	2	Connection Inc.....helped with substance abuse/mental health/housing/case management	1
Services +	Adults Only	2	PATH program taught parents their rights in the school system. 504 plans and transitional plans were completed.	2
Services +	Adults Only	2	MOMs partnership.....	4
Services +	Adults Only	2	Mentors.....	5
Services +	Adults Only	2	Jewish Family Services.....food pantry on Whalley Ave helps a lot (personable staff, listens to you)	2
Services +	Adults Only	2	ST. Luke's.....diaper bank/clothing bank	2
Services +	Adults Only	2	LIST.....New Haven Collaborative help find resources	4
Services +	Adults Only	2	Parent to parent supports.....support groups	5
Services +	Adults Only	1	Boys & Girls Village is relatively new with some parents and parents are able to reflect on	
Services +	Mixed	1	Families in region 1 recognize that the service for identifying therapy (that accepts Husky) has improved. In the past the vague information and lack of response and acceptance of Husky was discouraging and hurtful.	–
Services +	Mixed	4	Women of Destiny Support Group	50
Services +	Mixed	5	Parent Support Groups provide by the CYF	6
Services +	Mixed	5	Access Health Care – assistance w / securing medical coverage for youth and families	1
Services +	Mixed	5	Torrington Voluntary Services working well.	2
Services +	Mixed	5	Family strides – Fatherhood groups	3
Services +	Mixed	5	The Center for Youth and Families – for resources	2
Services +	Mixed	5	Heart Group Domestic Violence – Susan B. Anthony Project (12 step program approach)	3
Services +	Mixed	Statewide	There seems to be a lot of mental health services available in the community	2
Services +	Mixed	Statewide	There are a lot of programs available in the community to help children with mental health issues	1
Services +	Mixed	Statewide	Getting an appointment with a doctor	1
Services +	Youth Only	Statewide	Medical cab is available	1
Services +	Youth Only	4	Support services from schools	4
Services +	Youth Only	4	Siblings with special needs are high functioning ie ; computer literate/ electronics	4
Services +	Youth Only	4	Youth have a good understanding of how to interact with their siblings with special needs	4
Services + / DCF +	Adults Only	1	Parent received services from D.C.F; the family was able to receive help in domestic violence, difficult adolescent behavior.	–
Services + / DCF +	Adults Only	5	DCF does a good job around safety of children	2

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Services + / DCF +	Adults Only	1	D.C.F foster service and find the strength of the foster care division and treatment of kinship family.	
Services + / DCF +	Mixed	3	DCF Voluntary Services	1
Services + / State of CT +	Mixed	4	State of CT Website (multiple services listed)	1
Services + / State of CT +	Mixed	4	Connecticut has a lot more resources and programs that other states do not have	
Services + / State of CT +	Mixed	4	Strong Network of Child Guidance Clinics across the state of CT, Care Coordination and Respite Services	
Services + / DMHAS +	Mixed	5	DMHAS – Respite Center	1
Services + / Resources +	Adults Only	3	ER gave resources	2
Services/ DCF +	Adults Only	2	Good experience with Milford DCF staff....They listen and supported her family.	
Services/ DCF +	Mixed	3	DCF Voluntary Services	1
Services/ DCF +	Mixed	Statewide	Less intrusive approach by DCF (call before arrival)	9
Services/ DCF +	Mixed	Statewide	Continued support for parent/caregiver - ongoing while child is out placed	7
Services/ DCF +	Adults Only	3	Therapeutic Foster Care program gave me the tools I needed. through DCF. Train module they came to my house and I went to facility for hands on and more. when my son came home it didn't stop. The lady still came out.	1
Services/ Parents +	Youth Only	4	Sib Shop Support Group	17

Code	Participant Type	Region	Synopsis of Strengths	# of Times
Staff +	Adults Only	3	E.M.P.S - walk with parent through crisis.	6
Staff +	Adults Only	3	Educated therapeutic mentor because they were not a babysitter, or peer to peer they just really got the kids.	3
Staff +	Adults Only	3	Good school systems with quality pupil services liaisons	3
Staff +	Adults Only	3	A pediatrician who also acts as a Care Coordinator	1
Staff +	Adults Only	3	System of Care Coordinator	1
Staff +	Adults Only	3	A quality naturopath MD	2
Staff +	Adults Only	1	Jason Spann, Bridgeport CT (he works at DMHS also)	
Staff +	Mixed	3	Staff (PHP – Joshua Center) was in the system and could relate to the young adult	1
Staff +	Mixed	5	Juvenile Probation officers listening to youth	1
Staff +	Mixed	Statewide	Case worker works well with family- understand the needs of the family	1
Staff +	Mixed	Statewide	Dedication and commitment of clinicians and providers	3
Staff +	Mixed	3	Proper diagnosis	2
Staff +	Mixed	3	Provider Understood Culture of Family	9
Staff +	Mixed	3	Quality therapeutic Mentor	3
Staff +	Youth Only	4	Teachers that go above and beyond	3
Staff/ DCF +	Adults Only	2	DCF has changed. Transformation of workers as a whole. Workers now seem to care and WORK with families.	
Staff/ DCF +	Mixed	3	Social workers that care	1

Code	Participant Type	Region	Synopsis of Strengths	# of Times
System +	Adults Only	1	Credentials DPH licensing allows Nehemiah to do the work they do	
System +	Adults Only	2	Likes the reaction and changes the department has made with DRS.	
System +	Mixed	Statewide	Positive support from local SOC Community Collaborative / Medical Home Service / Citizen Review Panels - community support tables	7
System/ DMHAS +	Mixed	3	DMHAS	2

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Medication (-)	Mixed	4	Medication is not always the answer	1
Medication (-)	Mixed	3	Medications	1
Other (-)	Adults Only	1	Transportation remains a barrier	
Other (-)	Adults Only	5	What is the procedure for youth who don't have any family support.	1
Other (-)	Adults Only	4	Financial Struggles for families who need help (transportation, childcare)	1
Other (-)	Adults Only	4	Understanding that kids have feelings	1
Other (-)	Mixed	5	Poverty , African – Americans & Latino families	3
Other (-)	Mixed	5	Adolescent substance abuse	15
Other (-)	Mixed	4	Rewards for good behaviors / makes sibs jealous - over used	3
Other (-)	Mixed	5	Substance abuse very high in this area	6
Other (-)	Youth Only	5	Housing	ALL (7)
Other (-)	Youth Only	5	Parents not recognized as experts on their children and families (respected)	ALL (7)
Other (-)	Youth Only	1	Building relationships between youths to learn positive peer engagement	
Other (-) / Youth (-)	Adults Only	5	Lack of employment opportunities for youth	1
Resources (-)	Adults Only	3	Can't find resources	9
Resources (-)	Mixed	4	No info on disabilities for mainstream kids	1

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Resources (-)	Mixed	Statewide	Trauma information - the many levels of trauma effecting families and communities, Kids in urban areas living "trauma" everyday	9
Resources (-)	Mixed		3 Peers not having the right information regarding mental health	3
Resources (-)	Mixed		5 Lack of informational resources that address mental health stigma and taboo in Spanish	15
Resources (-)	Youth Only		5 Families unaware of available resources or how to access	ALL (7)

Safety (-)	Adults Only		5 Not feeling safe within the community	4
Safety (-)	Adults Only	Statewide	School security – kids need to feel "safe" at school	9
Safety (-)	Mixed		5 School safety, Selling of drugs in both the middle & high school environment, Gangs within the school environment, Children are walking out of school	4
Safety (-)	Mixed		5 A campaign around safety of children, It's 10 p.m. do you know where your children are?..., Parent's focus is lost on children and families.	1

Services (-)	Adults Only		4 not enough done to discourage bullying	5
Services (-)	Adults Only		6 "No wrong door" ONE STOP SHOP in order to navigate with ease (warmer touch, provide parent with relevant information)	2
Services (-)	Adults Only		3 Lack of information access	3
Services (-)	Adults Only		4 Smoother transition for families involving social services via interstate relations	1
Services (-)	Adults Only		4 Smoother transition for families involving social services via interstate relations	1
Services (-)	Adults Only		4 Connecticut has a lot of Therapeutic School Services if families knew how to Advocate for the proper services and Education	
Services (-)	Adults Only		5 Translational services for young adults.	2

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Services (-)	Adults Only	5	Transitional services for youth (high school)	2
Services (-)	Adults Only	5	Not enough youth activities , Skill building,	2
Services (-)	Adults Only	1	Accessing services for the Latino/Haitian community; to be serviced in her native language (psych/edu)	
Services (-)	Adults Only	1	Project longevity~ youth must be gang involved (juvenile justice system) to receive services.	
Services (-)	Adults Only	1	Children shut down with the confusion, change of services, why children must be in crisis to get the help/guidance.	
Services (-)	Adults Only	1	Referred to Care Coordination however services needed must be on going to keep family functioning successfully as a whole.	
Services (-)	Adults Only	5	Need to provide sufficient activities within the school system	1
Services (-)	Adults Only	3	The same services are not consistent from provider to provider	5
Services (-)	Adults Only	3	Huskie for different income levels	2
Services (-)	Adults Only	6	No programs for "hard of hearing" community (especially school age)	2
Services (-)	Adults Only	6	No legal support for low income families	1
Services (-)	Adults Only	2	Hours of services that are proved are not always convenient	10
Services (-)	Adults Only	6	More Family Advocates	8
Services (-)	Adults Only	3	Feelings family gets when reached out for voluntary services through DCF Hotline.	8
Services (-)	Adults Only	3	Time limitation to care coordination	5
Services (-)	Adults Only	3	Time limits on all services	9
Services (-)	Adults Only	3	Location Access to services	9
Services (-)	Adults Only	3	Natchaug- Joshua Center- Discharge plan- no good	3
Services (-)	Adults Only	4	Special help for schools that are struggling with support services for kids with disabilities	1
Services (-)	Adults Only	4	Long bus rides to schools that accommodate kids with special needs	1
Services (-)	Adults Only	4	Not enough programs for kids with autism	1
Services (-)	Adults Only	4	Not enough of the best buddy program throughout schools	1
Services (-)	Adults Only	4	Funding for untraditional supports	50
Services (-)	Adults Only	4	Understanding that therapy is not always the answer	50
Services (-)	Adults Only	4	Transportation for youth to programs (similar to Kid cab)	1

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Services (-)	Adults Only		4 More preventative programs	1
Services (-)	Adults Only		4 No DARE programs	2
Services (-)	Adults Only		4 More sex education programs in schools	1
Services (-)	Adults Only		5 Mentoring services for both youth and single parents	1
Services (-)	Adults Only		1 Extend services to help the child holistically>social>emotional>physically	
Services (-)	Adults Only		1 Not enough funding, funding is not adequate to keep organic/grassroots efforts going strong in the community.	
Services (-)	Adults Only		1 Females lack specific services to heal and prepare them to integrate into community/society	
Services (-)	Adults Only		1 Bring fatherhood initiative to the half way house population, recognize their gifts and acknowledge their needs to be/remain stable	
Services (-)	Adults Only	Statewide	Really listen AND respond to community needs	7
Services (-)	Adults Only		2 Transportation for kids to get to particular programs is an on-going issue.	6
Services (-)	Adults Only		2 Juvenile substance abuse outpatient services.....there are none in this area.	2
Services (-)	Adults Only		2 Insurance is an issue. Husky IS a backup to some families with private insurance.....problem is.....most places don't take Husky	4
Services (-)	Adults Only		3 Having someone to talk to, a social worker or psychologist because of being afraid to go to parents	1
Services (-)	Adults Only		1 The need for sports/recreational activities in Stamford to help children with motivation and drug addiction recovery. The dissemination of information for parents to help their children to have positive activities to engage in.	
Services (-) (-)	Mixed		3 No Support for Siblings	3
Services (-)	Adults Only		1 Family would like to receive psycho-education.	
Services (-)	Adults Only		1 Family would like to understand what are the signs of negative/deficient mental health	
Services (-)	Adults Only		1 Help the family as a whole and not send child (ran) away to Job Corp.	

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Services (-)	Adults Only		1 Lack of job placement and educational opportunities that youth growing into young adulthood while incarcerated. Where can children re-integrating into community from Juvenile Justice System find resources to be successful.	
Services (-)	Adults Only		3 Mental Health hospital in Norwich closed down. I am sad for my son whom I can see when he is an adult with no services available to be homeless, eating at the soup kitchen and riding the seat bus.	1
Services (-)	Adults Only		3 Time for programs such as IICAPPS, care coordination ect,.	3
Services (-)	Adults Only		3 Verbal/ language barriers. If you don't give parents what they need they wont step up to the plate.	2
Services (-)	Adults Only		3 Get services for fathers.. there are none	1
Services (-)	Adults Only		5 Child care for children with behavioral health and special needs	2
Services (-)	Adults Only		5 Loss of parental employment as a result of lack of child care for children with behavioral health needs	1
Services (-)	Adults Only		5 Inaccessibility of DSS services, Automated system does not allow for contact w/ case workers, Interruption of family services (food stamps, medical, financial assistance), Language barrier	3
Services (-)	Adults Only		5 Services are not linguistic or culturally competent or responsive to the community they serve, Clinical reports need to be provided in parent's native language, not rewarding staff for bi-lingual services	15
Services (-)	Adults Only		5 Parental education, illiterate parents	4
Services (-)	Adults Only		6 Training for parents on how to navigate the system (Family Planning)	6
Services (-)	Youth Only		6 Parenting Training	4
Services (-)	Adults Only		3 The feeling of los after a program steps away	2
Services (-)	Adults Only		3 Parent had to guide B-3	2
Services (-)	Adults Only		3 Medical issues are treated differently from mental health and autism	2
Services (-)	Adults Only		3 Limited resources for children that fall between B-3 and 8yo	1
Services (-)	Adults Only		3 Lack of prevention services	4
Services (-)	Adults Only		3 Lack of groups of typical special needs peers	1
Services (-)	Adults Only		4 Birth to 3 giving conflicting information about diagnosis	1
Services (-)	Adults Only		4 Services not sensitive to specific disabilities	2

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Services (-)	Adults Only		1 211 (EMPS) regionally must be assessed, call and response time are not consistent in regional areas.	
Services (-)	Adults Only		1 Psychiatric services (Yale) for young adults must emphasis safety and security measures for young adults who function at a younger developmental age. Family shares the experience of young adult female (then 18 yrs.) meeting a 42 year old.	1
Services (-)	Mixed		1 Therapeutic services should give updates of progress to foster families or agency if it's a matter of confidentiality	
Services (-)	Mixed		1 The need for therapeutic after school care programs that are able to support the therapeutic child.	
Services (-)	Mixed		5 Not enough recreational activities for the youth	3
Services (-)	Mixed		5 Access to services are limited if you have private insurance	3
Services (-)	Mixed		5 Respite centers for children with behavioral / mental health needs and disabilities	1
Services (-)	Mixed		5 Limited access to IICAPS	1
Services (-)	Mixed		5 Early discussion Sex education / substance abuse for children on spectrum & w/ special needs (stop ignoring the issue)	2
Services (-)	Mixed		5 Stipends for at risk youth to gain vocational skills w / area business'	1
Services (-)	Mixed		5 Charlotte Hungerford hospital not equipped to handle children w / mental health needs in the emergency room – long periods in ER waiting for psychiatric beds	4
Services (-)	Mixed		5 No local inpatient units for children / youth	ALL (7)
Services (-)	Mixed		5 Transitional services for youth and young adults	2
Services (-)	Mixed		5 Gap in transitional services for children that age out of 0 - 3	3
Services (-)	Mixed		5 Transportation in the Northwest Corner	ALL (7)
Services (-)	Mixed		6 Training for workers, especially for high stress level jobs (Care for caregivers)	3
Services (-)	Mixed		6 Training for parents (self-care).	4
Services (-)	Mixed		6 There aren't any creative therapeutic venues like "Beat the Streets" in Meriden that includes the arts, especially for children and youth.	3
Services (-)	Mixed		6 No way to get 211 to provide services "specific for parents in the region"	2

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Services (-)	Mixed	2	Hard time finding services for families that speak Spanish.	15
Services (-)	Mixed	2	Cultural barriers.	3
Services (-)	Mixed	2	Gaps in services.....	15
Services (-)	Mixed	2	More Family Advocates	8
Services (-)	Mixed	2	Training for parents on how to navigate the system (Family Planning)	34
Services (-)	Mixed	2	Training for psychologist, psychiatrists, Birth to Three, etc.	3
Services (-)	Mixed	2	Voluntary services turned family down because the children didn't have a specific mental diagnosis.	1
Services (-)	Mixed	2	Grandson couldn't move into a residential setting until he fell under a certain quota. In the meantime he had to be hospitalized 3 times before he was considered acute enough for the residential placement. ICAPS was in place.	1
Services (-)	Mixed	2	Programming put in place for kids does not match the specific needs for the kids as an individual.	8
Services (-)	Mixed	2	Some services are good once they get going.....the wait list are extremely long	34
Services (-)	Mixed	2	When not pointed in the right direction, its sometimes hard when you don't know where to go.	5
Services (-)	Mixed	2	Some families cant afford a weekly co-pay or the medication that gets prescribed for their children. Some families skip appointments as a result.	9
Services (-)	Mixed	2	Children that receive services from different agencies have issues and a prolonging of services because those agencies don't connect.	11
Services (-)	Mixed	2	Son does not get enough speech therapy services. He gets 30 minutes a day while at school. The school and his doctor are not on the	5
Services (-)	Mixed	2	Once a child turns 18 there's a big gap. There's not many services/resources for them out there.....many of these kids are not there mentally and are being treated as an adult and failing.	10
Services (-)	Mixed	2	TRANSPORTATION.....to/from appointments/treatment....school, etc	34
Services (-)	Mixed	6	No Translation services/Not Bilingual: DCF phone calls, letters from DCF, court bi-lingual representative	6
Services (-)	Mixed	6	Poor legal services	3

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Services (-)	Mixed		6 Funding for families struggling with domestic violence	3
Services (-)	Mixed	Statewide	Services are available, but not easily accessible	2
Services (-)	Mixed	Statewide	Voluntary service too slow	3
Services (-)	Youth Only	Statewide	After the process of adoption is completed, no additional help is given and the children have a lot of mental health issues when they are teenagers	4
Services (-)	Youth Only	Statewide	Limited services for eating disorders/ not treating the whole child	2
Services (-)	Youth Only	Statewide	Trauma based therapy needed	2
Services (-)	Youth Only	Statewide	Co ed unit...Boys and girls on the same floor	1
Services (-)	Youth Only	Statewide	211 not helpful	3
Services (-)	Youth Only		1 Families would like to understand how to have and maintain good mental health for their children/family.	
Services (-)	Adults Only		3 Job support for parents instead of degrees. We help more parents in the community with PPT and providers than anybody else.	2
Services (-) / DCF (-)	Adults Only	Statewide	Family engagement in the school process / training for special needs / learning styles and cultural responsiveness	7
Services (-) / DCF (-)	Adults Only		5 Youth not allowed to see bio-parents while in care / custody of DCF, Causes issues w/ foster parents, Causes increase stress within the home and school, Decrease in academic performance, Increase in disruptive behaviors	2
Services (-) / DCF (-)	Mixed		3 Marketing. especially when it comes to DCF, they rep is so bad no one wants to speak to or about them. if things are changed in there then they have to promote that somehow.	3
Services (-) / Resources (-)	Adults Only		3 DCF Voluntary Services not helpful	2
Services (-) / Staff (-)	Adults Only		3 Hard to find help and took too long to find	2
Services (-) / Staff (-)	Adults Only		1 A region 1 psychiatric service, the child is a young adult (22 years). Psychiatric office did not respond to family call (specific psychiatrist, provider will follow up per Regional system director request).	

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Services (-) /Family (-)	Adults Only		2 Being transferred constantly and their child working with several different people.	5
Services (-)/ DCF (-)	Adults Only		3 Family financial stress due to child's care	1
Services (-) Medication (-)	Adults Only		1 Can not maintain D.C.F services because of the behaviors/diagnosis	
Services (-) Resources (-)	Adults Only		1 Mental health organic options to help children; medication does not help the wholeness of the child.	
Services (-) Youth (-)	Adults Only		3 Finding out very late about services. and updating 211	4
Services (-)/ DCF (-)	Mixed		1 Youth unattended and under supported	
Services (-)/ DCF (-)	Adults Only		3 Programs open for DCF Cases Only	9
Services (-)/ Families (-)	Mixed		1 D.C.F foster care was inattentive, not able to identify family immediate need	
Services (-)/ Families (-)	Mixed	Statewide	Adequate family support available at "system tables"	7
Services (-)/ Staff (-)	Adults Only		1 Therapeutic process~ as the child/family comes closer to disclosure the therapist must be changed or services are ended.	
Services (-)/ Staff (-)	Youth Only		4 issues with community based providers ; non specific	1
Services (-)/ Youth (-)	Adults Only		5 No affordable recreational activities for children & youth	7

Staff (-)	Adults Only		5 Spanish speaking staff won't speak in Spanish, employees do not encourage them to do so, not rewarding staff for bi-lingual services	15
Staff (-)	Adults Only		5 Trainings for educational personnel (teachers, guidance counselors, etc.) for children w / mental health and behavioral management	ALL

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Staff (-)	Adults Only		5 Not enough school personnel to manage children w / special needs, behavioral health and mental health	
Staff (-)	Adults Only		5 Bullying issues not being addressed by school personnel	
Staff (-)	Adults Only		6 NO programs available where youth with behavioral health issues can go to obtain services (outlet). The few services available come at a high monetary cost, especially for families with limited income.	5
Staff (-)	Adults Only	Statewide	Children exposed to questionable attitudes/behaviors by staff	2
Staff (-)	Adults Only		3 Educating parents/ teachers/ providers/ pediatricians/ doctors	9
Staff (-)	Adults Only		3 Not enough officers/ resource officers (Officer McKinney)	12
Staff (-)	Adults Only		4 Meaningful time from social workers	50
Staff (-)	Adults Only		4 Turnover rates are high for people involved in social services, (Clinicians, Doctors, Providers, and staff)	1
Staff (-)	Adults Only		1 Funding the therapeutic staff to work with the population in need	
Staff (-)	Adults Only		1 Parents advocate wanting to have option but the providers offer options that are not fair (providers suggest taking the child out of the home).	
Staff (-)	Adults Only		1 Trauma focused training for teachers/educators. New teachers are taught through a specific special education course- however this can not adequately help teachers understand the mental/behavioral health needs of youth.	
Staff (-)	Adults Only		3 Teachers to pay more attention for those kids who fly under the radar and don't act out	1
Staff (-)	Adults Only		3 DRS- not enough time. Try for services with amount of time and resources you have. My worker dropped the ball. Worker transferred to something else and my 6 months came up and I cant contact anybody. One lady name Beth said she would help me and few days later got an envelope in the mail with some info and no personality or personal touch	1
Staff (-)	Adults Only		5 Lack of behavioral and mental health professionals that are bi-lingual	15
Staff (-)	Adults Only		5 That non-English speaking parents have nothing to contribute	3
Staff (-)	Adults Only		5 Translators need to be competent and certified	15

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Staff (-)	Adults Only		5 Lack of professionalism, rude, not friendly / non-engaging	15
Staff (-)	Adults Only		5 Lack of knowledge by professionals, interruption of services, inaccessibility of services	2
Staff (-)	Adults Only		6 Training for school system: Teachers, School personnel, Providers	8
Staff (-)	Adults Only		3 Quality services depends on the provider, their training and understanding of the family they are working with	2
Staff (-)	Adults Only		3 IICAPS was the wrong program	1
Staff (-)	Adults Only		3 Pediatricians are clueless when it comes to mental health services and programs	4
Staff (-)	Adults Only		5 Professionals not aware of available resources	3 + 1 Therapist
Staff (-)	Adults Only		2 Providers need to be more sensitive to each child's specific needs.....just because a kid looks 16 doesn't mean they are	3
Staff (-)	Adults Only		2 Training for school system: Teachers, School personnel, Providers	28
Staff (-)	Adults Only		2 Certain doctors advertise as taking a certain insurance but when you call or show up you're told that your insurance isn't accepted there.	4
Staff (-)	Adults Only		2 Parents aren't getting listened to especially when seeking a new provider.	5
Staff (-)	Adults Only		2 There's a concern about caregivers that work with their kids not really caring about their kids.	22
Staff (-)	Adults Only		6 Many social workers do not reach out, contact, or return important calls from clients. Some are grossly negligent.	8
Staff (-)	Adults Only	Statewide	Social works change too often	2
Staff (-)	Adults Only	Statewide	Staff at Solnit not sensitive to children issues	2
Staff (-)	Adults Only	Statewide	Not enough staff to engage youth outside of milieu or in nontraditional ways	1
Staff (-)	Adults Only		6 Training for psychologist, psychiatrists, Birth to Three, etc.	5
Staff (-)	Adults Only		5 DCF social workers need to fully communicate effectively with children in care , Lack of effective communication is traumatizing	2
Staff (-)	Adults Only		5 Kids are failing classes intentionally, Don't like the classes, Don't feel supported by the teachers, Don't like the teachers	3
Staff (-)	Adults Only		3 Stigma of having a mental illness	3

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Staff (-)	Adults Only	5	Increase employers knowledge around stigma associated with Mental Health	1
Staff (-)	Adults Only	2	Some families are afraid to be too forthcoming with certain information because of the “mandated reporter” stigma.	34
Staff (-)	Adults Only	6	Improve attitudes toward individuals (minorities), The community ‘s “stigma” on racial issues within minority groups, Stop diminishing families (Racial Justice)	4
Staff (-)	Adults Only	Statewide	Parents scrutinized / Blame and shamed	1
Staff (-)	Adults Only	5	Non-effective communication between the school system and students & families, Dissemination of information in a timely fashion, Dissemination of community resources both within the school & the community	6
Staff (-)	Adults Only	5	The SDE is not supportive of school systems, Increase pressure on teachers & administration, New Core Curriculum	3
Staff (-)	Adults Only	Statewide	Relationship between school and police – police presence viewed as a another opportunity for kids to go to “jail” - punitive response	9
Staff (-)	Adults Only	Statewide	Relationships between the Citizen Review Panels throughout the State	7
Staff (-)	Adults Only	Statewide	Gaps within the Differential Response System (DRS)	7
Staff (-)	Adults Only	Statewide	Need for “action planning: -needed “road map” to move Family Engagement forward	9
Staff (-)	Adults Only	Statewide	Equal outreach and response from system for ALL families in ALL communities – (Newtown reference) – called it the “unusual - would like same response for the “usual”	9
Staff (-)	Adults Only	Statewide	Zero tolerance policies leading to Juvenile Justice Response – shift punitive response to preventative response	9
Staff (-)	Adults Only	Statewide	Internal school culture – “schools reinforcing “you will never amount to anything” type of thinking	9
Staff (-)	Adults Only	2	New DSM...does not include children on the spectrum (especially after kids age out)	
Staff (-)	Adults Only	2	Funding/reimbursement system....Missed opportunities to connect with families. (Constantly fighting with insurance to cover more than 15 days in an IEP program). Would be ideal if supports in schools/after school programs could be provided. Need more latitude to work	2

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Staff (-)	Adults Only		3 Being labeled in middle school because diagnosis and being punished. Always in trouble and blamed for everything	1
Staff (-)	Adults Only		3 It is very difficult to get 2 more years when a child turns 18	2
Staff (-)	Adults Only		3 Not having a list of sex offenders for everyone to see	2
Staff (-)	Adults Only		1 Culturally responsive information to help families comprehend steps, actions, and resources.	
Staff (-)	Mixed		1 Agencies must work together and communicate (Lack of communication between agencies)	
Staff (-)	Mixed		1 Lack of youth support (promiscuity, disrespect)- the system does not allow clear lines of support for parents to discipline and parent their child with behavioral issues	
Staff (-)	Mixed		3 Evidence base only going by module. But our kids are all different.. Cant bend a bit?	2
Staff (-)	Mixed		3 Jail system getting all these kids with Mental health issues and doing what?	1
Staff (-)	Mixed		3 Transition time with the education system, like before school and after school.	1
Staff (-)	Mixed		5 Legal status of parents	15
Staff (-)	Mixed		5 Juvenile process isn't progressing, FWSN needs to be improved	1
Staff (-)	Mixed		5 Parents aren't encouraged to volunteer at the school level, background checks present barrier to parent participation	2
Staff (-)	Mixed		3 The system overwhelms parents	7
Staff (-)	Mixed		3 The system interferes with parenting	7
Staff (-)	Mixed		3 "Finding help is like a understanding a spider web"	1
Staff (-)	Mixed		3 There is a lack of connection and follow through	3
Staff (-)	Mixed		3 Too much red tape and paperwork	3
Staff (-)	Mixed		5 Visitation once children are removed from a parent's care are limited (1 Hour/per visit 1x week)	1
Staff (-)	Mixed		5 Process of removal of children is traumatic for parents and children	1
Staff (-)	Mixed		5 DMHAS – Difficult system to access / process	5

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Staff (-)	Mixed		6 System is NOT linguistically competent outside of Spanish & English (staff should represent the community it serves)	3
Staff (-)	Mixed		2 Families do want to work with the system service providers....they cant be the only ones trying though.	7
Staff (-)	Mixed		2 Before you can get the help you need something drastic has to happen first	13
Staff (-)	Mixed		2 If your child is labeled with a disorder, how will they be received is always a concern.	34
Staff (-)	Mixed	Statewide	Need more quick response to problem	2
Staff (-)	Mixed	Statewide	A lot of red tape to obtain help or answers to problems	2
Staff (-)	Mixed	Statewide	Not treating the whole illness only paying attention to mental health not physical health	3
Staff (-)	Mixed	Statewide	Adoption issues – not enough information about the child	2
Staff (-)	Mixed	Statewide	System is punitive not therapeutic	2
Staff (-)	Mixed	Statewide	Parents losing their parental rights and or rights being compromised/ minimized	1
Staff (-)	Mixed	Statewide	Parents not informed or updated “felt left out”	2
Staff (-)	Mixed		3 CT doesn’t have the right resources	3
Staff (-)	Mixed		3 He needed to be retrained from a 6 year miss diagnosis on phych meds and now he is detoxed and wide awake but about 5 years younger than what he really is and was only 10 at the time	1
Staff (-)	Mixed		3 DCF Focusing on my parents instead of me and my sibling	2
Staff (-)	Mixed		3 School systems lack of knowledge how to deal with these kids. who to call what to do and how to respond.	3
Staff (-)	Mixed		3 Parent: Cultural issues and not being able to understand the child. Parent: Php said they couldn’t help my son but it was serious enough to go inpatient again, so php would not help and there was no other services.	1
Staff (-)	Mixed		3 Principle in elementary school yelling and screaming at me saying my diagnosis is my issue and fault	1

Code	Participant Type	Region	Synopsis of Concerns	# of Times
Staff (-)	Mixed		3 Punishment for being angry when kids on the street pushed me around no way to express anger in a healthy productive way	1
Staff (-)	Mixed		2 Feels DCF doesn't focus on the big picture of what's causing a particular issue	
Staff (-)	Mixed		1 Families of autistic children fall through the gaps	
Staff (-)	Mixed		1 Latino mother had a family crisis in 2007; due to language barrier her social worker was changed. The second SW was not helpful and the parents were un-employed, frustrated, and judged/prejudice. Although family was willing to help and get services two years went by. Reports were made but the work to help family was not done.	
Staff (-)	Mixed		3 DCF is unresponsive	2
Staff (-)	Mixed		6 DCF/ Courts culturally incompetent at times	4
Staff (-)	Mixed		6 DCF's (fear) tactics to get families to comply	2
Staff (-)	Mixed	Statewide	DCF not willing to consider adoptive parents request for partial hospitalization even when provider supported request	1
Staff (-)	Mixed		5 Behavioral plans w / in schools not working	5
Staff (-)	Mixed		4 Punitive routes to services should be changed (dcf, jj)	50
Staff (-)	Mixed		4 The Mental Health System need to stop removing families and children for services, due to missed appointments, and being tardy	
Staff (-)	Mixed		6 Immigrants fearful of accessing services or seeking help because of their status.	4
Staff (-)	Mixed	Statewide	Schools need help to educate the children who have mental health issues- especially if they are adopted	2
Staff (-)	Mixed		3 Acting out in school and shutting down, being man and throwing desk/chair. All they did was call an ambulance	1
Staff (-)	Mixed		6 Portrayed image of a "family-focused" agency (DCF) is challenged by the "practice" of intimidation, often exhibited in social workers and supervisors.	3
Staff (-)	Mixed		4 Guidelines for services should not be so rigid (example of missing appointments and starting over	1
Staff (-)	Mixed		3 Difficult to find support groups	9

Code	Participant Type	Region	Synopsis of Solutions	# of Times
Collaboration	Mixed	3	Partner with Schools	12
Other	Adults Only	5	Housing	ALL (7)
Other	Adults Only	3	Parent/ family become effective advocates	9
Other	Mixed	5	Students need to take more responsibility articulating what they need	3
Other	Mixed	1	Place an ID chip in the school identification cards to help locate children when they have left the premises	
Other	Mixed	5	Certify / incentives employees for translation capabilities	15
Resources	Adults Only	2	Advertise resources better.	20
Resources	Adults Only	2	Useful websites for information/services.....and how will families know where to look for them	12
Services	Adults Only	4	1 day assembly in schools focused on disabilities	5
Services	Adults Only	4	Education for parents	1
Services	Adults Only	5	Promotion/Social media: Make services more accessible	1
Services	Adults Only	4	Grant training for small businesses	1
Services	Adults Only	4	Meaningful time from social workers	1
Services	Adults Only	4	Design a curriculum around all of these thoughts and comments, suggestions in order to design Evidence Based Programs	
Services	Adults Only	5	Training for parents (college application & scholarship process)	3
Services	Adults Only	3	Services in more towns (Services Weak in New London)	9
Services	Adults Only	3	Hotline enhancement	9
Services	Adults Only	3	Someone to help navigate (conservator)? young adults	9
Services	Adults Only	4	Special Education as part of the curriculum for those "typical" students to help them learn about possible issues that children have in their school	1

Code	Participant Type	Region	Synopsis of Solutions	# of Times
Services	Adults Only		4 More activities, programs and funding for Men and children	
Services	Adults Only		4 Men's Support Groups	
Services	Adults Only		5 More guidance services in school	3
Services	Adults Only		5 More pro-social programs within school	3
Services	Adults Only		5 Need to increase the hours of Parent – Liaisons to more than 5 hrs a week	5
Services	Adults Only		5 More activities for Males within the community, Theater, Music, Trade Programs, Technology, Gaming	2
Services	Adults Only		5 More substance abuse programs in community and school for youth	4
Services	Adults Only		5 Use social media to inform the youth population, Facebook. Twitter	28
Services	Adults Only		1 Developing the family partnership	
Services	Adults Only	Statewide	Mobile health clinics in schools	9
Services	Adults Only	Statewide	Early identification and intervention services in schools	7
Services	Adults Only	Statewide	WRAP utilized in schools	7
Services	Adults Only		2 Voluntary services aren't effective.....unfortunately many people don't comply	
Services	Adults Only		2 Effective transportation for kids receiving services.	5
Services	Adults Only		2 Programs that involve prevention between educators and our mental health professionals.	2
Services	Adults Only		2 Social skills groups for kids is a major need in this area.....there is nothing like this in the valley.	3
Services	Adults Only		2 Afterschool programs/Childcare is needed.....parents cant get to meetings if they cant bring their children.	6
Services	Adults Only		3 Have access to all services no mater the insurance coverage	1
Services	Adults Only		3 Not to be treated differently because of diagnosis with a bad start from get go	3
Services	Adults Only		3 Offer more life skills	1
Services	Adults Only		3 Supplement programs to address life skills – like how to write checks	1
Services	Adults Only		3 Make it easier to add to your schooling once you are a senior to gain more skills	1
Services	Adults Only		3 Educate educators and the community about basic knowledge of mental health	4
Services	Adults Only		3 Mandate that mental health is taught during health classes	4

Code	Participant Type	Region	Synopsis of Solutions	# of Times
Services	Adults Only	3	Get services for fathers.. there are none	1
Services	Adults Only	3	Much needed mentor programs.. kids and parents	3
Services	Adults Only	3	Enhance 211 with the most up to date knowledge in all areas	5
Services	Mixed	3	Eliminate the cultural issues and be able to understand the child better	1
Services	Mixed	3	Parent leader training should be more accessible in more areas, and not be discontinued because of funding, and should be in more local areas so parents can actually attend, or webinar.	2
Services	Mixed	3	Fathers are parents to and unfortunately we can be single fathers to. Getting any help for WIC or housing or food. or anything. there is none.	1
Services	Mixed	3	Open another place like what was in the Norwich state hospital for these kids that are turning adult and no where to go. Why have them in jail for the state to take care of or on the streets hungry , cold and begging.. It is not right.	2
Services	Mixed	3	lighten the load for evidence base if it is working so it can truly work. when people are in a rush all the time and have to juggle families it don't work on my time anymore because they have no time. free them up	1
Services	Mixed	3	Make private practices accessible for Medicaid. or the big community places smaller3	3
Services	Mixed	3	Get back the therapeutic mentors because they really did care and don't put a time frame on them. just let them do they job	1
Services	Mixed	3	Make EMPS 24/7	3
Services	Mixed	5	Continue the DRS (Differential Response system) program	2
Services	Mixed	5	Recreational activities for children and youth that are NOT system involved (DCF, JJ).Make these activities affordable, accessible, safe and provide transportation.	7
Services	Mixed	5	Clinical reports need to be provided in parent's native language, needs to be adequately explained in native language as well	15
Services	Mixed	5	School systems should provide accessibility to languages at an early age so in the future everyone will be bi-lingual	2
Services	Mixed	5	More trauma focused services to improve psychological and emotional health	1
Services	Mixed	5	More parent training, Substance abuse prevention	6

Code	Participant Type	Region	Synopsis of Solutions	# of Times
Services	Mixed		5 More advocacy , increase family involvement and family engagement	3
Services	Mixed		6 Family Planning	5
Services	Mixed		6 More support groups for young people	4
Services	Mixed		6 Have more quality and appropriate child care providers for special needs children	9
Services	Mixed		6 Help parents tell their stories to providers	3
Services	Mixed		6 Appropriate peer groups for special needs children	1
Services	Mixed		4 Inform and train families and caregivers about specific disabilities	1
Services	Mixed		5 Accessing DSS - Husky	3
Services	Mixed		5 Voluntary services not working (accessing)	3
Services	Mixed		5 Not enough social skills services for the youth and children	1
Services	Mixed		5 Provisions for transportation	3
Services	Mixed		5 Child care services for parent support groups	ALL (7)
Services	Mixed		5 Stipends for youth and parents	2
Services	Mixed		5 Change time of meeting if you want true parent partnership	5
Services	Mixed		5 More programs like focus (too much technology)	4
Services	Mixed		5 More hands on vocational engagement for "At Risk Kids"	1
Services	Mixed		5 Allow responsible teens to serve as "buddies" or "mentors" to younger children.	2
Services	Mixed		5 Mandatory life skills for youth in high school	5
Services	Mixed		5 Mandatory "soft skills" for youth in high school.	1
Services	Mixed		5 Provide parenting classes to help struggling families (familial issues)	1
Services	Mixed		5 Programs that go out into the community to promote/influence "wellness" for the whole community	1
Services	Mixed		2 Family Planning	5
Services	Mixed		2 More support groups for parents	23
Services	Mixed		2 More support groups for young people	4
Services	Mixed		2 Services should be available on the weekends.	7
Services	Mixed		2 It should be more than just 211 to call.....specific services should be broken down	1
Services	Mixed		2 More opportunities for respite....someone to be with the children that are safe.....if this time is needed for parents.	2
Services	Mixed		2 Training parents to be self sufficient and be able to better advocate for their children.	34
Services	Mixed		2 Early identification needs to happen and be addressed.....especially in schools.	34
Services	Mixed		6 Make housing a priority for genuine domestic violence cases	6
Services	Mixed	Statewide	apprenticeship	1

Code	Participant Type	Region	Synopsis of Solutions	# of Times
Services	Mixed	Statewide	More programs to help adopted families- mentoring, summer camp	11
Services	Mixed	Statewide	Parents need education on substance abuse issues	11
Services	Mixed	Statewide	Youth Response Interested in helping other youth understand the issues that affect them	1
Services	Youth Only	Statewide	Trauma based therapy /holistic models of service	2
Services	Youth Only	Statewide	Art therapy	2
Services	Youth Only	Statewide	Families need to be educated about the mental health issue about the child-more informed parents will help	1
Services	Youth Only	Statewide	Training for social workers and staff	3
Services / Resources	Adults Only	2	Information resources for these community meetings/support Groups	2
services / Stigma	Youth Only	4	Social Groups in school for kids to reduce stigma and provide support for those with disabilities and education for those without	1
Services/ Medication	Adults Only	5	Tracking of medication management for adolescents w / mental and behavioral health needs in order to prevent another tragedy	2
Services/ Staff	Adults Only	1	Crisis and trauma programs/training for teachers to understand the issues of youth/families and work with the child	
Services/ Staff	Adults Only	6	Training for teachers, school personnel in general, and providers	4
Services/ System/ DCF	Mixed	3	Take a look at DCF Voluntary services and have them stop scaring people	8
Services/System/ Stigma/ DCF	Mixed	4	Prevention is KEY utilizing support groups and training families to get the stigma off of DCF and to work collaboratively. Make families a part of the DCF training that the workers receive	

Staff	Adults Only	5	More guidance counselors in school	3
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Code	Participant Type	Region	Synopsis of Solutions	# of Times
Staff	Adults Only		2 Train teachers/school personnel on working with kids with mental illness/developmental disabilities.	3
Staff	Adults Only		3 Adequate amount of peer specialist(specially trained individuals that been there before and are victorious to share they story and learn the other ones story to teach them how to overcome) to dig deep in these peoples lives to find out the bottom line true issues and give that information to whom it is crucially needed and help these families with all our might.	1
Staff	Adults Only		3 Hire more people with the actual skills on how to deal with these kids because they been through it. Just because they have a masters degree don't mean they know how to speak or interact with a child in crisis.	2
Staff	Adults Only		3 Need more adequate advocates with less of a case load so they can actually help and do they job.	2
Staff	Adults Only		5 More bi-lingual staff in the social service arena	15
Staff	Adults Only		6 Have staff/providers walk in parents shoes	2
Staff	Adults Only		5 School social workers case load too high	1
Staff	Adults Only		2 Training for teachers, school personnel in general, and providers	4
Staff	Adults Only		6 Training for Social Workers on DV	4
Staff	Adults Only		6 Training for Police Officers on DV	7
Staff	Adults Only		6 Training for Domestic Violence providers	2
Staff	Adults Only	Statewide	Solnit staff need help to do an efficient job	2
Staff	Adults Only	Statewide	Solnit staff need to be reeducated	2
Staff	Adults Only	Statewide	Workers seemed to be overworked and stressed out- they need therapy to handle the job	2
Staff	Adults Only	Statewide	Teachers need to be "what ever they need to be" – strength-based approach	9
Staff	Adults Only		2 Develop a specialized set of people trained/experienced to work with kids with mental illness/developmental disabilities.	
Staff	Adults Only		3 Get learning disabilities information to pediatricians	1
Staff	Adults Only		3 Adults/Providers to really listen	3
Staff	Adults Only		3 Educate the school systems on these kids and Emps	5
Staff	Adults Only		5 All teachers should be trained in special education with all this inclusion going on within the schools	1
Staff	Mixed		6 Bilingual personnel, especially among providers	4
Staff	Mixed		6 Educate pediatricians about state mental health systems	3

Code	Participant Type	Region	Synopsis of Solutions	# of Times
Staff	Mixed		6 Educate teachers and students about state mental health systems	5
Staff	Mixed		5 Increase the number of paraprofessionals within the school system	5
Staff	Mixed		2 Bilingual personnel, especially among providers	4
Staff	Mixed		2 Families should be able to connect with someone at all times...they shouldn't go days before calls are returned.	3
Staff	Mixed		2 Service providers need to show more passion for this work and express it to ensure our kids are getting properly taken care of.	5
Staff	Mixed		2 Law enforcement needs to be trained with handling people with mental/behavior needs.	34
Staff/ DCF	Adults Only		3 DCF workers needs to know more about the entire family and their culture	1
Staff/ DCF	Mixed		3 Change the way DCF workers speak and do things in our homes	2
Staff/ DCF	Mixed		2 Behavior therapist that work for DCF may be more effective than actual social workers. ...utilize them more.	6
Staff/ Safety	Adults Only		5 More police presence for safety within the community	2
Staff/ Safety	Mixed		1 Understanding the role of the police officers and programs available for youth safety in the department	

Stigma	Mixed		3 Help people feel welcomed through process, stigma	8
Stigma	Mixed		4 Take away stigma	5
Stigma	Youth Only		5 Expansion of the term "Mental Health" to avoid stigma, instead focus on "quality of life"	2
Stigma/ DCF	Adults Only		2 Change stigma that families have about DCF.....	34

Code	Participant Type	Region	Synopsis of Solutions	# of Times
System	Adults Only	6	Money follow the child	2
System	Mixed	5	Court systems not treating fathers the same as mothers	1
System	Mixed	5	School is punitive for behaviors children can't control	3
System	Adults Only	3	Avoid shortcuts with good therapies	3
System	Adults Only	3	Educate school system/ pediatricians/ parents	9
System	Adults Only	4	Zero tolerance for kids who continue to bully, stigmatized, ostracize children with disabilities	1
System	Adults Only	4	No suspension because of your disability	5
System	Adults Only	4	School systems need to be aware of and adjust to children with disability in their school system	5
System	Adults Only	4	Finances are more directed to AP programs and not SPED	5
System	Adults Only	4	A tiered approach to funding so that local (grassroots) organization can competitively apply for funding. This will help promote smaller business instead of big non-profit businesses continuing to get all the grants	50
System	Adults Only	4	Non profit funding streams	1
System	Adults Only	4	More emphasis on untraditional program (funding)	1
System	Adults Only	4	Reduce turnover rates	1
System	Adults Only	4	Accountability for all programs and services that have a dollar amount attached to them, this must be mandatory	
System	Adults Only	5	Need more interaction with each group at youth service bureau	1
System	Adults Only	1	Paying attention to detail as it pertains to our youth at an early age to avoid life lost in later years.	
System	Adults Only	1	Begin and maintain the dialogue of racism, prejudice, biases; look the problematic areas in the eye.	
System	Adults Only	1	Funding smaller contracted/licensed services to do the work. Grassroots efforts are doing an abundance of the work and need the support.	-
System	Adults Only	1	Make the parent "full partner" re-invest in the parent experience	
System	Adults Only	1	Assess the school progress notes on the child, why is the child lacking phonics awareness/appropriate reading level	

Code	Participant Type	Region	Synopsis of Solutions	# of Times
System	Mixed		1 Full employment of families partnering and be fully engaged in the process	
System	Mixed	Statewide	Local community connections / more funding for non-traditional interventions	7
System	Mixed	Statewide	Create opportunities and structure for grants and non-profit support	7
System	Mixed		2 Early identification, of mental illness needs are key.....(early indicators: truancy....its never just truancy, its always collateral issues) (Provider)	-
System	Mixed		2 When early identification is established, funding is needed to make sure exact programs/services are in place immediately to support these kids.	5
System	Mixed		1 Fund after school/recreation programs in the community / clinical services are not the end all, be all	
System	Mixed		1 Build partnership and communication with one another as partnering agencies, community, and initiatives	
System	Mixed		1 Funding to promote and help programs that work with the whole family	
System	Mixed		3 Target data form the beginning of a child life. starting at the pediatrics office.	5
System	Mixed		5 Multidisciplinary approach to address issues of suspension, Alternative solutions, Behavioral plans	15
System	Mixed		5 Allowances for single mothers to become foster-parents	1
System	Mixed		6 Funding for easier access	2
System	Mixed		4 Teach rather than train a skill set	5
System	Mixed		4 Inclusion	1
System	Mixed		4 More compassion and understanding needed	2
System	Mixed		1 What can help non-traditional after school supports better accommodate the therapeutic need. (Nehemiah Commission,	3
System	Mixed		5 Mental health issues being mistaken for criminal behavior	
System	Youth Only		5 Educational system not identifying special needs	1
System	Youth Only		5 Juvenile / probate court system is traumatizing to both youth and families	2
System	Youth Only		5 School system need more training on positive behavioral supports	3
System	Youth Only		5 Communication w / in school systems are non-existence	1
System	Youth Only		5 More monies for "prevention" instead of intervention.	2
System	Youth Only		5 More monies for research.	1
System	Youth Only	Statewide	Act quickly- cut out the red tape – give parents answers- adopted parents	11
System	Adults Only		1 Work in partnership with schools	
System / DCF	Adults Only		1 D.C.F is considering extending work hours to 7 p.m. to accommodate the calls	
System / Services	Adults Only		4 Warning for schools when their SPED and support services are not working	5

Code	Participant Type	Region	Synopsis of Solutions	# of Times
System / Services	Adults Only		5 Provide more funding for adult education, Illiterate parents, Adults and youth (drop-outs) are now in the same class, Divide youth education from adult education	4
System / Services	Youth Only		5 Provide funding for para-professionals to support children with special needs and behavioral and mental health challenges to participate in after-school activities	1
System/ DCF	Adults Only		3 Marketing. especially when it comes to DCF, they rep is so bad no one wants to speak to or about them. if things are changed in there then they have to promote that somehow.	3
System/ DCF	Adults Only		5 New Campaign to revamp DCF image, reunification of families , not seen as the "Big Bad Wolf"	15
System/ DCF	Adults Only		1 D.C.F. improvement of Care line...getting a response...a protocol must be established because it should not have to be a supervisor to intercede. The SW should have a relationship with family and respond as needed.	-
System/ DCF	Adults Only		1 Youth Advisory at D.C.F- engagement piece for foster families to begin to plan for closure with D.C.F SW and youth advisory. Identifying key points of interest to bridge the gap for needs met in the population of young adults.	-
System/ DCF	Mixed		5 DCF to mark "The Change" – get the word out to the community	2
System/ DCF	Mixed	Statewide	DCF should have a plan to contact families when the children reach the teenage years to offer support	11
System/ Resources	Adults Only		1 Dissemination of information to inform families to be at the table for engaged partnership	
System/ Resources	Adults Only		2 More information for resources early on would be very helpful.	10
System/ Services	Adults Only		3 Free Educations trainings. webinars ect. Spend the money on training those with a passion that includes parents, providers, kids, and foster parents. that will give word of mouth and decrease stigma.	1
System/ Services	Mixed		5 Community not getting information	1
System/ Services	Mixed		5 Alternative Path for arrests – Juvenile to adopt DRS Model	3
System/ Services	Mixed		5 Follow up contact after completion of in-home services (check –in 1 month, 6 months, etc.)	3
System/ Services	Mixed		5 Meet kids where they are (culturally responsive services)	3
System/ Services	Mixed		5 Provide families transportation, food, incentives to participate in systemic issues	1
System/ Services	Adults Only		6 Financial resources for out of state medical care	1

Code	Participant Type	Region	Synopsis of Solutions	# of Times
System/ Staff	Mixed	5	Hospitals don't value providers input	1 (+ 1 therapist)

Region	Meeting	# of Adults	# of Youth
3	SEMHSOC Family Advisory Board	11	0
4	Sibshop	0	17
4	Women of Destiny Supporty Group	32	18
5	Waterbury Youth Conversation	10	28
1	The Nehemiah Commission, Parent Support Group	20	0
Statewide	FAVOR – Citizen Review Panel	7	2
2	Lower Naugatuck Valley Support Group	14	0
3	Waterford Country School Safe Home	4	8
1	Latino Community Café Conversation/ The Exchange Parenting Group	32	0
	Communities Raising children Family Advisory Board Parents Supporting Each Other/ Regional Advisory		
3	CouncilFamily Advisory Board	15	0
5	Waterbury Madre Latina	24	0
6	Inspiration Support Group Spanish	10	0
3	The Parent Chat Support Group	18	0
4	North Central Parent / Child Support Group	0	12
1	Boys and Girls Village Foster Parrents Support Group	18	0
5	Center For Youth and Families Region 5 Torrington Support Group	11	0
6	Inspiration Support Group English	11	0
2	West Haven Parent Support Group/Autism Support/Spanish Support Group	34	0
6	Meeting: Domestic Violence Support Group (Spanish)	12	0
2	Caring Family Solutions, 50 Grand Ave, New Haven, CT	5	0
Statewide	DCF Solnit North Family Night	4	1
Statewide	DCF Solnit South Family Night	5	0
	TOTAL	297	86