

**Open Forum Notes**  
**Stamford**  
**June 3, 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](mailto:info@plan4children.org).

Summary of Comments

- Speaker 1: School provider; CT Chapter of NASW
  - Access and resources are the issues for most families
  - School SWs often are the only counseling professional available to children w/ MH needs
  - SDE indicates that not only school district meets the NASW school SW recommendation
  - Would like to earmark state funds to be directed to districts to hire school SW
  - Recommends at minimum one FTE social worker in each school
  - Importance of earlier intervention, school SW are in a good position and are in the business of prevention and early intervention; and meeting the needs of students who do not have access through other means
  
- Speaker 2- Provider; Executive Director of Kids in Crisis
  - Concerned about policy changes that are negatively impacting youth with MH needs
  - Placing all removed youth into kinship FC relative placement is not in the best interest of children who have been traumatized
  - Kids involved with JJ is at a 10 year high
  - Reduction in congregate placements is putting burden on community based care providers
  - Will increase placement instability and attachment
  - Emergency shelter programs are classified as “congregate care” which DCF has basically been deemed inappropriate; Emergency shelters provide early intervention
  - Short term emergency care for maltreated youth identifies needs and helps ensure the appropriate placement is made for youth
  - Most foster parents cannot identify medical or MH positions
  
- Speaker 3—Advocate and provider
  - Concerned that we haven't learned much from Columbine or Sandy Hook
  - The importance of courage and prevention
    - Courage: need to have it to face the violence that is currently facing us; courage to find the funding to address the MH need out there and prevent the next tragedy
    - Prevention: It is key; need to establish a violence prevention team in schools, military settings, and workplaces; identify warning signs and address them
  - Wants to see implementation of an action plan to address the violent times we live in
  - Identifies MH as underlying violence and the time is now to address violence prevention
  
- Speaker 4- Parent

- Wants mandatory MH training for all individuals
  - Wants a comprehensive plan to address needs of all youth; has received 17 denials for the medication her son needs
  - DCF issued an OTC for medical neglect that she was not getting her son medication he needed
  - Need to listen to parents and youth and what they need
- Speaker 5—Parent of SPS Student
    - Has a child with social phobia who has difficulty engaging and participating in school activities
    - Development of programs is nice, but when parents make a request for help, you have to put together an accommodation plan
    - Parents with MH needs need to experience more respect, starting with the school
    - Difficulty working with school staff in meeting the needs of students
      - Feels like school is obstructionist in meeting the needs of youth
      - School staff may not be a specialist in the area of each student's need
    - Advocates and school MH staff need to avoid being obstructionist
    - Call for revisions to the accommodation plan process
- Speaker 6- Early childhood provider and advocate in Norwalk area
    - Importance of prevention and early intervention; negative influence of chronic toxic stress
    - Middle class families cannot afford private MH services
    - Noted ECCP and Child FIRST as services that address the MH needs of children
    - Increase investment in early childhood MH
- Speaker 7- provider, parent of adult with past history of childhood MH needs
    - Teacher and early education specialist
    - Early intervention is key for BH programs; need to address at preschool age
    - Many youth with MH needs cannot get SE services because they are not 2 or more SDs below the mean in cognitive and language development
      - They won't qualify because they often have very good skills in this area
      - Often they need occupational therapy, physical therapy, and MH services. Has seen many kids make tremendous progress when they get these services through private pay, but not all kids can afford that
    - Promoted the importance of ECCP for early childhood intervention for students with MH needs
    - As a parent, had felt dismissed as an "overprotective parent"
    - Didn't know that he could be tested for services, missed special education threshold by one point
    - Was two years behind in math in middle school, then got services
    - Was called lazy
- Speaker 8—Provider; works with individuals with disabilities, primarily developmental disabilities, and many with MH needs, across the lifespan
    - Many people are bringing up the need for funding; believes there are many services out there that are effective that do not cost a lot of money
    - Importance of addressing the needs of siblings of youth with MH needs

- We are paying for respite Services: important for giving parents a break; would like to see development of social recreational programs to provide break during the afternoon or weekend
  - CT needs to have a forum for sharing best practices
  - Need to develop ways for parent to parent peer support; state should develop that system
  - Really important that public not be confused about people with MH challenges that might have a co-occurring diagnosis of Autism; we should not target those families erroneously
- Speaker 9—Parent; NAMI representative; Teaches NAMI Basics and co-facilitates a parent support group
    - Importance of early identification; early years of development can be lost without it
    - Three tiered approach toward educating people that can identify MH problems early:
      - Pediatricians:
        - Annual visit for physical, why not for a MH check?
        - Shortage of C/A psychiatrist, why not rely on pediatricians? The problem is that they are not trained for that;
        - recommends required training for pediatricians for identifying and treating MH;
        - require additional CEUs after medical school
        - Medical Homes, Access MH, use of screening tools, all are good ideas
      - Schools
        - Teachers and schools are in a good position
        - Not all communities have SBHCs
        - More use of screening tools
        - Not just about identifying moderate to severe behavioral issues, students with internalizing behaviors need to be recognized as well
      - Parents
        - Parent education: teach them signs and symptoms
        - Many parents do not about voluntary services, those who do know about it are afraid to use that service because their kids will be taken away
        - Don't know about system of care; don't know about NAMI
      - Therapeutic Schools
        - Some kids can't participate in regular schools, too many students in lower Fairfield Co. have to go out of district
        - Need better LD instruction
    - DCF moratorium on residential placements for young children
      - Need to reconsider that option; it is not black and white issue, there are some kids that really need that service at that age
      - What is taking its place?
    - Psychiatric hospital: there are none in lower Fairfield Co.
    - Need more suicide prevention services
- Speaker 10- Works at DOMUS
  - Need to include role of community in providing services

- Believes this meeting should have been at a site where people don't need a bus to attend
  - Criminalizing kids with MH needs
  - Parents have to choose between working and attending services that they really need
  - There should be increased attention to having services provided in a central location; need to do a better job bringing services to families
  - Need to hear parents better
  - Have courage to get things done, work collaboratively, set personal agendas aside for betterment of the community
- Speaker 11-- Works at YSB
    - Need several things in place in order to move forward
    - Need a single point of entry for families to get services
    - Need funding stream that integrates across state agencies
    - Need better case management
    - Need better follow up and tracking outcomes
    - Need better data systems
    - Need early identification and prevention tools
    - Therapeutic Support Services
    - Youth voice is important, needs to be expanded
    - Services to all youth regardless of SES, age, race, ethnicity, DCF status
    - Reduce waiting list for a child in crisis
    - Serve all kids, any time, without strings attached
    - Funding and working in silos will not work
- Speaker 12- Parent
    - "A parent is the most professional person I can think of."
    - Wouldn't it be nice if we could get a child into this room and have people listen to what they have to say
    - Had been diagnosed with Bipolar and Gen. Anxiety Disorder
    - Made it because her parents were there for her; her parents kept up the fight to raise her with love, respect, and sincerity
    - The importance of parents for bringing on change to a system that needs help
    - Requests that children are the experts in the room; listen to your children, they are the authority. When they need your help do what you have to do
- Speaker 13- Parent
    - A child had a MH need, she had no idea what to do; had been only working with the school
    - School only presented two options: YNHH or a site in New York
    - Transported by ambulance; for two months they visited in YNHH
    - Her son is now in college and getting good grades
    - Believes we need a place for kids with needs to interact with other youth between 2:30 and 6:00
    - Importance of having child with multiple options within family to meet kids needs
    - Use of non-traditional services and supports to develop young people and develop self-esteem (e.g., cooking, gardening)

- Speaker 14- Educator and School Nurse
  - Stamford Board of Education; cares about MH issues
  - It takes a lot of money to provide these services; state needs to step up
  - Stamford kept MH budget the same even when state cut funds to localities
  - Important to make people aware of MH needs; most people do not hear how widespread MH concerns really are unless their child is affected by it; Every district in the state and nation is affected by it
  - We really need funds to address the needs, state needs to provide that for local districts to support their children
  
- Speaker 15- Writer, provider, Runs a program called Fantastic Choices, Vocational programs, entrepreneurial programs MH programs
  - Sees a very drastic need for community involvement to support MH programs
  - Schools can't do it all, they can't meet educational and mental health needs
  - As a provider in the community, she does not receive any support, she runs into road blocks all the time and she is not just seeking funding; Needs community support
  - Needs to know where to start and how to get involved to provide services and receive support
  - Importance of getting youth involved in planning and raising money for MH programs; Importance of youth voice
  - Wants this meeting and the plan to go somewhere
  
- Speaker 16- Parent
  - Child with severe social anxiety disorder
  - Read the article he wrote for his school newspaper about his illness
  - The article educated about social anxiety; says how he disciplined himself to not interact with other students after consistent peer rejection; wanted to be alone
  - Talked about how difficult it is to get better because people expect him to continue to act this way, and he understands because that's what he puts out there
  - Wants his peers to ask how they can help out; it means a lot to him; wanted people to ask him to talk about his issues
  
- Speaker 17- Parent of two young adults who suffered from anxiety and depression
  - Concerned about reducing stigma and educating all people about MH
  - Importance of young people with MH needs opening up about their feelings and experience in order to build support for everyone
  - Message to State of CT: Given the tragedy in Sandy Hook, CT have a responsibility to lead the nation by changing the way people think about mental illness and better ways to treat it
  - The state owes it to us to provide funding
  - We need training for parents, students, teachers, police officers, others; Police need more compassion and understanding about MH
  - CT needs to be the state that starts the change
  
- Speaker 18- Parent
  - Has a son with Autism, noted that it is a "behavioral health" plan; youth with ASD may need to be handled separately or differently in many cases
  - Funding for children with a range of MH issues, focus on children with Autism as well

- Speaker 19-
  - Encouraged attendees to start a program on MH for Channel 12
  - Another audience member mentioned a show called “Mental Wellness”