



**CONNECTICUT
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Strengthening Connecticut's Youth and Young Adult Voice on Behavioral Health

**A project funded by the
Connecticut Workforce Collaborative on Behavioral Health**

May 26, 2011

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Strengthening the Youth and Young Adult Voice in Behavioral Health

Introduction

Connecticut has been at the forefront of recognizing the critical importance of providing effective age-appropriate mental health services for youth and young adults. In order to increase the effectiveness of services for this age group, many nationally recognized leaders in the field promote increased youth and young adult involvement in various aspects of their care, local service development, and state funding and policy decisions. Dr. Cliff Davis, nationally recognized consultant on youth and young adults, states that the guidance youth and young adults provide to system development “will repay every dollar invested in the group, probably multiple times.”

Consistent with this movement, Connecticut’s federally funded Mental Health Transformation State Incentive Grant has demonstrated a commitment to developing and supporting the voice of youth and young adults and their involvement in service and system development. As part of the Mental Health Transformation State Incentive Grant, the Connecticut Workforce Collaborative on Behavioral Health (CWCBH), under the direction of Dr. Michael Hoge of Yale University, funded this project to provide the following information:

- A. Describe the perspective of key leaders at the Department of Mental Health and Addiction Services (DMHAS), Department of Children and Families (DCF), and Court Support Services Division (CSSD) on the needs for and the optimum roles of a youth and young adult voice in the planning and management of state-funded services
- B. Identify key subgroups that distinguish the broad category of “youth and young adults” with emotional, behavioral, substance abuse, and/or psychiatric needs.
- C. Identify Connecticut-based organizations and groups that identify themselves as engaged in advocacy for youth or young adults, their activities, subgroups they focus on, and contact information.

Development of Project

The CWCBH, under Dr. Hoge’s leadership, previously funded a project to begin development of a statewide Youth and Young Adult Consortium on Mental Health, which held its initial meeting in the fall of 2009 and identified a group of youth and young adults interested in further development of a youth and young adult voice in the State. The youth and young adults also identified the areas of most concern to them and how their voice and involvement could make a difference.

Dr. Cliff Davis provided technical assistance in developing the initial meeting of the consortium and a second follow-up meeting. In his report on that effort, he stated that if

a youth and young adult voice is going to succeed and have long term sustainability, “the publicly funded systems have to commit to this as an important voice and support it.” He further stated that “the keys for the group will be: 1) sustaining support (more than money, especially transportation); 2) active recruitment through all youth- and young adult-serving systems/agencies; 3) infrastructure implemented conjointly across child-serving systems; and 4) respect for this point of view.”

In December 2009, Dr. Hoge invited representatives from DMHAS, DCF, and CSSD to discuss possible expansion of a youth and young adult voice in Connecticut’s behavioral health system and the development of their skills in peer support and advocacy.

Following the December 2009 meeting, however, Dr. Hoge concluded that “Connecticut’s state agencies have an interest in seeing a stronger youth and young adult voice, but their needs or desires related to this voice are not completely clear.” Dr. Hoge summarized that the recent discussion highlighted: 1) the diversity of the “youth and young adult” population; 2) the differing perspectives among state agencies regarding their needs for and optimum role of a youth and young adult voice; and 3) an absence of adequate information about the organizations or groups involved in strengthening the youth and young adult voice.

The current project was designed to provide information to address the issues outlined above. The project was conducted by Sheryl Breetz, North Central Regional Mental Health Board (NCRMHB), in collaboration with two young adults. Amy O’Connor of the National Alliance on Mental Illness of Connecticut (NAMI-CT) worked together with Ms. Breetz to design the project, interview key leaders at state agencies, and assist with this report. Ms. O’Connor had previously conducted the project to begin development of a Youth and Young Adult Consortium on Mental Health. Michaela Fissel, a student at Central Connecticut State University, conducted the outreach (interviews, phone calls, and emailed questionnaires) to Connecticut-based organizations supporting youth and young adult activities and authored a report that serves as the beginning of a separate resource guide for opportunities that exist in the State. Summary conclusions from her findings appear in Section II of this report.

The current project was designed to gather information that would facilitate a beginning discussion among DMHAS, DCF, and CSSD representatives on what next steps might be taken to support a youth and young adult voice in the planning and management of state-funded services. The interviews with state officials were viewed as think tanks where representatives could present their various perspectives. There was no attempt to build consensus. Rather, the goal was to capture the various ideas that emerged. The next step envisioned would be to draw together the representatives to discuss the findings and their implications for a future course of concrete strategy and action.

Section I: Interviews with Leaders in Key State Agencies Regarding the Need for and Optimum Roles of a Youth and Young Adult Voice

Roles for a Youth and Young Adult Voice

This section of the report documents various perspectives among key state agencies - DMHAS, DCF, and CSSD - regarding the need for and the optimal roles of a youth and young adult voice in the planning and management of state-funded services. In addition, information is also presented on important subgroups of youth or young adults identified within each agency as needing to have a role in developing a youth or young adult voice.

Information is presented as provided by individual interview participants. There was no attempt to build consensus. Rather, the goal was to stimulate thinking and capture the various ideas and recommendations that emerged. Hopefully, the information presented will itself be of value in generating further thinking and action that might be taken by the participants and in forming the foundation for future discussions that would draw together these participants to collectively develop strategies and action steps that could be taken in their agencies or in collaboration to develop the youth and young adult voice.

Interviews with State Agency Representatives

Amy O'Connor, Public Policy Assistant of the National Alliance on Mental Illness of Connecticut, and Sheryl Breetz, Executive Director of North Central Regional Mental Health Board, conducted group interviews with the following state agency representatives:

DMHAS' Young Adult Services (YAS): Cheryl Jacques, Nikki Richer, Amy Marracino–(6/15/10)

DCF: Bert Plant; Frank Gregory; Tim Marshall; Peter Panzarella; Sara Lourie–(6/8/10)

CSSD: Brian Coco and Julie Revaz.–(7/18/10)

We thank all of the individual representatives who gave generously of their time and freely shared their ideas, insight, and guidance.

Guiding Vision and Need for a Youth and Young Adult Voice

Representatives from all three agencies identified an overall vision and/or need for a youth and/or young adult voice in the planning and management of state-funded services as indicated in responses gathered at each agency and presented below:

DMHAS YAS

DMHAS YAS representatives described a new vision for a young adult voice that they have begun to institute. They are moving from a model of “we’re the adults

and staff, and we will tell you what you need to do” to a **new model where young adults are involved in designing their care and programs and “control planning” for their services and lives** and where **staff function as advisors**. They believe that young adults should weigh in on standards of care, their own clinical care, activities they will undertake, as well as the transition process from DCF to DMHAS.

DCF

DCF officials described a major **goal embedded in their system of care model - and recognized nationally as a component of the model - that “planning and development should be family-driven and youth-guided”**. There are many service divisions within DCF with different structures, requirements, and emphasis on youth involvement. Some of the service areas, such as child welfare, require youth involvement. Some service models, such as in-home services, have a component of youth advising providers as part of the evidence-based service model. DCF officials noted that “silos” within the Department should be broken down in order to more fully achieve a youth voice for all youth served by the agency.

CSSD

CSSD representatives believe that **youth feedback on services would be helpful** in ensuring that juvenile and criminal justice services are effective. They believe that advocacy groups can effect positive change and collaboration. They are interested in structures that will produce change from within that helps youth succeed and improve their lives in the community.

Currently in Place or Planned

All of the state agency representatives described various steps that they had taken to institute their vision and ensure that the youth and/or young adult voice was being implemented in the planning and management of their services.

DMHAS YAS

DMHAS YAS representatives **identified steps they have implemented to involve young adults in the planning and management of their services**. Many of the steps listed below demonstrate how they are placing a priority on carrying out their vision. (Note: The majority of young adults in DMHAS-funded services receive regular DMHAS services, not the specialized YAS services. Since we did not interview these program administrators, we do not know if these programs have the same commitment to and vision for development of a young adult voice embraced by YAS representatives):

- DMHAS YAS officials **involve all levels of management** (including DMHAS regional representatives from the Office of the Commissioner, the Director of

YAS, and local program managers) in supporting the young adult voice they envision.

- All local YAS program **sites have an advisory council** comprised of young adults.
- The YAS Director has issued **discreet directives to program managers and staff to make clear what is expected**, such as, “young adults need to feel immediate results of their recommendations, staff should at least try to make a piece of young adult recommendations happen, and never say ‘no’ to client ideas and proposals.” They cited how they have carried out this plan by, for example, expanding evening hours several days following young adults’ recommendations to do so. Program managers are always involved in the young adult advisory council meetings and are always searching for how to implement changes the council recommends. **Staff and clients are learning** this new model together.
- This vision of involving young adults in their own care and programming is in keeping with the YAS goal of young adults requiring minimal services from DMHAS once they successfully transition from YAS. The goal is to see that young adults have the **opportunity to learn and practice the skills needed to live independently** while they are in YAS.
- Program managers involve young adults in **specific projects related to programming where young adults can offer improvements**. For example, a current project is for young adults to write the orientation packets given to new young adults coming into the programs.
- **In response to recommendations from young adults**, YAS is starting a young **parenting program** for clients who have children. YAS staff will work with young parents to develop and strengthen parenting skills and provide information on related issues. They are also developing a program with Think it Over Baby dolls used as prevention and learning tools. YAS central office is collecting data on young parents to inform this future initiative. YAS has contracted for Doula services which offer pre- and post-natal services for young parents. YAS may possibly pursue resources with an agency that offers free babysitting during appointments, something that young adults have requested.
- YAS is **partnering with community organizations** that have already developed leadership skills in young people. For example, Advocacy Unlimited is bringing the **Advocacy Unlimited Super Advocates class** to YAS programs. This is a positive experience for the young adults and for the YAS staff. YAS is developing a **peer mentoring** program with YAS clients and staff. They are working with Advocacy Unlimited based on an idea from a school-to-work program to teach leadership skills in mentoring. Super Advocate graduates will also **mentor transitioning youth from DCF** who are hesitant to engage in DMHAS services. YAS is also partnering with Street Smart Ventures to open opportunities for client run businesses.

- **YAS and DCF staff collaborated in holding focus groups** with DMHAS young adults across the state. Focus groups with young adults revealed that DCF needs to prioritize its youth going to school or staying engaged in education in some way and that therapy in both DCF and DMHAS needs to focus on how to create and maintain relationships with others.

DCF

DCF representatives described some of the steps they have taken in implementing their vision of a family-driven but also youth-guided system:

- Most progress has been with **youth being involved in their own care in terms of treatment planning**. For example, at a certain age, they must sign their own treatment plan.
- **Numerous youth advisory groups within DCF were identified**, including regional groups, a statewide advisory group, Riverview Hospital advisory group, as well as local groups at funded agencies.
- In keeping with the “youth guided” movement, many **specific projects have required youth coordinators**. For example, the Park Project and Building Blocks Project, which were funded by system of care grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), had youth coordinators. The new Wraparound Project, funded through Connecticut’s Transformation Grant from SAMHSA, hired youth coordinators in Bridgeport and Bristol/Farmington area.
- The Training Academy has Escuche Nos for **bilingual youth** in the DCF system.
- DCF Youth have been involved in many **organizations associated with DCF**, such as the Regional Action Councils’ substance abuse prevention efforts and the Youth Service Bureaus’ positive youth development initiatives.
- DCF youth have also been involved in various substance abuse advocacy and support groups outside of DCF, including CT Turning to Youth and Families and Connecticut Community for Addiction Recovery (CCAR).
- DCF has placed a greater focus on developing the “family-driven” vision of services than on the “youth-guided” component. Some of the **family organizations** have talked about the need for a youth voice, but this focus has not traditionally been a major component of their work. Families United had developed at one time a Young Adults United advisory and peer support group which is no longer active and FAVOR has taken steps to involve youth in advisory groups. A Youth Empowerment Group is being developed under the Southeast Mental Health System of Care.

CSSD

CSSD was formed in 1999, created a Center for Best Practices within a few years, and has overhauled many of its Probation policies and much of the contracted services network since that time in an effort to improve outcomes. In fact, recidivism is declining, as are court referrals, and fewer children are being sent to out-of-home placements. They reported:

- CSSD has a Joint Juvenile Justice **Strategic Plan that includes the goal of bringing consumers to the table** for their input on services.
- Currently there are conversations with youth on service needs on the **individual level** (treatment planning).

Recommendations for Further Development

All representatives interviewed recommended the need for further development of the youth and young adult voice in planning and management of state-funded services. Their recommendations follow:

DMHAS YAS

While every YAS program has an advisory group, YAS representatives believe ideally that a **larger advisory council** is needed and agree that a positive next step is to create a YAS statewide council after fully establishing the individual program councils. With regard to the larger number of young adults receiving services in agencies that do not have YAS, they might be able to bring in non-YAS young adults into a YAS statewide council, but would need to establish their own YAS statewide council first. They would also need to examine if non-YAS young adults in regular adult programs sit on “all-age” councils at their agencies and have a voice in their local service planning and management.

If a larger advisory council is created, YAS administrators strongly prefer to **provide direct coordination and support for any statewide advisory council involving YAS clients**. They would follow their practice of coordinating central office, the director of YAS, program managers, and the young adults, rather than bringing in an outside national organization (such as Youth MOVE*) to coordinate an advocacy movement solely for youth and young adults. They feel that this internally driven structure is central to changing programming. YAS representatives believe that **young adults are ideally partners with managers and that their current model of keeping all parties in close communication with the YAS central office** is essential. They reported that “YAS isn’t fragmented at all,” and this is critical to making the young adult voice heard.

*Youth Motivating Others through Voices of Experience (Youth MOVE) has been created to unite the voices and causes of youth, offer consultation to others who

support the youth voice, influence the politics and legislation of mental health care, and work to support the development of state and local chapters.

A **Resource Directory** is needed for consumers and staff who “don’t have a handle on the network” of resources available to them within and outside of DMHAS. YAS representatives want to identify naturally occurring community groups outside the mental health system into which they can integrate the young adults that they serve and normalize their activities. They also want the young people who receive services and their families to know who to call (they should not have to call the Commissioner when they want something to happen) with questions or concerns about programming, services and resources. YAS leadership has worked hard to reduce the number of calls to the Commissioner and get more families involved.

With regard to barriers, representatives recognized that there are **logistical barriers, mainly transportation**, to establishing a statewide YAS council and to possibly including other non-YAS young adults currently in the DMHAS service system.

DCF

DCF representatives acknowledged that they need to create more opportunities to **put their vision of a youth-guided system into practice**. They reported that in reality there are very few opportunities for youth to provide input on planning and development and that youth do not always have the opportunity to sign off on their own treatment plans in outpatient treatment. Although representatives had identified various advisory groups, it was not clear if some of these youth advisory groups were still functioning or if they were, what role or impact they had on planning and management.

In order to better implement their vision for youth involvement, DCF representatives recommended a number of action steps:

With regard to development of **policy and institutionalizing youth advisory group** involvement in planning and management, they recommended the following:

- **Develop policy** that institutionalizes the role of the youth voice in planning and management of DCF’s service system, ability of youth to have an impact on services separate from parents, and mechanisms to carry the youth voice to all levels of decision making.
- **Expand statutory language for all statewide advisory councils and require inclusion of youth with mental health and/or substance abuse issues.** Advocates need to fight for this on a legislative level. All statewide advisory councils need to include youth with behavioral health issues; this includes the Children’s Behavioral Health Advisory Committee (CHBAC), the State Advisory Council (SAC) to DCF and the Connecticut Behavioral Health Partnership (CTBHP). Some groups have included

youth from the foster care system, but have not sought to include youth with mental health needs.

They also recommended obtaining further **funding** to support their efforts:

- **Secure steady funding to support a youth voice**, such as system of care flexible funding, support positions that would focus on developing and supporting the youth voice, and federal funding.
- Apply for **technical assistance grants** available on the federal Substance Abuse and Mental Health Services (SAMHSA) website.
- **Consider creating a state chapter of Youth MOVE** as a way of bringing resources, credibility, and an organizing center to the state.

With regard to improving **coordination**, they recommended:

- **Merge advisory groups for various DCF mandates, i.e. Child Welfare, Juvenile Justice, Prevention, Substance Abuse/Mental Health)** at both local and centralized levels.
- **Balance the effort to be inclusive and representative with a goal to view youth as youth**, rather than according to their legal status, social issues, or involvement with the department.
- **Strive towards regional groups** of youth that are representative of our various mandates.
- **Ensure that DCF and DMHAS youth and young adult advisory bodies work together.**
- **Ensure that the various efforts within DCF are organized to be effective.**

They also recommended **training, support, and models** for further development of youth involvement:

- **Provide training to youth** to fulfill their roles in planning and management.
- **Identify champions** to support a youth voice.
- **Follow footsteps of parents' movement** in developing the youth voice. Encourage the family movement to promote a separate youth voice.
- **Consider the Westchester County model** as a possible model for how a youth voice can be incorporated in planning along with the family voice.
- **Consider the Youth MOVE model as** suggested above.

With regard to barriers, one of the DCF representatives who had provided support to the DCF Youth Advisory Council (YAC) reported that such support had required a **lot of outreach and meetings and was time intensive**. YAC was supposed to be a statewide council with representation from all of the regional Youth Advisory Boards (YABs), residential placements, and group homes, but did **not necessarily include young people with behavioral health problems**.

CSSD

Representatives of CSSD reported that development of a **youth voice has not been fully achieved, though progress is being made**, and that they **need to examine how a youth voice could enhance youth** in the juvenile justice system or the agency. CSSD and DCF's Joint Juvenile Justice Strategic Plan includes the goal of bringing young people to the table. The plan also frames the juvenile justice population as "ours" as opposed to DCF's or CSSD's.

The young adult voice may be the least developed within adult probation (age 17 and over) since adult probation officers have bigger caseloads and fewer community programs in network than juvenile probation officers. Programs are developmentally targeted for adults, not young adults, and 18-24 year olds are receiving services with adults of all ages. There are **linkages** to DMHAS and its YAS programs, but they could be strengthened.

Representatives reported that their system relies heavily on literature, not consumer input. They **requested more information** on the youth voice and juvenile justice. Because CSSD counts on literature to inform services, it is critical that follow-up research be obtained on the benefits of a youth voice in planning and management and what models or best practices might be effectively employed in their settings, for example, in probation.

With regard to barriers, CSSD representatives acknowledged that it may be a struggle to bring the youth voice to the table partly because **this would represent a change in practice**. CSSD further indicated that **they want to be careful not to bring an inauthentic voice** to the table that ultimately doesn't have any say in services; they have seen tokenism before with such efforts. A youth voice or advisory council **can be (for lack of a better term) adversarial. A collegial approach would likely be most effective**.

In addition, **logistical concerns related to youth availability, such as hours of meetings and transportation**, also present difficulties. **They are not immediately aware of youth voice resources**. They see an additional challenge in developing a youth voice that can represent large masses of youth involved in CSSD.

Subgroups

State agency representatives identified different subgroups in terms of diagnostic categories or mental health problems experienced (trauma, attachment disorders, PDD); relationships (varying relationships with parents and peers, involvement in

domestic violence and sexual assault, siblings of children and youth in services); service needs (housing, substance abuse services, supports for youth and young adults who have children); diversity (ethnic, cultural, gender, gay and lesbian groups); age (youth versus young adult); and mandated services (child welfare, juvenile justice, prevention, community and voluntary services). With regard to subgroups identified by DCF representatives, there was a desire among some of the representatives to break down the silos within the agency and merge advisory groups for various DCF mandates, to view youth as youth, and focus on development of advisory groups at the regional levels with attention to diversity and inclusion of youth in all areas of concern.

Representatives identified the following important subgroups within their populations that would benefit from the development of a youth and young adult voice:

DMHAS YAS

YAS Representatives identified:

- Survivors of **trauma**;
- Young adults with **attachment disorders**;
- Young adults transitioning from DCF who have **Pervasive Developmental Disorder (PDD)**. Representatives suggested they partner with autism advocacy organizations to address the deficit of appropriate services for this population. United Services has a small program to work with individuals with PDD;
- Young adults, especially women, affected by **domestic violence and sexual assault**. There is a lack of specialized services for this population. Representatives suggested they begin reaching out to the community to develop appropriate services. They envision young adults affected by domestic violence and sexual assault as being partners in this initiative. This includes **victims and perpetrators**. They currently have connections to some programs, but these programs do not specialize in the young adult age group;
- Young adults **in need of housing**;
- Young adult **parents of their own children** who may or may not have custody of their children.

DCF

DCF representatives reported that they should be looking at this issue from the perspectives of **different populations within DCF and should consider an inter-department coordinated effort between DCF, DMHAS, CSSD, CTBHP, etc.** Different populations within DCF's mandates include:

- **Child Welfare**
- **The Juvenile Justice Population**

- **Voluntary Services**
- **Prevention**
- **Youth in the Community with mental health problems, both DCF involved and Non-DCF involved**

In addition, representatives also identified:

- Youth who have **varying relationships with their parents that may need special attention**, e.g. youth from behavioral health services tend to be very attached to their parents, while some youth in the child welfare system are very independent from their family of origin.
- **Siblings** of children and youth in DCF care with serious mental health needs may also need some support themselves and opportunity to meet in groups to better address the challenges with the sibling who has mental health issues.
- Diversity and inclusion of **youth of various racial and ethnic backgrounds**
- Diversity and inclusion in terms of **gender, sexual preference and sexual identity**

CSSD

CSSD representatives reported:

- The youth voice would need to pay attention to **cultural identity and cultural competency**. Disproportionate Minority Contact (DMC) plays a part in who is identified as needing mental health treatment.
- **Individuals with mental health issues are a subgroup and not the norm.**
- **Individuals with substance abuse are the norm** in juvenile justice population. There needs to be increased awareness, screening tools and identification of youths needing substance abuse treatment and services.
- The youth voice would need to address development of **sexual identity** and issues of **gay and lesbian individuals**.
- **Gender-specific issues** need to be addressed. CSSD has a pilot for women trauma victims to connect these women with mentors and community resources.
- **Youth versus young adult experiences** vary between juvenile and adult justice systems.

Section I Summary

All of the state agency representatives who were interviewed recognized that a youth and young adult voice can add value to their service systems. Representatives

identified what they had already implemented in their agencies. In a think tank fashion they individually offered possible ideas and recommendations on what steps could strengthen the youth and/or young adult voice within their own state agency or in collaboration with another state agency. They generously provided creative and bold ideas.

There was no attempt to build a consensus on a course of action. Instead, the representatives laid a rich foundation of ideas that can stimulate the next steps envisioned - getting together to build upon the ideas they advanced in the interviews, identifying other ideas that might have been prompted by the interview or exchange of information presented in this report, and discussing a possible course of action either within their own agency or in collaboration with others.

In order to better facilitate a further discussion among DMHAS, DCF, and CSSD representatives, ideas and recommendations generated by each agency might be arranged in a single listing under various themes, such as policy, funding, coordination, etc.

Several participants suggested that additional effort go into having the representatives articulate the various purposes and goals of a youth and young adult voice. This information could be related to work done in this regard by youth and young adults at the Youth and Young Adult Consortium on Mental Health and during an earlier project of the Connecticut Joint State Mental Health Planning Council.

We are grateful to the state agency representatives who participated and the Connecticut Workforce Collaborative on Behavioral Health for funding this effort. It was truly a privilege to listen to the ideas that were so freely given. It appears from the ideas advanced that there were many seeds sowed that could increase the opportunities for youth and young adults in Connecticut to participate in the planning and management of state-funded services and help improve the effectiveness of the services they and other youth and young adults receive.

Section II: Interviews with Connecticut-based organizations, groups and agencies that currently provide opportunities for youth and young adults to become leaders, advocates, mentors, peer support providers and advisors.

Information was collected from Connecticut organizations, groups, and agencies that identify themselves as currently providing opportunities for youth and young adults with mental health and/or substance abuse needs to be leaders, advocates, mentors, providers of peer support, and advisory group members. Information collected is presented in a separate report that serves as the beginning of a Connecticut Resource Directory. Only programs created specifically for youth and/or young adults are included. Participation in these programs is not contingent upon participants receiving clinical services from these organizations, groups and agencies.

As part of the Mental Health Transformation State Incentive Grant, CWCBH provided funding to NCRMHB to gather this information. Two young adults Michaela Fissel and Amy O'Connor conducted the project. More detailed information on these organizations was presented in a previous report authored by Michaela Fissel and served as the base for the Directory.

Information provided in the Directory could bolster collaborative efforts among programs surveyed and state systems serving youth and young adults. It could furthermore be a valuable resource for individuals, organizations, groups and agencies in developing and strengthening the youth and young adult voice so that they can contribute meaningfully in the planning and management of state-funded services.

Representatives of organizations and groups were interviewed from throughout Connecticut to learn about their program(s) serving youth and young adults, the subgroups that they serve, and contact information for each. Representatives were surveyed via in-person or phone interviews, or via email surveys. All representatives were interviewed using the same survey questionnaire and were invited to add any additional information about the opportunities they provide. Groups cited in the Directory include a small peer group arranged by one young adult and meeting for the past five years to provide support to one another to a large statewide organization that has included up to 1,500 participants in community efforts.

Interviews revealed that:

- There are Connecticut-based organizations and groups that currently provide services and activities supporting the development of youth and young adults as leaders, advocates, mentors, providers of peer support, and advisory groups where participation is not contingent upon participants receiving clinical services from these groups, organizations, or agencies.
- Youth and young adult leaders emphasized the importance of giving support to one another, understanding the various services available to them, and being able to have influence on the services provided by the State.

- There was a desire for greater communication and collaboration among the various organizations and groups, as well as with State service systems, to build a stronger united voice for their age group and ensure that effective programming and opportunities are developed for them throughout the state.

We thank the many organizations, groups, and agencies that contributed to this project and are working diligently to develop the voice of youth and young adults in Connecticut. The Resource Directory is available from the Workforce Collaborative on Behavioral Health. We encourage youth, young adults, families and providers to contact the Collaborative if they have any information to add or if information is out-of-date.