

# Increasing Access, Impacting Lives



## Killams Point Recap:

**Connecticut Turning to Youth and Families (CTYF) held its 2008 "Kick Off" training conference on Saturday September 6th at Killams Point Conference Center in Branford, Connecticut. Under a big tent alongside of an old rambling beach house, 38 youth and families gathered for a day of learning. They talked, listened, and shared their wisdom and ideas for next steps that will increase access to save the lives of youth in Connecticut. Despite the humidity, and eventual downpour from the tale end of "Hurricane Hanna," the event was a huge success. It provided a safe haven for the vision, voice, direction, and indefinable connection we all needed for forming a core leadership group for planning.**



**What started as solo, distinct voices talking about the loops, hoops, backspins, sidesteps and "do overs" of loving, preventing, and treating youth with substance abuse, we ended the day as one cohesive group, ready to go! We are grateful to the families and youth who came and "braved the storm" to share their experience, strength and hope to benefit others. A special thank you also to our providers and state agencies that gave up their own family time on Saturday to be there with us. Thanks for helping and listening. Your voice makes us stronger. If you could not make it out that day, don't feel bad, this is an ongoing process. There are plenty of opportunities to jump in and participate-every time is the right time, every door is the right door, every person is the right person. We are a warm, grateful, imperfect and welcoming group. We really need all the help we can get as we proceed.**



[www.ctyouthandfamilies.org](http://www.ctyouthandfamilies.org)

# Highlights



The sign-in sheet says we had folks from Bridgeport, Ridgefield, Hartford, New Haven, Marlborough, Southbury, Stamford, and Wethersfield. Thinking back, it was pretty amazing how our differences in age, socioeconomic levels, gender, ethnic and cultural distinctions slipped away as strong connections were made over similar stories shared with honesty, compassion, and wisdom. The pain of stigma, lessons learned about system barriers, and paradoxes were all explored. We asked the hard questions, and shared answers from a deep place and uncanny understanding. At the close of the day (a rather abrupt closure based on Hurricane Hanna's arrival and fatigue) we were all ready to get going and doing, to "give help so no kid or family ever has to feel alone." We agreed to use technology, phones, huddles, websites, pictures, notes, calendars, action plans and other communication tools as the glue that keeps us unified for accomplishing tasks. A big thanks to the final clean up crew, who after packing up the kitchen, took a final hike to Killam's point to watch the storm and say a grateful farewell to the day.



# Agenda Overview Summary:

## Killam's Point Conference Center, Branford, CT

### “Paving the Road to Recovery” Kick-off Meeting

11:00am-11:25am

#### **Kick off Meeting: Setting the Stage**

Welcome and Introductions

Donna Aligata, CTYF Executive Director

Greg Williams, CTYF Co-Director

#### **Connecticut Turning To Youth and Families: Where We Have Been**

Melissa Sienna, DCF and the University of Connecticut Health Center, Department of Community Medicine and Health Care

#### **Where We Are Going : Youth and Family Driven Prevention, Treatment and Recovery**

- Overview of Our Vision,
- Agenda and Expectations for the Day
- Helping us to Plan and How You Can Help
- Overview of CT Systems Change Initiatives: Recovery Oriented Systems Changes, Mental Health Transformation, Raise the Age

#### **Call to Action: The Time is Now for Youth and Families to Work as Equal Partners**

#### **Morning Discussion Notes:**

We kicked off the day with a “Welcome,” review of the agenda, background information on our organization, and brainstormed our expectations for the day. People introduced themselves and told us about their commitment to this priority and own personal journeys. We gave an overview of what we have accomplished this year and provided information on our work with our collaborating partners, mini-grant programs, and network of family support groups and trainings. We thanked the people who were able to participate in the day's events and acknowledged those who were unable to attend but play a large role in our vision and mission.

11:25am-11:45pm

#### **First Debut: *Central Pride Video***

- Central High School, Bridgeport. Discussions, Reactions and Feedback

11: 45am – 1: 30pm

#### **A Conversation About the Raise the Age: Listening Session (Notes below)**

1:30pm-2:00pm

#### **Lunch**

2:00pm- 3:30pm

#### **Strategies for Improving and Enhancing Access to Services and Supports for Youth and Families**

1. **Review of What Works: Exemplary Programs, Services and Approaches for Meeting the Needs of Youth and Families**
2. **Building and Sustaining The Effort: Our Strategic Plan Assignments, Next Meeting, Next Steps**

4-7pm

#### **Closing, Wrap up, Adjourn**

**“Clean up and Wet and Wild Group”**

Note: This was just a summary, please feel free to ask questions, comments or add anything you think we missed. (Keep in mind-first things first, progress not perfection, principles before personalities).

## *Setting Expectations/Work Goals:*

### *Setting the Stage for What is to be Achieved, By whom, By When*

- Reviewed the history and goals, setting the stage for building and growing the organization
- Information update on Central High/video, program, mini-grants, support groups, training, future events, funding, infrastructure and technological advances
- Plans for standards, code of values/ethics, expanding collaboration and adding more voices
- Dialogue for “listening session” with partners (Juvenile Justice, DCF, schools etc.)
- Forming consensus on future focus, priorities, advocacy/policy action items, and assignments
- Rationale for introducing new programs and services
- Revitalizing programs, services, membership and structure
- Evaluating and planning for risks
- Obtaining continuous feedback
- Reviewing the system’s change environment
- Windows of opportunity/sustainability planning

## *Creating Visibility and Public Awareness:*

**Connecticut Turning to Youth and Families name and logo:** Our new look, enhanced name, image and logo are now official! We have officially added the word “youth” to our name, based on consensus and a suggestion from our youth. We have taken our logo originally from our 2007 spring conference youth and family drawing, with the arrows we all love. We added green color for hope and put a heart in it’s center. We are about youth turning to youth, families turning to families, youth and families changing the system, and the system turning to youth and families for help.

## *Vision: (On our banner and materials reads the tagline):*

**Connecticut Turning to Youth and Families  
“Increasing Access, Impacting Lives.  
Creating Positive Changes in  
Alcohol & Drug Prevention, Treatment and Recovery”**



We have a clear, easy to communicate vision of what we ultimately hope to achieve. Our philosophy, purpose and intentions are clear. We are about increasing access to the entire continuum with a positive emphasis on hope that will embrace all people and all forms of recovery. We are about advocacy for increasing access to a family and youth driven continuum of quality health services for youth substance abuse and co-occurring disorders. We hope to raise awareness and promote the role of youth and families in supporting recovery through the use of visuals, signs, business cards, materials and brochures.

## *Positioning Strategy:*

### *CTYF Ambassador Elevator Speech*

***Connecticut Turning to Youth and Families offers statewide leadership, information, training and support to meet the need for youth and family oriented substance abuse and co-occurring prevention, treatment and recovery supports.***



Families and other peers/youth need to be appreciated for the key role they can play in our ability for effective partnerships and peer supports in prevention, treatment and sustained recovery. We cannot afford to let barriers limit our ability to be involved. Our youth and families matter. System incapacity occurs when some agencies have no policies, or effective practices for involving families and other youth as equal partners in prevention practices and recovery supports. Families and youth have expressed that they feel that these agencies and providers apply taxpayers resources disproportionately and discriminate against youth and families with barriers to recovery system access; they too often demonstrate an attitude that the family and youth are the problem and not part of the natural recovery solutions.

#### *CTYF Braided Funding Sources:*

*U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Connecticut Department of Children and Families, Family and Youth Private Donations*

#### *Collaborating Partners-Past CTYF Funding/Minigrant Recipients:*

- *Bridgeport Parent Empowerment Support and Training (BPEST)*
- *Families United for Children's Mental Health*
- *"Out of Darkness" Prayer Tabernacle Church of Love Health Ministry*
- *Together We Shine (Waterbury System of Care)*
- *The Courage to Speak Foundation, Inc.*
- *Sober Sharing.org*
- *FAVOR*
- *Hope for Parents*
- *Parents Opening Doors (PAP)*
- *Connecticut Community for Addiction Recovery (CCAR)*
- *Central High School (Bridgeport)*



## **A Conversation about Raise the Age: Listening Session**

### ***Youth Listening Session Discussion Notes:***

- We need to fund and support programs like the Central High School program in Bridgeport, as part of RTA for prevention and early intervention
- Need to develop more family education and support services
- Outreach to middle school students- peer outreach
- Need \$100,000 for Central program in addition to two counselors
- Project Real- Monroe
- Need to know how to access inpatient treatment
- Want more public and private partnerships
- Create documentation of the promising practices in the Central High Program (need a researcher)
- More substance abuse treatment with younger staff, peer mentors
- Treatment based in the school
- Bombard kids with how much fun you can have in recovery (Bridgeport model)
- Window of opportunity: timely services, centralized person to help with recovery support in the community.
- Peer networks work
- Have recovery support meetings come into residential treatment and into the schools. (Middle School and High School)
- Transition from parental acceptance to peer acceptance: Have peer group in place, BB/BS for kids in recovery
- Transitional residences for 18+. Nothing for under 18. Connect to outpatient treatment
- In Bridgeport, grade school kids, selling and using
- High school and college kids in recovery need to speak to elementary schools
- At many DCF funded (Note: names withheld, available upon request) - need more substance abuse treatment, not just behavior management, more accepting programs
- Don't mix populations: behavioral issues and addicts should not be housed together or in the same treatment session
- Need to have 12 step meeting that are age appropriate
- Need specialized aftercare and a support network.
- Peer communication/ connection when leaving treatment a "better release strategy"
- Inpatient treatment out of the community verses "real world" and c-b treatment
- Kids are getting lost in the system and do not feel as they have a "voice" in their treatment plan
- Kids need to be more active in treatment, in helping to choosing where to go and consequences for relapse
- Ashley said that she felt "helpless in the face of drugs and also felt helpless in her own recovery"
- Stigma issues
- Atthetable.org
- Peer to peer mentoring
- Kids and their families need to be involved in the decision making
- Central location, with someone helping to direct families to treatment. "If you are misdirected, it is pointless and a waste of time"
- The financial part is difficult, insurance not covering
- Outreach and peer mentoring most effective
- Relating to others as a human being is when you can be honest and get help

## *Creating an Action Plan:*

### *Morning Discussion Notes (con.)*

#### *Youth Listening Session Discussion Notes Continued:*

- Peer to peer recovery support or 12 step programs doing outreach at residential treatments are very effective
- Talk to parents about programs and what their kids are going through. Help them to understand addiction, denial and recovery
- Part of adolescent recovery work has to include the parents/family
- If kids come home to parents who don't have a clue of what they are going through they won't have a chance at recovery
- Need to deal with the stigma (internal and external)
- When people are diagnosed with Cancer they get lots of help, when diagnosed with an addiction, no help
- Parents need others to hear positive messages, kids need to be able to get positive messages to parents and receive them back
- Make sober connections for when they leave treatment. (Phone numbers, emails)
- Put treatment and recovery peer support people at probation offices
- The Central High Counselors are like father figures, like family, for kids growing up without fathers in their lives



**Overview and update on some of Connecticut's other system's change initiatives we are currently participating in at the policy table:**

- **MHT-SIG The Connecticut Workforce Collaborative on Behavioral Health**
- **Recovery Oriented System of Care**
- **State Prevention SPIF**
- **Co-Occurring State Action Plan**

### **#1 Priority: Raising Awareness and Visibility/Be a Catalyst for Culture Change**

**Strategy:** We would like to have an information day for youth and parents. “Stand up Recovery”

**Action Plan:**

1. Talk with “Faces and Voices” -other statewide and regional allies to collaborate with others, pick a date, and do it across the State/Country. (Sue)
2. Rally people for CCAR Recovery Walk September 20th, 10-2pm Bushnell Park Hartford. We will recruit teams, have a tent and booth, pick a top youth and family policy issue to get visibility, raise money with team walkers and selling popcorn for us, grow the membership doing outreach. Seeking Stew Leonard’s food donations to us, we are making a \$1,000 donation to CCAR. (Donna, Greg and Ashley)
3. Launch new and improved Website this month (Greg, Donna, Mike, Shay)
4. Development of Speakers Bureau, disseminating topics list, briefing packets and curriculum. Presentations with video personalities at policy makers and schools. (Donna, Greg, Ashley, Dave, Steve and everyone else as assigned)
5. Develop guidelines and standards for cross-training with state agencies and providers so we can effectively work together. Multi-cultural approach.

### **#2 Priority: Increasing Access to Services (Youth and Families don’t know where to go for help, have trouble accessing the system)**

**Strategy:** Support Prevention, Treatment and Recovery, help and support youth and families, help and support the system to change and to know what is needed.

**Action Plan:**

1. Collect and Analyze Data: We would like to document and track barriers, look at each type of barrier, help to make changes to remove barriers, demonstrate outcomes and cost benefits. (Donna, Greg-everyone)
2. Improve Quality: Create visibility for what’s out there that is effective, responsive and can help families and youth. We will get involved in Mental Health Transformation CQI. (Ashley, Donna, Greg, Everyone)
3. Address Insurance Barriers: We need to get information and advice on this so we can be advocates. We need to talk with legislators. We need to train and help families negotiate the systems and be effective with appeals. (Sue, Marty, Everyone)
4. Broaden Collaborations: We have been working closely with CCAR, FAVOR and our mini-grant groups already, continue to link with others and form MOU’s
5. We are getting connected with new groups at the policy tables like Peace builders, MHT-Workforce Collaborative and Prevention SPIF coalitions. Clergy and faith based partnerships are needed. School based partnerships are needed. We need to connect with the Prevention RACS, Family support Centers, systems of care, treatment providers who serve youth and families, DCF regional offices, training academies etc. Next, we need to identify and inventory what’s already out there to support, train, treat etc. and help get the word out so families can connect with it. We want to raise up and make visible good recovery supports that exist and help connections to happen. We want to be an “incubator,” build the capacity, and help to grow and sustain what works. Families and youth need more detox, residential, intensive outpatient, sober housing and recovery support services. We need to unite the voices and advocate for this! Outreach to primary care, school nurses, physicians, pediatricians-lack knowledge of youth addiction and recovery supports. Child Health Development Institute workgroup link needed training statewide to have family practice physicians help (Hal).

## Creating an Action Plan:

### Afternoon Discussion Notes (con.)

#### Priority #2 Action Plan continued:

- 6. Get Outdated Regulations Modified:** Connecticut policy makers need pressure from us to review the State regulations which have not been updated since 1994 and now have nothing about standards for adolescent substance abuse treatment or family involvement. Other States require this in their reg.-lets get that to change. (Donna, everyone).
- 7. Map State Agency Spending/Funding:** In the next 6 months we must as a priority, talk with legislators to hold the state agencies accountable for sharing what each one is currently spending on youth and families with substance abuse-what levels of service where. We are paying for this, we know there are gaps.
- 8. Work with Our Partners to Help Change the System's Access Issues:** At present, youth say they must be high or do something illegal to access the system: The community/policy makers/media needs to know we don't treat some substances, don't have residential detox, kids currently must fail on level of treatment to get higher levels-residential care. DCF is mental health driven, many case workers do not see addictions as a disease, or families as a partner. Our kids are getting worse; the system we are paying taxes on is dysfunctional. "Health for all movement", will connect with NAMI, CCAR others for parity for mental health and substance abuse.
- 9. Teach More Youth and Families on How the System Works, and How to Use Their Voice effectively-in What Places:** We need to be in every community, using everything we've got to bring people together on this. We need to become competent and knowledgeable informers, leaders and advocates. Families are being intimidated. We will educate and support, holding the system accountable.
- 10. Advocate for Developing More Community Based Recovery Support Services:** Peer to peer, family to family, youth to youth support needs to be funded-not just with fifty dollar stipends. We need an infrastructure for this-not as an extension of what treatment providers do. We will use our website to link video, telephone recovery support, 1-1 recovery coaches, recovery support groups. Need "outlets". Use web-explore methods of MySpace, FaceBook and other social networking websites sensitive to risk and confidentiality issues. Building off of national models like "Second Road"-we will begin chat rooms, web based recovery networking group sessions on our new website in October. Will have GIS map to build on strengths- all supports and resources. DCF, DMHAS, CSSD and JJ MUST become more family and youth involved- they need to get what recovery oriented means.
- 11. Co-Recovery/ Codependency Training and Programs:** We will bring some of the models Caron, Hazelden and other States use for this-classes for parents. Explore weekend series of seminars about addiction, family dynamics, and joint meetings with youth. Will document on video. Action plan item -this fall have agreed to co-sponsor Parent "Happy, Joyous and Free" Recovery in Southern CT. with Liz/ Caron Treatment Centers and other collaborators. Greg's video and panel with providers and families will be featured. Will use this as a launch pad for Co-Recovery retreat promotion/recruitment. Will be doing more "family helping family" videos.
- 12. Enhance Financing /Sustainability:** We agreed on developing a braided funding model, drawing from several State agencies, foundations, private funders, industry, business, grants etc. Volunteer Program/On call list to send youth and families in recovery for recovery support calls like most of the group has done with 12 step calls to hospitals, etc. Currently our Executive Director is now on volunteer time- and much of the time given by co-director and families is as volunteers (like today, only youth received stipends). It will be important to keep track of that for document matching and in kind funds. We agreed we do not want to be owned by any one funder or fiduciary. We want to continue with work getting our 501-3c so we will be more competitive for grants and not miss out on dollars for administrative overhead costs we need. We will continue our work started with DSS Marc Schaefer about reimbursement for peer to peer services. We will hold multiple fundraising events and begin preliminary steps for a capital campaign. We need to ask each State agency for funding help immediately. We are waiting for the SAMHSA Center for Substance Abuse Treatment Targeted Capacity Expansion Grant award decision by the Sept 30th.

**13. Expand and Strengthen CTYF Infrastructure:** We will begin publishing dedicated phone line, new website etc., but will need coverage and backup. Cannot extend beyond capacity. Must take steps with advice and guidance. Currently getting T/A from Steve Hornberger. October board meeting is scheduled for Monday October 27, 2008 6-8:30 pm. Checking on the Hartford Lyceum space or CCAR. Board recruitment and nomination manual and packet distributed, skills matrix and conflict of interest policy reviewed. We currently have 8 new board members proposed, half youth and half adults/families. Success and lived experience with prevention, treatment, recovery. We talked about growing our membership, developing standards, guidelines, core competencies and fundraising/sustainability issues as the areas of board work about to be launched. We will also develop an "Advisory Board" with clinical, recovery, legal and accounting experts to use for guidance. We will also have "Collaborating Partners" such as the groups we want to see grow and would like to collaborate and/or give mini-grants to such as, The Courage to Speak, Hope for Parents, Out of Darkness, Together We Shine, BPest, Central High School, Families United, NAMI, PAP, Hartford Youth Project, and many others. We need to work in collaboration with FAVOR and MHT, and others like the Hartford Youth Project and Family model providers to bring substance abuse prevention and recovery to the mental health system for youth. We will do outreach and welcome all cultures, all communities at every phase.

**14. Disseminate and Fund More Effective School Based Peer to Peer Prevention, Intervention, Community Family/ Youth Support Groups and Training, and Recovery Support Programs:** We have distributed 150 copies of *Central Pride*. Donna, Dave, David Pease, Greg and Steve will develop a work plan to meet with the school board etc. Donna and Steve will complete the next step in the TOW Foundation application for expansion to grow Central High model by showing to other schools, administrators, youth, families, funders, etc. Students will disseminate video as a "reality check" to other students still on the streets and using-documentary of lifestyle idea will be explored. Central's leadership team will get Mr. Ortiz and Susan Smith's support with plan for cross fertilizing with other schools. Will develop a summer recovery support program that will include sober recreation activities during the school year, adult/parents recognition nights, smaller, more intimate classroom presentations, and working with Carolyn Santiago. We need to get more funding we can pass through to other organizations already doing family/youth training and support out there.



*To learn more about Connecticut Turning to Youth and Families and how you can be part of the important next steps we take in moving the health and recovery of youth and families forward, or if you have any questions please call or e-mail us at:*

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