

Program Description	Eligibility/Age Range	Length of Service	Example Providers	Annual Service Capacity Statewide	DCF Manager	Annual \$ Amt
<b>Prevention/Education Services</b>						
Early Childhood Services: purpose of this program is to promote positive parenting skills, healthy development and school readiness of children who may be identified as at risk for abuse and/or neglect and/or having behavioral problems or mild developmental delays, to enable them to function optimally in future social and learning environments	Families at risk for abuse/neglect as well as DCF clients. Children ages birth to 6.	NA	CREC	4 providers	Rudy Brooks, Dir, Prevention and External Affairs	\$502,874
<b>Family Support Group Service:</b> This service provides coordination and facilitation of parent support groups. These meetings provide peer support, information on appropriate parenting skills, and education on the development of effective coping strategies.	Adult parent and/or care giving cohort in Northeast Conn. who are experiencing stressors and engaging in behaviors that jeopardize family stability.	NA	Thompson Ecumenical Empowerment Program (TEEG)	1 provider, 144 support groups	Rudy Brooks, Dir. Prevention and External Affairs	\$30,450
<b>Mental Health Consultation to Childcare</b> this service promotes and facilitates the early identification of children in daycare education settings with mental health needs. The focus of this service is the provision of consultation, training and technical assistance to staff in early care and education settings in an effort to identify children's social, emotional and behavioral challenges that may preclude the child's continuing participation in the program.	Children in public and private early care and education settings such as, but not limited to, Head Start Programs, School Readiness	NA	Advanced Behavioral Health	1 provider 1,376 children	Rudy Brooks, Dir. Prevention and External Affairs	\$1,920,359
<b>One on One Mentoring Program.</b> This program recruits and trains caring adults, pairs them with youths and then supervises that mentor/mentee relationship	Youths committed to DCF, or were committed, at the time of their 18 <sup>th</sup> birthday	12 months	Access Agency	11 providers, 239 matches	Brett Rayford, Dir, Adolescent and Transitional Services	\$325,526
<b>Positive Youth Development:</b> This service provides social skill development to children and youth and support services for their parents/caregivers.	Specific to the agency providing the program	Varies by provider	City of Bridgeport	7 providers	Rudy Brooks, Dir. Prevention and External Affairs	\$ 616,186
<b>Social Coach.</b> This Service provides recruitment, screening, training, clinical supervision, support and ongoing monitoring of social coaches matched with children and youth referred by the DCF and the Waterbury, Danbury and Torrington System of Care Community Collaborative	DCF active cases in the Waterbury, Danbury and Torrington System of Care	6 months	Connecticut Junior Republic	1 provider, 30 children/youths	Karl Kemper, Dir., Child Welfare Servs.	\$128,699
<b>Spanish Speaking Parenting Education.</b> This is a center based parenting education and skills building program which focuses on child health and development, safety skills, stress reduction, self esteem, sibling issues and special needs.	Spanish –speaking parents in the community with infants who are at risk of abuse or neglect; first priority is DCF clients.	10 weeks	Easter Seals of Greater Waterbury	1 provider, 28 infants and their families	Karl Kemper, Dir., Child Welfare Servs.	\$ 42,266
<b>Therapeutic Child Care.</b> This service provides site based daytime child care for children who are at risk for or are already victims of abuse and neglect. Support services and parenting education are also provided.	The target population is children ages birth to 8 years old who are in need of specialized care/after school care due to social/emotional or behavioral challenges.	13-20 weeks	Action for Bridgeport Development	10 providers	Rudy Brooks, Dir. Prevention and External Affairs	\$1,446,359
<b>Family Support, Child Safety &amp; Reunification Services: Community Based</b>						
<b>Adopt a Social Worker.</b> This statewide program provides the ongoing recruitment of the religious community to partner with and "adopt" a DCF Area Office in order to provide a resource for the children and families it serves.	Children and families that DCF comes in contact with.	NA	Covenant to Care	1 provider, 230 churches involved, providing 28,800 exchanges of	Karl Kemper, Dir., Child Welfare Servs.	\$160,873

				goods/services		
<b>Family Center/Visitation Center.</b> This service provides site-based supervised visitation services for families who have children placed by DCF in out of home care. Many family centers also provide foster family and post adoption support, including: social/recreational activities; parenting education workshops; informal respite; support groups, information and referral services	DCF active families, foster and adoptive parents.	6 months	R Kids	11 providers, 388 hours per week of supervised visitation	Karl Kemper, Dir., Child Welfare Servs.	\$1,873,817
<b>Family Support Team.</b> This service provides an integrated team of licensed professional staff that offers a range of therapeutic services in home.	DCF involved children and youth ages 3 – 18 with serious emotional disturbance and either a need for reunification in the community or at-risk for out of home placement	12 months	Boys and Girls Village	7 provides, 249 families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$7,292,769
<b>Family Violence Outreach.</b> This service, for victims of domestic violence and their children, includes crisis intervention, advocacy, counseling, support groups, development of safety plan and treatment plan. Services will be provided in the home, office, or other locations depending on the family needs and safety concerns.	Victims of domestic violence and their children	3 months	Hockanum Valley Community Council	8 providers, 725 families	Karl Kemper, Dir., Child Welfare Servs.	\$777,470
<b>Intensive Family Preservation (IFP)</b> This program provides short term, intensive, in home services to strengthen families and reduce the risk of further abuse and neglect for families with children at imminent risk of out of home placement.	DCF active families	12 weeks	Child and Family Agency of Southeast Conn.	23 providers, 1,290 families	Karl Kemper, Dir., Child Welfare Servs.	\$5,569,636
<b>Intensive Family Reunification (IFR).</b> This is a short term intervention focused on services (assessment, therapeutic visitation) necessary to facilitate timely reunification for children removed due to abuse and neglect.	DCF active families.	90 days	Community Health Resources	2 providers, 80 families	Karl Kemper, Dir., Child Welfare Servs.	\$400,000
<b>Intensive Safety Planning (ISP).</b> This is a short term, intensive, in home service designed to rapidly intervene in order to address immediate safety factors in situations where abuse and/or neglect has been substantiated, a court order issued, and a child or children have been removed from the home.	Only families active with DCF.	24 days	Klingberg Comprehensive Family Services	16 providers, 456 families	Karl Kemper, Dir., Child Welfare Servs.	\$888,637
<b>Multidisciplinary Team.</b> This service coordinates multidisciplinary investigations involving DCF, the police, medical care providers, mental health providers, victim advocates and the legal system when there is a case involving child sexual or physical abuse.	Children and youths, age birth to 18, who are suspected of being victims of serious physical abuse, sexual abuse or serious neglect.	NA	Danbury Regional Child Advocacy Center	16 providers	Karl Kemper, Dir., Child Welfare Servs.	\$536,088
<b>Parent Aide Programs.</b> This service provides a range of in-home teaching, modeling and support services in order to reduce the risk for abuse and/or neglect and to improve the parent's overall functioning and ability to care for their children.	Some programs serve DCF active families only. Others serve DCF families and families from the community.	17 weeks	Bristol Hospital	25 providers, 1,991 families	Karl Kemper, Dir., Child Welfare Servs.	\$4,204,000
<b>Parent Education and Assessment Service.</b> This service provides home based parenting education and skill building services for families with children ages 8 and younger.	Parents and families referred by DCF with children age 8 years and younger	6 months	McCall Foundation	9 providers, 392 families	Karl Kemper, Dir., Child Welfare Servs.	\$1,007,079
<b>Prison Transportation.</b> This program provides transportation for DCF children so they can visit their mothers in prison. The target population for this program includes children and youth between the ages of two months and 18 years who have mothers and/or guardians incarcerated at York.	Active DCF cases.	NA	Families in Crisis	3 providers, 468 children	Karl Kemper, Dir., Child Welfare Servs.	\$59,683

<b>Substance Abusing Families at Risk (SAFAR).</b> Programs provide assessment, prenatal education, care planning, case management, referral and service linkage for women who are pregnant, and promotes the resilience and optimal development in high risk newborns and their families.	Women who are incarcerated at York, and their newborn infants or pregnant and are released from York prior to delivery; and the designated infant caretakers of newborns whose mothers are incarcerated at York; OR pregnant and parenting women addicted to alcohol, other drugs or a poly-drug abuser over the age of 18, along with any dependent pre-existing children; OR infants from birth to 3 years with prenatal drug exposure and their care givers.	Varies	The Connection	3 providers	Peter Mendelson, Dir. Of Behavior Health	\$466,505
<b>Supervised Visitation.</b> This service provides assessment, supervised visitation, support, and reunification services for families who have a child in out of home care	Families referred by the Meriden DCF Office for reunification	6 months	Catholic Charities of Hartford	1 provider, 576 supervised visits	Karl Kemper, Dir., Child Welfare Servs.	\$46,200
<b>Supportive Housing for Families (SHF).</b> This service provides subsidized housing and intensive case management services to DCF families statewide for whom inadequate housing jeopardizes the safety, permanency, and well being of their children. Intensive case management services are provided to assist individuals to develop and utilize a network of services in the following areas: economic, social, and health. Housing is secured in conjunction with the family and the Department of Social Services, provides a Section VIII Voucher	Families involved with DCF who are at risk for a child being removed from care and where housing issues may be applicable. Families must meet income guidelines established by DSS	2 years	Connection, Inc.	1 provider statewide, 500 families	Peter Mendelson, Dir. Of Behavior Health	\$5,627,911
<b>Juvenile Justice Services: Community-based</b>						
<b>Intensive Home Based Services: Multisystemic Therapy (MST)</b>	Children/youth with delinquent behavior and/or substance abuse problems, living at home or returning home to a primary caregiver.	3-5 months	CSI Connecticut	6 providers, 121 children/youth and their families	Peter Mendelson, Dir. Of Behavior Health	\$4,252,360
<b>Intensive Home Based Services: Multisystemic Therapy-Building Stronger Families (MST-BSF).</b> This service provides intensive family and community based treatment to families that are active cases with DCF due to the physical abuse and/or neglect of a child in the family AND due to the abuse of or dependence upon marijuana and/or cocaine by at least one caregiver in the family.	DCF involved children/youth with delinquent behavior and/or substance abuse problems, living at home or returning to a primary caregiver	6-8 months	NAFI	2 providers, 42 families	Peter Mendelson, Dir. Of Behavior Health	\$ 677,000
<b>Juvenile Case Management Outreach.</b> This program provides community supervision through face to face contact with each youth at the level determined through the ITP process, provides parent advocacy and helps to ensure family participation in programs for children who are reintegrating back into the community, coordinates and facilitates weekly meetings and quarterly workshops for parents to inform them of available resources as well as to empower them to advocate effectively for their child.	Program accepts all referrals (court involved) made by the DCF Bureau of Juvenile services. COMMITTED DELINQUENT ONLY.	Until the end of a youth's commitment.	Family Servs. of Woodfield	5 providers, 342 youths	Leo Arnone, Dir. Juv. Servs.	\$2,838,426
<b>Juvenile Justice Intermediate Evaluation.</b> This service provides a comprehensive and multidisciplinary out patient assessment to assist in treatment planning for children and youth referred by the Superior Court for	The target population consists of children and youth who are referred from the juvenile court districts covered by the provider.	10 days	Natchaug Hospital	3 providers, 300 assessments	Leo Arnone, Dir. Juv. Servs.	\$1,674,811

Juvenile Matters. The unit of service for this program is a 10 day comprehensive and multidisciplinary assessment including full intelligence testing, personality assessment, substance abuse screening, home visit and family assessment and evaluation of educational problems and/or learning disabilities and a report completed within 3 weeks.						
<b>Juvenile Review Board.</b> This service diverts children and youth from the juvenile justice system who are first time misdemeanor or Class D Felony offenders and others under the FWSN statutes. This work is based on the "Balanced and Restorative Justice" (BARJ) model.	Children and youth who are first time misdemeanor or Class D Felony offenders and others under the FWSN statutes.	CBC	New Haven Family Alliance	2 providers, 400 youths	Leo Arnone, Dir. Juv. Servs.	\$400,000
<b>Juvenile Services Education Re-entry Program.</b> This service includes preparing families for their child's return home from the Conn. Juv. Training School (CJTS) or an instate residential treatment facility, supervised home visits when a child is on passes, after hours, and weekend supervision when child permanently placed in the community. The program provides short or long term customized education advocacy and programming based on the student's individual education plan (IEP) and reintegration plan, including educational record reviews, assessments, credit history monitoring of IEP goals and objectives, appropriate course placement. The program provides individualized transitional alternative education programs, parent advocacy, substance abuse/use treatment, competency/life skills training and social skills enhancement/employability development.	The provider accepts all referrals (court involved) made by the DCF Bureau of Juv. Servs. COMMITTED DELINQUENT ONLY. 6-8 months or until the end of Parole	Catholic Charities of Hartford	2 providers, 140 youth	Leo Arnone, Dir. Juv. Servs.	\$1,212,500	
<b>Medical Services</b>						
<b>Foster Care Clinic.</b> This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening for children placed in DCF care for the first time.	DCF involved children and youth in foster care or following first time removal.	Administration of a comprehensive MDE	Northwest Center for Family Service and Mental Health	13 providers, 1,752 children/youth	Karl Kemper, Dir. Child Welfare Servs.	\$923,650
<b>Physical and Sexual Abuse Evaluation.</b> This service provides a child physical and/or sexual abuse evaluations that includes a comprehensive and specialized medical examination, psychosocial assessment and series of interviews with an alleged child victim, family members and potentially the alleged perpetrator in order to determine if physical and/or sexual abuse has occurred.	Children identified by DCF	Time to conduct the evaluation and assessment	St. Francis Medical Center	2 providers, 800 evaluations	Karl Kemper, Dir. Child Welfare Servs.	\$1,007,487
<b>NOTE.</b> The State provides Medicaid coverage for children/youth in out of home care. Meeting the medical needs of these children/youth is evaluated through periodic case reviews, including adherence to EPSDT standards.						
<b>Mental Health Services: Community-based</b>						
<b>Care Coordination.</b> This program provides support services for families aimed at coordinating community-based services for children that have complex behavioral health needs. Services are provided in the home, school and other areas within the community. These programs follow the KidCare	Children 2-18 with serious emotional disturbance. Must be involved with or require multiple services requiring coordination. Generally not available to children with an active DCF caseworker	6 months	Clifford Beers Child Guidance Clinic.	12 providers, approx 1,350 children and their families.	Peter Mendelson, Dir. Behavioral Health and Medicine	\$670,304

philosophy of family centered interventions.	except when the family is transitioning out of departmental care.					
<b>Emergency Mobile Psychiatric Services.</b> This program provides crisis intervention and assessments for children in the community including homes, schools and other locations. Services include: 24 hour phone intervention to do triage; mobile assessment 10-7 daily and 1-7 on weekend; 6 week crisis stabilization services, including referrals to longer term treatment if necessary; and medication evaluation	Any child or family with children living in CT and in need of emergency crisis services.	6 weeks	United Services	12 providers, approx. 6,000 children and their families.	Peter Mendelson, Dir. Behavioral Health and Medicine	\$9,123,662
<b>Enhanced Care coordination.</b> Care coordination for children and youth in residential care transitioning out to community placement.	Children and youth in residential or out of home care and are DCF involved through protective services or Voluntary Services	6 months	Child Guidance Center of Greater Bridgeport	7 providers, approx 432 children and their families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$1,867,600
<b>Extended Day Treatment Programs.</b> This program provides a coordinated array of comprehensive therapeutic services before and/or after school with the focus on treatment and psychosocial rehabilitation activities as appropriate. It is for children who have returned home from out of home care or are at imminent risk of placement due to mental health issues or emotional disturbance.	Children and youth with moderate to severe emotional disturbance in need of intensive care beyond typical out patient services.	6 months	Boys and Girls Village	20 providers, 874 children/youth	Peter Mendelson, Dir. Behavioral Health and Medicine	\$7,086,637
<b>Family Advocacy.</b> Provides support and assistance services to families with children who have behavioral or mental health needs and who are determined to have a serious emotional disturbance through family advocates statewide. These services include: direct family advocacy, system advocacy, education and training, support, technical assistance and consultation. Additionally, the contractor assists in the development of a statewide children's behavioral health family advocacy movement by providing support and technical assistance to grassroots family organizations, individual family members, and provider agencies wishing to become more involved in the family advocacy movement.	Families/care givers in CT who are caring for a child/youth between the ages of birth to 18 with behavioral health care needs and who are experiencing serious difficulties due to the emotional and behavioral problems of their children.	LOS will correspond with the goals developed and involvement will end at or before the ending of Level III Care Coord.	FAVOR	1 provider	Peter Mendelson, Dir. Behavioral Health and Medicine	\$867,300
<b>Intensive Community Family Support Service Program (ICFSS).</b> This program provides community based clinical support services to 12 children and families in the city of Hartford who are either DCF committed or transitioning from residential care to the community. Services are provided by a multidisciplinary team that integrates mental health and substance abuse treatment, medical concerns, and social and education goals to successfully assist adolescents and their families in the recovery process by remaining and thriving in their community setting.	An intensive in home therapeutic intervention for children and youths with serious emotional disturbance and in need of intensive services. Child/youth must reside with a family willing to engage in intensive in home services. Serves children 11-17 and their families.	12 months	Hartford Behavioral Health	1 provider, at least 12 families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$364,886
<b>Intensive Home Based Services: Multisystemic therapy: problem sexual behavior (MST-PSB).</b> This service provides clinical interventions for youths who are returning home from the Conn. Juv. Training School or a residential program that has provided sex offender specific treatment.	DCF involved children/youth with problem sexual behavior, living at home or returning home to a primary caregiver.	6-8 mos.	Wheeler Clinic	1 provider, 14 youths and their families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$307,287
<b>Intensive Home Based Services: Functional Family Therapy (FFT).</b> Utilizing an evidence-based model, this service provides	Children with problems ranging fro mood disorders to conduct disorder.	4 mos.	Child Guidance of Greater	5 providers, 396-492 DCF youths, 143-	Peter Mendelson, Dir.	\$1,508,079

an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out of home care.	Families with limited resources, treatment failure, range of diagnoses, and/or multiple system involvement.		Waterbury	167 parole youths	Behavioral Health and Medicine	
<b>Intensive Home Based Services: IICAPS.</b> This service is a curriculum based treatment model designed to divert children and adolescents from psychiatric hospitalization or to support discharge from in patient levels of care. This is an intensive, home based service designed to address specific psychiatric disorders in the identified child while remediating problematic parenting practices and/or addressing other family challenges that effect the child and family's ability to function.	Children/youth with complex psychiatric disorders	21 weeks	Village for Families and Children	14 providers, 308 slots, serving 640 youth	Peter Mendelson, Dir. Behavioral Health and Medicine	\$912,653
<b>Neighborhood Place.</b> This service provides a range of out patient mental health services to children, youths and their families through an after school and summer vacation drop in program.	Children between the ages of 5 and 14 who attend a New Haven public school or reside in the Fair Haven Neighborhood, and their families	NA	Yale University	1 provider, 66 children and their families	Rudy Brooks, Dir., Prevention and External Affairs	\$106,515
<b>Outpatient Psychiatric Clinics for Children.</b> These programs provide outpatient mental health services for children, youth and families. The target population is all children, youth and families in need of outpatient mental health services. However, priority access is given to DCF involved children and families. DCF and the clinics work together to emphasize a family, school and community focus in the evaluation and treatment of children	Children and youths in Conn. with a diagnosable psychiatric condition who are in need of out patient care.	Varies by provider	Lower Naugatuck Valley Parent Child Resource Center	27 providers	Peter Mendelson, Dir. Behavioral Health and Medicine	\$11,660,685
<b>Respite Care.</b> This program offers temporary care in the home or community to children and adolescents with emotional and/or behavioral special needs in order to provide relief to their caregivers and to prevent family disruption.	DCF and non-DCF children involved in the local System of Care community collaborative	12 weeks	YMCA of Northern Middlesex Cty	7 providers, 368 youth, 255 families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$110,573
<b>System of Care.</b> A coordinate network of community-based servs. and supports that are organized to meet the challenges of children with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals and that address each person's cultural and linguistic needs.	Eligibility is determined by the Care Coordinator Supervisor for Level III kids: SED-DSM diagnosis (or diagnosable condition) more than one service provider involved in the child's life and potential for removal from community because of behavior or condition.	NA	NA	NA	Peter Mendelson, Dir. Behavioral Health and Medicine	
<b>Therapeutic Mentoring.</b> Provides interactional activities promoting behaviors in a one-to-one relationship between a trained mentor and juvenile justice/court involved children with significant mental health issues.	Primarily targeted to children in the local System of Care/ Community Collaborative, but will serve DCF involved youth	6-9 months	United Community and Family Servs	1 provider, 50 youths	Peter Mendelson, Dir. Behavioral Health and Medicine	\$192,288
<b>Preparing for Adult Living Services</b>						
<b>Community Life Skills Program.</b> This program assists adolescents in their transition to adulthood by providing educational and experiential opportunities in the area of daily living skills.	Youths committed to DCF, or were committed, at the time of their 18 <sup>th</sup> birthday and in foster care.	20 weeks	Hall Neighborhood House	13 providers, 218 youths	Brett Rayford, Dir, Adolescent and Transitional Servs.	\$638,189
<b>Work Learn Program.</b> This program follows a comprehensive work/learn model that helps youth access and attain a mix of educational, employment, and personal development opportunities that lead to	Youths committed to DCF, or were committed, at the time of their 18 <sup>th</sup> birthday and CSSD youths on adult probation age 16 to 18.	12 months.	Marrakech	60 slots for DCF and 20 slots for CSSD	Brett Rayford, Dir, Adolescent and Transitional	\$525,000

success.					Servs.	
<b>Youth Employment and Training.</b> Providers use an integrated learning curriculum that combines instruction, worksite experiences that offer hands on training, along with field trips ,job shadowing, and guest lectures in order to build employment skills, and to identify realistic employment goals.	Youths age 13-21 who are currently on parole, recently finished their parole commitment, or are living in foster care.	3 years	Our Piece of the Pie	2 providers, 270 children	Brett Rayford, Dir, Adolescent and Transitional Servs.	\$1,111,704
<b>Substance Abuse Services</b>						
<b>Hartford Youth Project.</b> This program provides community education, early identification and engagement, case management, assessment and referral for substance abuse treatment to youth in Hartford	Youths in Hartford identified as having substance abuse treatment needs	14 months	Advanced Behavioral Health	1 provider, 100 families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$600,000
<b>Intensive Home Based Services: Multi-Dimensional Family Therapy (MDFT)</b> Utilizing a prescribed model, this service provides intensive home based clinical interventions for children with significant behavioral health service needs who are at imminent risk of removal from their home or who are returning home from a residential level of care.	Children ages 11-17 and their families. Children must reside with a family that is willing to engage in intensive in home services and they must have substance abuse needs or be at high risk for substance abuse.	21 weeks	Wheeler Clinic	6 providers, 256 families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$1,972,743
<b>Intensive Home Based Services: Family Based Recovery (FBR).</b> Provides, either in the community or in-home, an intensive service that integrates adult substance abuse treatment with family treatment designed to enhance parenting and parent child attachment.	Infants, toddlers who have been exposed to parental substance abuse in utero and/or environmentally, their parents and siblings.	12-18 mos.	Community Mental Health affiliates	5 providers, 60 families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$1,638,119
<b>Intensive Home Based Service: Family Substance Abuse Treatment Service. (FSATS).</b> Provides an intensive level of in home substance abuse treatment to youth from Hartford that is based upon a model driven by a family recovery plan and involving siblings, caretakers, parents and other salient family members	Children in detention, ages 10-16 where there is evidence of parental substance abuse.	9-11 months	Connecticut Renaissance	5 providers	Peter Mendelson, Dir. Behavioral Health and Medicine	\$859,396
<b>Outpatient Adolescent Substance Abuse Treatment Programs.</b> Provides s/a treatment and evaluation servs for adolescents who are at risk for s/a or are substance abusers, inclusive of nicotine. Services include individual counseling, group therapy and community services.	Adolescents with primary substance abuse disorders in need of outpatient treatment.	12 months.	Mid-Fairfield Child Guidance Clinic.	6 providers, 990 adolescents and their families	Peter Mendelson, Dir. Behavioral Health and Medicine	\$1,387,919
<b>Project SAFE.</b> A statewide program that provides priority access to substance abuse evaluation and, if recommended, out patient treatment services to adult parents/caregivers who are involved in an open DCF care, without regard for ability to pay. Funded by DCF and DMHAS jointly.	Adult parent caregiver. Open DCF case; Referred by DCF SW.	Varies by provider.	Advanced Behavioral Health is the Network Manager, with providers across the state	1 provider, 150 DCF or DMHAS clients	Peter Mendelson, Dir. Behavioral Health and Medicine	\$1,903,839
<b>Out of Home Care Support and Services</b>						
<b>Adoption Assistance Program.</b> Post adoption services to adoptive families in CT is provided by the Adoption Assistance Program (AAP) at the University of CT Health Care Center in Farmington. Based on an employee assistance program, services include: a confidential assessment, brief counseling, and referrals to community providers. It is designed to assist the identification and resolution of an adoptive family's concerns.	Primary clients served are families who have adopted from DCF's legal custody. On a limited basis, additional families may be served ; i.e. those who have assumed guardianship via DCF	N/A	University of Connecticut	1 provider statewide	June Wiehn, Dir, Adoption and Interstate Compacts	\$247,000
<b>Adoption Y2K/Yes to Kids.</b> This program recruits and prepares families statewide who are willing and able to make lifetime	This is a statewide recruitment/licensing program for DCF's special	N/A	Jewish Family Services of New Haven	2 providers, 20 families	June Wiehn, Dir, Adoption and Interstate	\$210,454

commitments to DCF's children who are awaiting adoption. These programs register families with the DCF Adoption Resource Exchange (ARE).	needs children.				Compacts	
<b>Connecticut Association of Foster and Adoptive Parents (CAFAP).</b> This association works collaboratively with DCF to develop, implement, and support programs for foster, adoptive and relative families, including but not limited to: a buddy system; post licensing training; Helpline; a quarterly newsletter; an annual conference; periodic workshops; respite care authorization.	Foster, relative and adoptive parents statewide	n/a	Connecticut Association of Foster and Adoptive Parents	1 provider statewide	Karl Kemper, Director, Child Welfare Services	\$2,002,248
<b>Foster and Adoptive Support Team (FAST).</b> This program provides assessment, behavioral management, support, respite and other therapeutic services to foster and adoptive children, their caretakers and/or parents in order to stabilize a child's living situation and avoid disruption. Services are provided in-home, at the provider agency, and in the community	Foster and adoptive children, their caretakers and/or parents	3 months	Youth United for Survival (Y-US)	5 providers, 614 children/youths	Karl Kemper, Dir, Child Welfare Services	\$1,667,860
<b>Foster Family Support.</b> This program provides supportive services to foster families such as individual/group counseling, case coordination and collaboration and positive youth development activities.	Children from infancy up to age 18 in DCF foster care or relative guardianships and children placed with their grandparents.	N/A	Town of Bloomfield	1 provider, 40 youths	Karl Kemper, Dir., Child Welfare Services	\$47,117
<b>Life Long Family Ties.</b> This service helps DCF achieve permanency for children and youth through the exploration, identification of and expanded connection with all current and past family and community ties. This program also recruits adoptive placements targeted to meet the individual needs of a specific child or youth. All DCF offices are served.	Children who have been in the long term care of DCF, who do not have life connections identified.	12-14 months	Wheeler Clinic	2 providers, 55 children/youths	June Wiehn, Dir, Adoption and Interstate Compacts	\$566,000
<b>Permanency Placement Services Program (PPSP).</b> This program offers permanency placement services for DCF committed children who are considered difficult to place in adoption due to special needs. A written service agreement, mutually developed between DCF and the provider, is made prior to the commencement of services and includes the type(s) of services to be provided and time to be spent on each service. All DCF area offices are served.	Children in the care of DCF who need services to ensure permanency.	NA	Community Residences Inc.	38 Providers, 495 children	June Wiehn, Dir, Adoption and Interstate Compacts	\$1,562,025
<b>Out of Home Care: Congregate Settings</b>						
<b>Connecticut Children's Place.</b> As a facility of the Conn. DCF, CCP provides diagnostics, brief treatment, residential care and educational instruction.	Our target population is youth ages 12-21, DCF involved, who meet the CT BHP level of care criteria for behavioral health residential care.	6-9 months	NA	48 beds	Peter Mendelson, Dir., Behavioral Health and Medicine.	State operated facility
<b>High Meadow's</b> mission is to provide quality diagnostic, evaluation, and treatment for Connecticut's children and youth in a manner that maximizes their ability to acquire the necessary life skills to allow them to function successfully in a community setting. High Meadows operates three cottages: Webster, Stowe and Twain and utilizes a relationship based, trauma informed treatment approach. Treatment includes clinical, education, medical, therapeutic recreation, work experience/life skills and spiritual components.	Adolescent males, ages 12-20, who are developmentally disabled/cognitively limited, or who have significant emotional and behavioral problems.	6-9 months	NA	36 beds	Peter Mendelson, Dir., Behavioral Health and Medicine.	State operated facility.
<b>Permanency diagnostic Center.</b> This is a program that provides immediate, overnight	Children who have experienced multiple	60-90 days	Family and Children's Aid	2 providers, 23 beds, 88	Karl Kemper, Dir. Child	\$2,428,625



care and services to children. This is a no reject/eject program. Services are for children who have experienced multiple placement disruptions, may have experienced abuse of neglect, and may be suffering some degree of trauma and loss due to their circumstances. These children will likely have significant mental health and high risk behavior management needs. These children may also have specialized medical needs.	placements, abuse, neglect or abandonment and are in crisis.			children	Welfare Services	
<b>Residential Treatment Centers.</b> Are 24 hour facilities, licensed by the State, offering integrated therapeutic services, educational services, and activities within the parameters of clinically informed milieu and based on a well defined, individually tailored treatment plan. RTC's frequently serve as a step down from psychiatric hospitalization or may serve as the treatment of choice when a child's behavioral status places him or the community at risk, should services be offered in a less restrictive setting.	Children and adolescents whose psychiatric and behavioral status warrants the structure and supervision afforded by a self contained setting that has the ability to offer all necessary services, including on site educational program, and provide line of sight supervision when necessary.	4-6 months	Klingberg	20 providers.	Lou Ando, Dir, Continuous Quality Improvement	\$78,921,385
<b>Safe Home.</b> This service provides short term care, evaluation and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high risk circumstances.	Primarily children being removed from their homes of origin for the first time as well as sibling groups.	45 days	Community Health Resources	14 providers, 239 beds	Karl Kemper, Dir, Child Welfare Services	\$14,421,520
<b>Short Term Assessment and Respite (STAR).</b> A temporary congregate care program that provides short term care, evaluation and a range of clinical and nursing services to children removed from their homes due to abuse, neglect, or other high risk circumstances or to allow caregivers a respite when working with children with complex and challenging behavioral health needs.	Children and youth in DCF care who require short term of out of home placement.	60 days	Waterford Country School	11 providers, 72 beds	Peter Mendelson, Dir, Behavioral Health and Medicine	\$6,139,331
<b>Short Term Residential Treatment.</b> Provides a short term clinical diagnostic shelter with a highly structured supportive, community-centered and family focused therapeutic milieu for children between the ages of six and eleven.	The target population includes DCF referred Children ages six to eleven who require a short term clinical and diagnostic service.	90 days	Wheeler Clinic	1 provider, 12 beds, 48 children	Peter Mendelson, Dir, Behavioral Health and Medicine	\$1,179,739
<b>Therapeutic Group Home.</b> This service is a therapeutic group home designed for youth with psychiatric/behavioral health presentations (must have an Axis I Diagnosis). These group homes are designed as a residential reduction measure and therefore youth generally come from congregate care programs. All clinical services are provided in these homes.	Ages 5-21, although must be under 18 at referral; must be in school; must have a psychiatric diagnosis. There are a variety of different homes: e.g., although all youth are presumed to have a psychiatric diagnosis and a history of some form of trauma (even the trauma of separation from family), there are subsets of specialty; developmental disorders (e.g., mental retardation or pervasive developmental disorder; problem sexual behavior; age and gender).	Predicated on the time needed to reach treatment goals.	Bridge Family Center	49 providers, 241 beds	Peter Mendelson, Dir, Behavioral Health and Medicine	\$39,748,847
<b>Out of Home Care: family-life settings</b>						
<b>Multidimensional Treatment Foster Care (MTFC).</b> This service is an evidence-based treatment program using family foster care as the setting for youth who have come from a Conn. Detention Center and have been identified by CSSD or DCF as needing out of home treatment and care.	Detention involved children determined to be at imminent risk for residential treatment. COMMITTED DELINQUENT ONLY.	6-9 months	North American Family Institute	1 provider, 20 families	Leo Arnone, Dir., Juv. Services	\$998,460

<p><b>Therapeutic Foster Care.</b> This is a family based treatment program for children and youth. The treatment focus is on emotional behavioral issues that prevent the child/youth from participating fully in family and community life. Treatment is delivered through an integrated constellation of services with key interventions and supports provided by treatment foster parents who are trained, supervised and supported by qualified contractor staff.</p>	<p>Children ages 3-17 who need foster care and clinical interventions due to trauma and who have current thought and behavioral issues.</p>	<p>No limit, LOS is determined by child's need.</p>	<p>New Opportunities, Inc.</p>	<p>23 providers, 659 children/youths</p>	<p>Karl Kemper, Dir., Child Welfare Services</p>	<p>\$29,339,440</p>
<p><b>Treatment Foster Care.</b> This service provides individualized treatment for children, youth and their families within the context of a treatment foster family. Foster parents are trained, supervised and supported by qualified program staff who implement key elements of the treatment plan.</p>	<p>Children and youth at risk of entering or returning from residential treatment or those discharged from hospitals who meet the criteria for a DSM-IV Axis I diagnosis and who have a complex behavioral health disorder</p>	<p>No limit, LOS is determined by child's need</p>	<p>Yale University</p>	<p>7 providers</p>	<p>Karl Kemper, Dir., Child Welfare Services</p>	<p>\$366,465</p>
<p><b>Out of Home Care: independent living</b></p>						
<p><b>Community Housing Assistance Program.</b> Is a semi-supervised, subsidized housing component for youth ready for less supervision and more independence. The goal of this program is to increase competence, self reliance and self sufficiency as youth transition into the least restricted out of home placement within the agency.</p>	<p>DCF committed at the time of placement into the program or at the youth's 18<sup>th</sup> birthday; obtained a high school diploma or a GED; exhibited adequate social, behavioral and life skills, per Adolescent Specialist assessment and case record; signed a Notice at Age of Majority form prior to 18<sup>th</sup> birthday indicating their desire to continue receiving services; successfully completed a DCF approved Life Skills program; and/or be enrolled in good standing in a full time educational or vocational-educational program, including Job Corps or AmeriCorps.</p>	<p>12-18 months</p>	<p>My People's clinical services</p>	<p>No limit, participation depends on the number of youths eligible</p>	<p>Brett Rayford, Dir., Adolescent and Transitional Services</p>	<p>\$7,336,157</p>
<p><b>Preparing Adolescents for Self Sufficiency (PASS).</b> This service is a group home located in a community setting with a structured program that creates a physically, emotionally and psychologically safe environment for adolescents. The focus of this service is to maximize individual outcomes to enable youth to begin to transition toward self sufficiency. These group homes stress education, pre-employment skill development and independent living skills. Youth attend school in the community. Clinical services (e.g. therapy, medication management), if needed, will be accessed through community providers</p>	<p>Adolescents (ages 14-21) with mild to moderate behavioral health needs. The adolescents placed in PASS group homes are either too young, or lack the skills necessary, to move into a transitional living program or independent living program.</p>	<p>Predicated on the time needed to reach treatment goals</p>	<p>Noank Baptist Group Home</p>	<p>12 providers, 102 beds</p>	<p>Brett Rayford, Dir., Adolescent and Transitional Services</p>	<p>\$12,137,194</p>
<p><b>Specialized Community Living</b> is a service combining supported living apartment, intensive supports and clinical services that are individually tailored to the program participants.</p>	<p>The youth served are high risk, high need adolescents aged 16-21 years old and in the custody of DCF</p>	<p>Lengths of stay are individualized and monitored by the area office</p>	<p>Child Guidance Clinic of Waterbury</p>	<p>3 youths</p>	<p>Peter Mendelson, Dir. Behavioral Health and Medicine</p>	<p>\$627,123</p>
<p><b>Supportive Work, Education and Transition Program (SWETP).</b> This service is a community-based, staffed apartment program that serves adolescents age 16 and older, who are committed to DCF. The program focuses primarily on the developmental issues associated with</p>	<p>Youths who are committed to DCF or were committed at the time of their 18<sup>th</sup> birthday. The youth's treatment plan goal cannot be reunification or transfer of guardianship</p>	<p>Determined by the youth's treatment plan and acquisition of measurable goals</p>	<p>Greater Bridgeport Adolescent Program</p>	<p>4 providers, 32 youths</p>	<p>Brett Rayford, Dir., Adolescent and Transitional Services</p>	<p>\$2,760,284</p>

acquisition of independent living skills, including but not limited to: interpersonal awareness; community awareness and engagement; knowledge and management of medical conditions; and maximization of 10 education 2) vocation and 3) community integration.						
<b>Out of Home Care: Juvenile Justice Services</b>						
<b>CJTS</b> is a secure treatment facility for boys' ages 12 to 17 committed as delinquent to DCF. Its mission is to prepare boys committed as delinquent to DCF and placed in a secure facility for successful community re-entry by providing innovative educational, treatment and rehabilitative services.	Boys ages 12 to 17 committed as delinquent to DCF.	5.5 months	NA	154 beds	Leo Arnone, Dir, Juvenile Services	State operated facility
<b>CJTS Community Re-entry Pilot Program.</b> Provides prerelease and post release services for youth at the CJTS including social and life skill building, vocational and career development, psycho-educational programming, including character development and leadership and recreational opportunities. In addition, a Boys and Girls Club will be established on the campus of CJTS.	The target population for this service includes male youth ages 12 – 17 who are being discharged to the community following commitment to CJTS.	8 months	Connecticut Alliance of Boys & Girls Clubs	15 slots, minimum of 20 youths, plus youths involved in club activities on campus	Leo Arnone, Dir., Juv Services	\$425,000
<b>Hospitals</b>						
<b>Crisis Stabilization.</b> This program provides evaluation and assessment, short term residential treatment, and a cluster of services, including clinical support, medication management and aftercare to children and youth	Children and youth 11-17 in crisis and requiring a brief (less than 14 day) period of stabilization outside of their home. Must have been evaluated by Emergency Mobile Psychiatric Services (EMPS) and been determined not to require a higher level of care, be within the area office catchments area served by the program, have a viable discharge or reunification plan at time of admission.	15 days	Children's Center of Hamden	2 providers, 16 beds, approx, 388 children	Peter Mendelson, Dir., Behavioral Health and Medicine	\$1,869,047
<b>Riverview Hospital</b> for children and youth is the only state administered psychiatric hospital for CT's children who are under the age of 18. The hospital provides comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting.	Riverview Hospital admits children and youth who: are under the age of 18, exhibit symptoms consistent with a psychiatric disorder, are unable to be treated in a less restrictive environment, ordered hospitalized for evaluation or restoration to competency by the Superior Court for Juvenile Matters	165 days	NA	84 children	Peter Mendelson, Dir., Behavioral Health and Medicine	State operated facility.
<b>Child Psychiatric In Patient Units</b> are services received in a licensed general psychiatric hospital or state operated psychiatric hospital offering a full range of diagnostic, educational and therapeutic services with capability for emergency implementation of life saving medical and psychiatric intervention. Patient admission into this level of care is the result of a serious or dangerous condition that requires rapid stabilization of psychiatric symptoms.	All children 0-18 who present with a diagnosable behavioral health disorder and who meet medical necessity criteria for an acute psychiatric inpatient admission. Note: Riverview Hospital is considered an intermediate care inpatient psychiatric facility and follows different admission criteria.	LOS varies according to the individual needs of the child.	Hallbrooke Hospital	175 Acute care beds. 4 acute care hospitals serving ages 0-12. 1 Free standing psychiatric hospital serving ages 0-12. 6 Acute care hospitals serving 13-18. 4 free standing psychiatric hospitals serving ages	Psychiatric inpatient units are licensed by DPH. Through the CT Behavioral Health Partnership, all HUSKY A and B children have their inpatient care authorized, tracked and monitored by the	Fee for service



