

Town Hall Meeting

Responses to Unanswered Questions/Comments: Web Participants

Subject: Medically fragile

The MEDICALLY FRAGILE as well as Department of Mental Retardation (DMR) issues need to be addressed...nursing homes are not well staffed for these clients and DMR houses are being built with this population then these people are being threatened to move to nursing homes where their "care will be better addressed." This is not true with staffing shortages and need for constant care.

Response:

Appropriate access to care and services is a critical component of the Transformation initiative and one what has been looked at by one of the workgroups (workgroup 5). There is consensus that much remains to be done for a number of populations. The initiative is fortunate to have the Department of Mental Retardation and other integral state agencies as active members in Mental Health Transformation.

Subject: Re: previous question

Can we talk more about how people can become involved in this? I'd like to find ways of getting families who cannot come to meetings involved in a more significant fashion.

Response:

The use of technology, similar to what we are using to bring this meeting to folks may prove to be one effective way to involve those who are interested in remaining involved but who are unable to attend meetings.

Subject: Comment on Partnership between Community Colleges and Department of Mental Health and Addiction Services (DMHAS)

I have several comments to offer as the Disability Service Provider at Gateway Community College. 1. Community Colleges welcome DMHAS consumers. 2. Disability Service Providers believe that DHMAS consumers can do well at our colleges; however they need the appropriate supports. 3. Students will be more successful if DHMAS and the Community Colleges partner on supporting them. Thank you.

Response:

Disability Service Providers such as yourself can be important partners in transforming the system. We welcome people such as yourself to continue to communicate with us either through participation on a workgroup, in meetings such as this, or through e-

mailing us at mh.transformation@po.state.ct.us . You obviously have important knowledge that can help us better meet the needs of all current and future students.

Subject: Care/residential settings

There is a group of families that do not seem to be well represented. We want our children when they become adults to still have a rapport with their caregivers...Unfortunately in our zeal to treat EVERYONE as adults we are leaving out "consumers that will never function at that level and enjoy a simple life...that SHOULD be RESPECTED...we all want growth...but sometimes this is not possible.

Response:

In order for transformation to be effective and meaningful for everyone it is important that all families feel a sense of inclusion in this process. One immediate way to continue this conversation and to better understand the needs of the families you are speaking of is to e-mail us comments on how you think we can support involvement, respect and growth at mh.transformation@po.state.ct.us .

Subject: Peer Specialists

Why not refer to "Recovery Specialists" rather than "peer specialists? The word "peer" is stigmatizing. Also, can you assure us that these Specialists will receive equal treatment as employees of DMHAS or other agencies? We hear that elsewhere in the country peer specialists lack any opportunity for career advancement in their jobs and are paid minimum wage.

Response:

Thank you for your suggestion. It is important that we remain open to examining the role we and our language play in the contributing to stigma and the stigmatization of people. The Mental Health Transformation Initiative will explore how, "recovery" or "peer" specialists and other alternative support services can enhance recovery efforts.

Subject: Title 19

Would access to care include studying which health care providers do not accept patients with Medicaid/Title 19? The student health center at the University of Connecticut does not, for example

Response:

As part of Workgroup 1's goal: Mental Health is essential to physical health, it is essential to create a system that provides mental health care and reimbursement at equitable rates. Such changes may provide the incentives necessary for provider participation.

Subject: Families

Families of children with mental health challenges are usually very busy people. It's tough to show up for meetings. What other ways can we help transform systems?

Response:

As mentioned, the response received regarding the electronic format indicates that the web and videoconferencing may be one vehicle. However, we welcome additional suggestions from parties who have found current methods prohibitive.

Subject: Workgroups

As a participant in the workgroups, I found that the pace of the workgroups to be sometimes overwhelming. Not only for individuals in recovery, but for our current workforce that has many duties within their positions even before workgroup responsibilities were added. I actually thought sometimes that it wasn't done in a healthy way, allowing time to digest information, time to continue usual responsibilities and most important time to communicate with peers from the stakeholder group you represented. Will new workgroups address this and take a slower more effective and inclusive pace?

Response:

Feedback from the Town Hall meeting and from a recently conducted workgroup participation survey conducted by the Yale evaluation team will be provided to workgroup conveners in hopes that they will take from this information suggestions for improvements or enhancements to their process.

Subject: Children and families

I am concerned with the lack of financial help and confusing mazes of funding that families must seek out, grants from many different private nonprofits for example... Parents should not HAVE to spend hours searching and begging for help. Families should not HAVE to go into debt and stay there to get help. If families forfeit their parental rights then foster families are given \$1,500 for the same child's care....This leaves parents feeling like they are actually doing SOME harm by keeping them at home without the help or funding.....(clearly there are needs that are not being met). How can we address this?

Response:

Communicating this is the first step. Sharing the information with the state agency partners who have signed on to this initiative is the second step. The Department of Children and families remains an active and committed partner in the transformation effort and in this Town Hall meeting. It is important that families, to the extent that it is

possible, continue to communicate how they would like to see the system transformed- for instance what would families need in order for this not to happen... what are the needs? Suggestions for how to address this problem may indeed come from the families themselves. Feel free to send any suggestions to our e-mail: mh.transformation@po.state.ct.us

Subject: Collaboratives

I ditto the comment about collaboratives! Here in the northwestern part of Connecticut there is a lack of training, awareness and services for families as well as their children/adults...What ideas is the state exploring to fill these gaps?

Response:

Access to services and expansion of innovative services to rural and geographically isolated areas is a primary goal of the Transformation effort and one that workgroup 3 actively addresses. Read more about their suggestions for change in the workgroup summary on the Transformation web page (www.dmhas.state.ct.us/transformation.htm).

Subject: Rights to services

No one with mental illness should be in Department of Correction care. Will all questions from the web be addressed somehow? Remove Gender Identity Disorder as a mental illness.

Response:

Workgroup 5 has looked extensively at mental health needs of people in the Correction System and how to address it. Responses to unanswered questions and comments will be posted on the transformation web page as soon as possible following the Town Hall meeting. Despite our efforts there are limitations to what we can change- what might be a reasonable alternative is to address the stigma associated with the diagnosis you reference and ensure that sensitive and empathic care and services are provided regardless of the diagnosis. In a transformed system we speak of recovery and resilience. Recovery and resilience are about the individual not the diagnosis.

Subject: Feedback

A universal feedback tool - what about surveys we are filling out now? How do we know we are being listened to!

Response:

How can we be sure people who use the mental health system are listened to? What would make people feel heard? Several workgroups have noted the need to not only collect accurate data and information but to use this knowledge as a means for learning

about our successes and failures and changing the system based on these. If you are interested workgroup 2 will be looking at exactly that- how to ensure that people are involved and informed in the process so that they are aware that changes are made based on their input. Would this help?

Subject: Working with the Transformation effort

- 1) How can Systems of Care/Community Collaboratives become involved in the work of this grant? Our Community Collaborative (Hartford/West Hartford Community Collaborative) has an Outreach and Education Committee that can potentially be very instrumental in reaching the parents of children with serious emotional needs. How can we get involved in educating our families about the goals of this initiative- particularly – through the workgroups?
- 2) How can we ensure that mental health care is consumer and family driven? Will the grant make any dollars available to groups like ours to support outreach and education to families about the initiative and the work being done?
- 3) Our collaborative members believe that not enough state resources are going into prevention. How much of the \$13.7 million will go into direct prevention services? How can we be supportive in directing these and other dollars to direct prevention services? We also want to recognize the importance of grassroots providers in these prevention initiatives. How can we ensure that prevention dollars reach them?
- 4) In terms of reaching children/youth in schools about suicide prevention - we believe that those most at risk are not in school or are in and out of school. How can we reach them through this initiative?
- 5) We invite representatives of the Mental Health transformation grant to come to our Community Collaborative meeting to speak about how we can work together to support children with Social Emotional Disorders and their families. Would this be possible?

Response:

- 1) The workgroups are certainly one way for SOC to be involved. However maintaining communication between Collaboratives and MHT efforts might also be helpful. What methods are in place within the SOC system for this to most efficiently occur?
- 2) MHT dollars will be used to enhance infrastructure, which may include linking the SOC's to a new web based directory on mental health. This work will be done by workgroup 6 for any who might be interested in joining.
- 3) We welcome collaborative members to serve on workgroup 4 which will be addressing prevention, early screening assessment and treatment. This seems a natural and appropriate fit.
- 4) It is our hope that suicide prevention education in schools will be the first step in addressing this important issue. The MHT initiative also respects the work of other collaboratives and initiatives that have and continue to address suicide within our state. We hope to continue exercising a coordinated approach to educate *everyone* about this.

