

Open Forum Notes
University of New Haven, West Haven
May 29, 2014

Below are notes distilling the comments made by participants during an Open Forum. Generally, the comments are listed in the order in which they occurred. This information will be combined with input from other sources and will inform development of Connecticut's Children's Behavioral Health Plan. If you have comments about these notes, please email project staff at: info@plan4children.org.

Summary of Comments

- Speaker 1- Provider (physician)
 - Primary role is to advocate for children and their families.
 - Sub-acute unit was not available; aggressive child.
 - Worked very hard to get him a placement in treatment; it's not uncommon for this to happen. PHP and other levels of care are not available.
 - Was very difficult to get him into residential, but they did it.
 - Backlog of kids who stay on her unit for weeks or months waiting for appropriate LOC
 - ED backup because there is no inpatient.
 - We are very fortunate to have highly skilled and devoted clinicians
 - Not necessarily about more services, it's about reforming the structures; it's about streamlining, improving communication and coordination across providers;
 - Improve communication
 - Increase preventive measures
 - Increase funding for CGCs and in-home services to reduce long wait lists
 - More sub-acute unit beds for kids under 12—too many closures
- Speaker 2—parent; Chief Development Officer at Subway; Board Member at CT Turning to Youth and Families
 - Talked about his own substance abuse issues and children who may or may not have mental health problems
 - Identified himself as being in long-term recovery--why? because he had help
 - "It's not about kids at risk, it's about kids at hope"
 - Importance of peer to peer recovery and support for kids with MH issues
 - Community-based organizations need help from DCF and other agencies providing services to youth with substance abuse issues
 - Importance of prevention, access to treatment, and peer to peer support
 - Youth-guided family driven services need to be a reality
- Speaker 3-- parent of two young adults, and a family partner for TFCBT
 - Youth status ends too early and her 21 year old continues to need support after aging out of the child-serving system
 - Concerns about issues of safety resulted in family conflict and alienation; sexual trauma;
 - Importance of addressing trauma
 - We need to have forums like this regularly to have family voice heard
 - Concerned about whether services he needs would be available at age 21;
 - She and her son had difficulty explaining to providers what they thought they needed

- Speaker 4—14 year old
 - Lots of problems with bullying on the bus and at school; school avoidance; she eventually became a bully herself
 - Bad experience at a residential facility, bad experience in St. Raphael's; problems with staff
 - Getting her life back on track
 - Wants a say in her own treatment, and wants youth to have a greater voice in the system
 - Wants access to more service and help with her problems
 - Talked about how important her mother was to keeping her out of jail and with her problems
 - Parents and kids voice together is important

- Speaker 5-- parent; at the BH Advisory Council at Yale New Haven Hospital
 - Involved in the MH community most of her life
 - Helping with middle school aged youth with MH issues
 - Too many suspensions and expulsions for kids with MH problems
 - Importance on alternative schools for youth with MH needs to allow them to succeed
 - First response from schools for kids with behavior problems is suspension or law enforcement
 - Encouraging agencies to not be territorial, work closely with family and youth, have youth on treatment advisory boards
 - Adult problems, issues like DV, can really impact young people
 - "Youth-serving versus youth-facing": A huge distinction. For the people who are in charge, think about our perspective, how recently have you spoken with and listened to a young person? Or a parent?
 - Need to find out what youth actually want, not give them what you think they need
 - How are we going to pattern interrupt the birth to prison pipeline?
 - Board Member at Citywide Youth Coalition and at the PTO

- Speaker 6- young person
 - Has been in hospitals for depression several times; autism
 - Problems with father, that had an influence on him early on
 - Kids at an early age do not get the help that they need
 - Without the assets and people that he had to help him out, he would not have the courage to be up here and testify in Hartford
 - Asked that we continue going with the PA 13-178

- Speaker 7- parent of a child with MH issues; representative of CT Turning to Youth and Family
 - In therapy since she was about 14, experienced sexual abuse, mental illness and addictions, a survivor, PTSD and Depression; now in long-term recovery
 - Had a fear of reaching out for help at a young age, and when she got pregnant she did not know how to get help
 - Had a DCF worker that helped her through, treated her like a human being, gave her a hug, gave her small goals to help her be successful
 - Her son had BH issues, medication, had JJ involvement at 9 years old, but is now in college
 - Gaps in communication between the various services she was involved with for her son

- Now wants to bring recovery support services to HS in Connecticut to work with youth with MH and SA issues; risky behaviors; teen pregnancy
- Two lives lost in the incident where [someone] was killed in Milford
- Kids need to be up front to share their voice in MH treatment
- Speaker 8- Ed. Psychologist provider at schools
 - Concerned about quality of care that young people receive in some of the state facilities
 - Placement Stability: Concerned about placement disruption, leads to MH problems. Need to reduce the number of placements and increase likelihood of having long-term attachment relationships
 - Quality of Adult-Youth Relationships: Clinical staff require training on developing relationships with young people that will result in good outcomes; misbehavior of adults can have important impact on development of children. Need to think about how can we train people working with children
 - Use research: Share with DCF, schools, JJ system, social workers, parents the information about what helps youth develop physically and mentally healthy
- Speaker 9- adult in recovery; Board member at CT Turning to Youth
 - Started using drugs and alcohol in the 3rd grade until age 23
 - Now a father, had problems with incarceration when first child was born
 - Did not receive early intervention when he first stole \$0.45 from a teacher in 1st grade
 - Faced a lot of politics to try to help young people in the Milford Public Schools
 - Read his thoughts and story during his testimony: Believes that schools are where identities are built; spent more time with friends from school than with parents; peer pressures; bad decisions; didn't know that life really started after school ended;
 - What could have been done differently to help change me?
 - Needed someone to help him think differently about his life and choices
 - Access to SA/MH services for students
 - Peer support is important and it can add something that social workers may not be able to get from those students
 - We need a Recovery HS in Connecticut; the decision makers and people with the money and power need to make that happen