

Open Forum Notes
Rotella Interdistrict Magnet School, Waterbury
May 8, 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- Parent: (written comments submitted)
 - Daughter has multiple physical and behavioral health diagnoses; EMPS and outpatient counseling were not effective; difficulty accessing evaluation referral from treating psychiatrist due to geographical restrictions of the provider. Recommends open access to providers and specialists based on individual needs regardless of where they live and the provider's participation in insurance networks.

- Speaker 2- Parent from Wolcott (written comments submitted)
 - Son died of accidental drug overdose, wants adequate support for adolescent/young adult substance abuse and integration into the comprehensive behavioral health system. She recommends: substance abuse prevention training, early intervention and referral for youth and families at risk of substance abuse, needs increased access to appropriate treatment in state, need increased peer to peer support and recovery supports in education system and community, and need a statewide call-in resource center or director for parents.

- Speaker 3- Provider (written comments submitted)
 - Bringing input from parents of Danbury Family Focus Partnership who were unaware of today's forum until yesterday's meeting. Needs: access to resources and supports through centralized call center or single point of entry; stronger connection and communication system to make parents aware of these efforts around the behavioral health plan; Kidsmentalhealthinfo.com is great resource but parents would not use "mental health" as a search term to find it online easily; lack of afterschool programs for children with severe behavioral health needs that provide social interaction for children and childcare to accommodate working parents; child care services needed for children with special needs for parents to attend events/forums; undocumented and uninsured families lack access to services. Provider feedback regarding early intervention: current strength in that the Department of Development Services (DDS) supports early developmental screenings that promote service referrals; Child Health and Development Institute (CHDI) promotes early child development and the Connecticut Association for Infant Mental Health (CT-AIMH) provides excellent training in attachment theory for infant/child mental health that is important to train providers and to outreach to families—partnership needs to be strengthened. Recommendations: strengthen availability of the training program; provide more outreach and screening for maternal depression; new moms should receive at least one visit one week after discharge and an additional follow-up visit one month after birth to identify postpartum depression and provide support and prevention;

obstetricians should meet with new mothers to screen for postpartum depression since they have an existing relationship.

- Speaker 4: Provider
 - Consider juvenile justice (JJ) system diversion programs when creating the behavioral health plan. Many youth with behavioral health needs end up in JJ system, but it is not the appropriate place for treatment, even though it does provide access to assessment. The goal of the JJ system is to hold kids accountable, not to rehabilitate them. Recommendation: find ways to identify and divert kids with behavioral health needs and provide treatment that is clinically appropriate, culturally competent and community-based. Involve people on the ground from the court, particularly probation staff, to tell you what kinds of kids aren't doing well in JJ programs and provide recommendations to identify them earlier. Also don't forget "deep end" kids with higher level needs in development of the plan.

- Speaker 5: Provider
 - Promoting integration of homeless youth, LGBTQ populations, and undocumented youth. Services in CT and nationally do not recognize gender and sexual identities and other cultural factors. Statistics show that sexual identity is often related to bullying, harassment, victimization, domestic violence, homelessness, and difficulties in school. Outreach services and treatments need to address gender and sexuality, because it's important to treatment, recovery, and safety.

- Speaker 6: Provider
 - Recognizes limitations of what the current state system doesn't provide, but also acknowledges improvements in service system over past twenty years. Recommends that the State increase work around quality among privately funded behavioral health care and access to quality treatment in the private sector through this planning process. EMPS mobile crisis is a good example of how private insurance takes advantage of quality services offered in public system.