



The state of Connecticut provides a broad array of clinical and other support services in the community. Children and families can access state-operated or state-funded community services directly or through referrals from providers in the behavioral health system. Many of these services are provided through funding through the Department of Children and Families.

CRISIS INTERVENTION

Mobile Crisis Intervention Services - Mobile Crisis Intervention Services is a mobile, crisis intervention service for children experiencing behavioral health or psychiatric emergencies. Provides in-person mobile response to the child's home, school or location preferred by the family, or in rare situations through a telephonic intervention

Mobile Crisis Intervention Service - Statewide Contact Center - The Statewide Call Center receives calls, provides triage, collects relevant information from the caller to determine what needed and links the caller to the information or services including Mobile Crisis response when needed. The Statewide Call Center operates 24 hours per day, 365 days per year.

Urgent Crisis Center - Provides a full crisis assessment in a safe location for youth experiencing a behavioral health crisis (mental health and/or substance use crisis). UCCs serve (1) youth and young adults ages 0-18 (or up to age 21 if they are in DCF care or still in high school) experiencing a behavioral health crisis via walk-in or police or ambulance drop off; (2) triage youth based on risk and needs; (3) provide de-escalation and crisis stabilization; (4) offer a thorough assessment to determine appropriate care; (5) develop a crisis safety plan collaboratively with the family and any current treater(s); and (6) coordinate care for youth/young adults and families to receive the appropriate care and type of services to meet their needs.

Urgent Crisis Center - Emergency Department - Provides a full crisis assessment in a safe location for youth experiencing a behavioral health crisis (mental health and/or substance use crisis). Services provided to youth ages 0-15 and may use Pediatric Crisis Intervention Unit (PCIU) for youth/young adults with developmental disabilities or mitigating factors ages 16-18 (up to age 21 if they are in DCF care or still in high school). Youth/young adults ages 16-18 (or up to age 21 if they are in DCF care or still in high school) will receive services at Yale New Haven Hospital ED Adult Crisis Intervention Unit.

Sub-Acute Crisis Stabilization - Serves youth/young adults experiencing behavioral health crises and is responsible for de-escalating and stabilizing the youth/young adult, completing a comprehensive diagnostic assessment, developing a treatment plan, providing individual, group and family treatment, providing ongoing observation and stabilization, collaborating with caregivers, schools, primary care physicians and other pertinent treater(s) on a discharge plan, and referring to ongoing care.

CARE COORDINATION

Care Coordination - This service provides high fidelity "Wraparound" an intensive, individualized care planning process for youths with serious or complex needs to maintain youth with the most serious emotional and behavioral problems in their home and community. The Wraparound process and Plan of Care developed are designed to be culturally competent, strengths based and organized around a family's own perceptions of their needs, goals, and vision.

Prevention Care Management Entity - Works with families, local providers, and DCF to ensure access for Connecticut's children and their families to parenting services, behavioral health services and other services that prevent instances of child abuse and neglect. Provides intensive care coordination using a wraparound approach to achieve optimal outcomes for children, youth, and families through comprehensive needs assessments, care management, service referrals, and monitoring of ongoing progress of families.

Intensive Transition Care Management - Designed to facilitate the timely and safe transition of children from acute/subacute levels of care (emergency departments, inpatient hospital, psychiatric residential treatment facilities (PRTFs) back into the community.

Care Management Entity - Serves children and youth, ages 0-18, with serious behavioral or mental health needs who are returning from congregate care or other restrictive treatment settings (emergency departments/in-patient hospitals) or who are at risk of removal from home or their community. The CME provides direct services and administrative functions. At the direct service level, Intensive Care Coordinators (ICCs) and Family Peer Specialists (FPS) use an evidence based wraparound Child and Family Team process to develop a Plan of Care for each child and family. At the administrative level, the CME assists DCF in developing local and regional networks of care.

OUTPATIENT CARE

Outpatient Psychiatric Clinic for Children (Child Guidance Clinics) - These programs provide a range of outpatient mental health services for children, youth and their families. The primary service is individual and family counseling. Services promote mental health and improve functioning in children, youth and families and work with the family to decrease the prevalence of and incidence of mental illness, emotional disturbance and social dysfunction. Depending on need, an appointment may be given that same day, within 3 business days, within 14 calendar days or within 30 calendar days. Services are provided at the clinic site or at a satellite office.

Extended Day Treatment - This service is a site-based, before and/or after school, treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to six months, a comprehensive array of clinical services supplemented with psychosocial rehabilitation activities are provided to the child/youth and his/her parent(s). A treatment plan is developed cooperatively. Transportation is provided by or through the contractor or the Local Education Authority (LEA). Parents and DCF are full partners in all discharge planning.

Outpatient Urban Trauma Network - Provides outpatient mental health services for children and their families. There are three service components: (1) general outpatient mental health treatment for children and their families (2) specific outpatient treatment to a select target population of Black, Indigenous, Latinx, and other minority children and their families and (3) community-based organizational activities to support the treatment and recovery of children who have been exposed to urban and racial trauma.

New Haven Trauma Network - The New Haven Trauma Network is a collaboration led by Clifford Beers Clinic that has four (4) components: Care Coordination, Short term assessment, screening, and direct service for children; Trauma informed training & workforce development. These Four Components will be a trauma-informed collaborative network of care to address adverse childhood experiences (ACE). The network will involve the Greater New Haven community and its focus aims to: a) Create a safer, healthier community for children and families; b) Reducing community violence; c) Reduce school failure and dropout rates; d) Reduce incarceration rates; e) Improving overall health of children and families; and f) Coalition or network infrastructure support.

First Episode Psychosis- FEP provides early identification of a first episode of psychosis for youth and young adults ages 16 to 26, rapid referral to evidence-based services, and engagement in care coordination, which are all essential to preventing the chronic functional deterioration common in psychotic disorders.

Substance Screening, Treatment and Recovery for Youth -SSTRY provides two (2) services to identify, engage in substance use treatment, and recovery support for adolescents and young adults impacted by substance use. The two services are: Screening, Brief Intervention, and Referral to Treatment (SBIRT) - an evidence-based public health approach to identifying risky alcohol and other substance use and when appropriate using motivational interviewing to build a client's readiness to accept a referral to treatment; and community reinforcement Approach (CRA) - Assertive Continuing Care (ACC) is an evidence-based behavioral therapy and recovery support intervention that seeks to use social, recreational, familial, school, or vocational reinforcers and skill training to replace substance use by emphasizing engagement in positive social activity, positive peer relationships, improved family relationships, and case management.

INTENSIVE HOME-BASED SERVICES

Child FIRST Early Childhood Services - This service provides home based assessment, family plan development, parenting education, parent-child therapeutic intervention, and care coordination/case management for high-risk families with children under six years of age to decrease social-emotional and behavioral problems, developmental and learning problems, and abuse and neglect.

Family Based Recovery - This service is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based,

trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child.

Functional Family Therapy- FFT provides intensive clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance or substance abuse, or to assist in their successful return home from an alternative level of care. Length of service averages 4 months per youth served. Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.

Functional Family Therapy - Foster Care - An evidenced based in-home clinical intervention with a relational focus on the family unit for DCF-involved children receiving clinical treatment within a Therapeutic Foster Care setting. In addition to clinical treatment, FFT FC also offers case management services. Interventions focus both on the Birth Families and Foster Families. FFT FC uses the core FFT model; it is completed once with the foster family and with the birth family when the youth is reunified. The service provider and Foster Parents receive initial training on the FFT FC Model, ongoing clinical consultation and booster training for the first three years.

Helping Youth & Parents Enter Recovery - HYPE integrates three (3) evidence-based service components: Multidimensional Family Therapy (MDFT), Medication Assisted Treatment (MAT), and Recovery Management and Support. These components are designed to deliver high quality outcomes-based substance use treatment, ensure access to medication assisted treatment (MAT) when needed and desired during treatment, and provide a period of recovery support services after the substance use treatment component is completed.

Intensive In-Home Child and Adolescent Psychiatric Services- IICAPS provides an intensive in-home family-focused treatment program that helps children and adolescents ages 4- 18 with complex psychological and behavioral needs returning from – or at risk for hospitalization or placement in detention or a residential treatment facility. The program engages all family members in a strong working partnership between the child, the family, the school and community and includes: Home-based individual and family therapy, 24-hour-a-day/7-day-a-week crisis response, reflective parenting and education, school consultation, a comprehensive treatment plan, trauma informed treatment that helps children learn effective coping and problem-solving skills, and connections to ongoing supports in the community.

Multisystemic Therapy- MST is an evidence-based in-home treatment for youth with complex substance use, social, and educational problems. The treatment focuses on supporting parents/caregivers in addressing the youth's behavioral health issues and helping them be successful in managing their child's behavior. Parents/caregivers are active participants in every stage of treatment process. Most sessions are done with the family in their home. MST also offers individual therapy sessions with youth to assist the family in the therapy process. Drug tests occur at the evaluation and randomly throughout treatment. 24-hour emergency and crisis intervention services to children and/or youth and their families is available by phone or pager.



Multisystemic Therapy - Building Stronger Families - This service, using a national evidence-based treatment model, 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. Core services include clinical services, empowerment and family support services, medication management, crisis intervention, case management and aftercare. Average length of service is 6 - 8 months per family.

Multisystemic Therapy - Emerging Adults - This service was designed for young people aged 17-21 at the highest risk for negative outcomes – those with multiple co-occurring problems and extensive systems involvement. The Connecticut MST-EA program serves youth between their 17th and 21st birthdays who (1) are aging out of foster care or involved in the child welfare system and (2) have a behavioral health condition(s) (i.e., serious mental health and/or substance use disorders).

Multisystemic Therapy: Intimate Partner Violence - This service, based upon an evidence-based treatment model, provides intensive family and community-based treatment to families that have active cases with the Department of Children and Families (DCF) due to the physical abuse and/or neglect of a child in the family and due to the impact of intimate partner violence within the family.

Multisystemic Therapy - Problem Sexual Behavior - This service provides clinical interventions for youth returning home from a residential treatment program after having been identified as being sexually abusive or displaying sexually reactive and/or sexually aggressive behaviors and who have been assessed to need sexual offender specific treatment. The service is based on the MST team model, an evidence based clinical model with an established curriculum, training component and philosophy of delivering care. The average length of service is 6-8 months per youth / family. All clients referred receive a comprehensive evaluation resulting in a diagnosis and individualized treatment plan.

Multidimensional Family Therapy- MDFT provides intensive home-based clinical interventions for children, ages 11 - 18, 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. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the stability of the child in the home or the return of the child to the home. Staff work a flexible schedule, adhering to the needs of the family. Average length of service is 3 - 5 months per family.

SAFE Family Recovery - SAFE Family Recovery provides three evidence-based approaches to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use. The three services are Screening, Brief Intervention, and Referral to Treatment (SBIRT), Multidimensional Family Recovery (MDFR), and Recovery Management Check-ups and Support (RMCS).

THERAPEUTIC CHILDCARE

Therapeutic Child Care - A licensed center-based facility, designed for children ages 2 years and 9 months up to kindergarten who have behavioral health and/or developmental needs. Twelve (12) children are served at an Intensive level (Level 1) in the facility where they will be given interventions



based upon on-going assessments that will prepare them to function in regular childcare settings. Eighteen (18) of the children (Level 2) will be supported in regular childcare setting until they no longer require additional supports.

Therapeutic Child Care: Trauma Informed - This service offers a range of support services for children ages birth to 8 years old in their childcare facility, including parent-child programs and an afterschool program. The primary activity is the teaching of parenting skills as parents participate with their child in the childcare setting.

RESIDENTIAL AND RESPITE TREATMENT

Residential Treatment Center - A congregate model of care that provides a diverse array of integrated behavioral and mental health treatment and rehabilitative support services for youth who have significant and complex emotional and behavioral disorders and their families/caregivers, in partnership with DCF and the broader system of care. The services provided will meet the individualized needs of each youth and family and will be delivered through a structured, intensive, therapeutic environment.

Short Term Assessment and Respite Home - This service is 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. Staff provide empathic, professional child-care, and develop and maintain a routine of daily activities similar to a nurturing family structure. The children and youth receive assessment services, significant levels of structure and support, and care coordination related to family reunification, or matching with a foster family or a congregate care setting, as appropriate

Therapeutic Group Home - This service is a small (4-6 bed) staffed home within a local community designed for youth with a diagnosed psychiatric/behavioral issue(s). Youth entering these homes come primarily from larger residential facilities. Therapeutic techniques/strategies are used with the child/family, primarily through group and group-based experiences to assist the youth in improving relationships at school, work and/or community settings. Appropriate linkages with alternative or transition services are in place prior to a youth's discharge.

PARENTING/CAREGIVER SUPPORTS

Adopt A Social Worker - This statewide, faith-based outreach service links an "adopted" DCF Social Worker with a faith-based or other "covenant organization" to assist with meeting the basic material needs of DCF involved families (those with protective service Social Workers as well as foster, adoptive and kinship care families). Meeting the needs of children with, for example, beds, cribs, clothing and household furnishings, will help achieve stabilization of families and permanency for the children.

Community Support for Families - This service will engage families who have received a Family Assessment Response from the DCF and connects them to concrete, traditional and non-traditional resources and services in their community. This inclusive approach and partnership, places the family in



the lead role of its own service delivery. The service provider assists the family in developing solutions, identify community resources and supports based on need and help promote permanent connections for the family with an array of supports and resources within their community.

Caregiver Support Team - Kinship Navigation - ConnectiKIN (C-KIN) program is an innovative statewide Kinship Navigator Program that partners with kinship caregivers to provide the connections, supports, and resources needed to raise resilient children who thrive. C-KIN also aims to provide opportunities for community outreach, connections, and collaboration so that equitable and consistent support is provided to build the confidence, connections, and self-reliance of kinship families.

Family Support - This service provides coordination and facilitation of five parent support groups with goals of peer support, information on appropriate parenting skills, and education on the development of effective coping strategies. The five groups consist of (1) the CT Chapter of the National Alliance for the Mentally ILL, (2) a support group for mothers who have experienced a sexual assault in their pre-parenting years, (3) a parent education group, "Parents Night Out", (4) a parent /child play group for parents with children age birth to three years old that includes an "in home" education component, and (5) a Gamblers Anonymous support group.

Fatherhood Engagement Services - This service provides intensive outreach, case management services and 24/7 Dad© group programming to fathers involved with an open DCF case, as such services and service frequency are defined herein. The purpose of this program is to enhance the level of involvement of fathers in their DCF case planning, provision of services and positive parenting. Case management services will help to mitigate barriers to more effective engagement through assessment of needs, advocacy and linkage to supports and services, while group 24/7 Dad© services will teach skills and characteristics to strengthen the father's parenting relationship.

Fatherhood Engagement Services - Incarcerated - Fatherhood Engagement Services- CTDOC Team is a collaboration between the Department of Correction (CTDOC) and DCF. This program provides intensive outreach, support, advocacy and linkage to community-based Fatherhood Engagement Services (FES) to incarcerated fathers with an open DCF case. The purpose of the program is to strengthen the father's parenting skills and relationship with his children as well as to enhance the level of involvement of incarcerated fathers with DCF.

Foster Care and Adoptive Family Support Groups - This service provides support group meetings with childcare provided for foster care and adoptive families as a means to aid in the retention of foster homes and placement stability within foster and adoptive family settings.

Foster and Adoptive Parent Support Services - This service provides a range of recruitment, retention, support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address needs, encourage ongoing education and skill development, and promote safe and stable home settings for foster children. This service also increases the pool of foster and adoptive families who are available to serve children in the care of the Department of Children and Families.

Foster Family Support - This service provides a variety of support services to children in DCF care who are living with foster and relative families in Bloomfield. The support services include, but are not



limited to: individual, group and / or family counseling; crisis intervention, social skills development; educational activities; after school and weekend activities.

Foster Parent Support for Medically Complex - This service, largely through the organization of a group of volunteers, provides foster care recruitment, respite and support focused on maintaining and growing the number of foster and adoptive parents who work with medically complex children in the Waterbury and Torrington area office towns. There is a childcare/activity component to the program and a limited amount of money is available for participating foster parents. There are two yearly celebrations, a holiday party and annual picnic.

Intensive Family Preservation - This service provides a short-term, intensive, in-home service designed to intervene quickly to reduce the risk of out of home placement and or abuse and/or neglect. Services are provided to families 24 hours per day, seven days a week with a minimum of 2 home visits per week including a minimum of 5 hours of face-to-face contact per week for up to 12 weeks. Staff work a flexible schedule, adhering to the needs of the family. An assessment tool is used to develop a treatment plan. As needed families are linked to other therapeutic interventions and assisted with basic housing, education and employment needs including making connections with non-traditional community supports and services.

Intimate Partner Violence -Family Assessment Intervention Response (IPV-FAIR) - This service provides a supportive service array of assessments, interventions and linkages to services to address the needs of families impacted by intimate partner violence. The service will respond to both caregivers and the children. Safety planning will be at the center of the service provision.

Parenting Support Services - This is a service for families with children 0-18 years-of-age to support and enhance positive family functioning. Families receive one or more of the PSS interventions along with case management services using the Wraparound philosophy and process. PSS offers the evidenced-based model, Triple P (Positive Parenting Program®) and the Circle of Security Parenting© intervention. Triple P helps parents become resourceful problem solvers and be able to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Circle of Security Parenting (COS) is designed to build, support, and strengthen parents' relationship capabilities so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. If needed, families may receive more than one PSS intervention.

Permanency Placement Services Program (PPSP) - This is a permanency placement service for DCF committed children who are considered difficult to place in adoption due to special needs. Services include: completion of documents to legally free a child for adoption through Juvenile Court; recruitment, screening, home studies and evaluations; pre and post adoption placement planning and finalization services and reunification services with biological parents. 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 service(s) to be provided and time to be spent on each service.

Quality Parenting Centers (QPC) - This service provides a on-site supervised parent/child visitation program (Family Time) designed to provide a safe and comfortable place for parents to interact with



their children. The contracting agency utilizes coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent/child relationship.

Reunification and Therapeutic Family Time Services - This service engages, supports and intervenes with parents whose children are placed in out-of-home care by offering a menu of services designed to promote and effect successful reunification, strengthen parent/child relationships and attachments, and reduce the risk for further abuse and neglect. Three service types are used in combination with one another or may be referred for as individual components based on the needs of the family. The three service types are: 1) Reunification Readiness, 2) Reunification Services and 3) Therapeutic Family Time.

Statewide Family Organization - The Statewide Family Organization is responsible for the delivery of various services categories to support families who have children with serious behavioral or mental health needs. At the direct service level, "Family Advocates" provide support, both brief and long term, to parents and caregivers using wraparound and a peer support and assistance framework. At the regional level, "Family System Managers" are responsible for developing linkages between local community groups and identifying and supporting informal support and service networks for families.

Supportive Housing for Families - 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 (DSS) provides a Section VIII voucher. Priority access is determined by the chronological order of referrals.

ZERO TO THREE Safe Babies Project - This service provides for the coordination of services to parents and children younger than 36 months to help speed reunification or another permanency goal when the children have been placed by court order outside of their homes for the first time.

YOUTH SUPPORTS

Adolescent College Mentoring - This program is designed to improve educational equity and college graduation rates for youth who have experienced the foster care system. This service offers youth an array of services to support their post-secondary educational, career and social-emotional goals. Services are based on a four-domain framework that includes: academic mentoring, career development, advocacy and alumni networking supports.

Career Enhancement Training - This service is designed to develop job-related learning opportunities in collaboration with the Touchstone School staff and faculty. This learning complements the formal academic program about career skills. Career enhancement training focuses on areas such as customer service, office support, personal finance, computer-aided design, manufacturing principles, allied health opportunities and career skills.

Education Training Voucher Program - This is a statewide service for the purpose of distributing funds provided through the Supporting Foster Youth and Families through the Pandemic Act (Division X of P.L.

116-260). This Act provides Education Training Voucher (ETV) funding to assist youth who had been on track to attend or were attending post-secondary institutions or programs but had their education interrupted due to the COVID-19 pandemic. The funding is to be used to support and engage youth to explore when and how they can reconnect to their educational goals. Additionally, funding may also be used for expenses that are not part of the cost of school attendance, such as laptops or other technology necessary for virtual education; earbuds/earphones; desks; chairs; supplies; and tools for internet access.

Juvenile Review Board - This service creates community based Juvenile Review Boards, i.e., panels of community volunteers, who recommend services that are then implemented in order to divert, from the juvenile justice system. The service builds relationships among community service providers and interested adults and empowering them to take responsibility for the well-being of the youth of the community. Referrals come from schools and police.

Juvenile Review Board Support and Enhancement - This service provides funding to local Juvenile Review Board's to create, support and enhance services delivered to youth served by the Juvenile Review Board (JRB). Conducts a needs assessment of every existing JRB in the regional catchment area and determine if each JRB meets the criteria outlined in the target population to request support and enhancement funding. The specific support and enhancements needed may vary based on the number of JRB's, existing case managers and community partnerships in a particular locality.

START Program for Youth and Young Adults - Provides an array of services for youth ages 16-24 who are homeless or at-risk of homelessness. Services will include outreach and survival supports for homeless youth or youth who have unstable housing as well as provide housing for youth for up to two years with intensive case management support.

Supported Independent Living (SIL) - This service is a community-based stand alone, 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 the acquisition of independent living skills, such as inter-personal awareness; community awareness and engagement; knowledge and management of medical conditions; and maximization of: 1) education, 2) vocation, and 3) community integration. There is 24/7 on-site supervision. Activities involving resident youth are supervised and managed at a level consistent with the nature of the activity and the individual needs of the involved youth.

Survivor Care: is an intensive community-based program designed to help youth and their families/caregivers understand, respond to, and recover from the impact of human trafficking/commercial sexual exploitation (HT/CSE) victimization. This program provides Long-Term Therapeutic Case Management services including but not limited to information and referral services, crisis intervention and safety planning, individual counseling, and advocacy and accompaniment to medical, law enforcement, court, and academic appointments. The program also offers Rapid Responses which are one-time interventions that provide children and caretakers with information, safety planning, and referral services related to HT/CSE.

Transitional Supports for Emerging Adults - This service assists Emerging Adults ("EA" or "young adult") with securing suitable and stable housing, completing vocational and/or educational programs,



obtaining sustainable employment, developing and maintaining loving, supportive, and permanent adult relationships, and developing the necessary life skills to successfully transition from DCF services. The Youth Villages Lifeset program utilizes evidence-based practices (EBPs) and best-practice interventions to support high-risk young people in their transition to adulthood.

Wendy's Wonderful Kids - This service is an evidence-based, child-focused model that has demonstrated positive outcomes regarding adoptions of DCF children in the following specialized groups: older children, children with specialized needs, and sibling groups.

Work / Learn Youth Program - This is a youth educational/vocational program providing supportive services to assist youth, ages 14 - 23, to successfully transition into adulthood. The program provides training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Youth also have the opportunity to take part in on site, youth run businesses.

Youth Empowerment - This multi -service program will engage non DCF involved at risk youth in the greater Bridgeport area in a wide array of services, supports, trainings, and recreational activities for youth. The target population for this program are at risk, low-income youth ages 13-18 living in the greater Bridgeport area.

Youth Link Mentoring - Youth Link Mentoring is defined as a supportive long-term relationship with a caring adult who has attributes and qualities in common with LGBTQIA+ adolescents which may include gender identity, gender expression, race, and ethnicity.

CONSULTATION SERVICES

Child Abuse Centers of Excellence – Using a Multidisciplinary Team approach, this service provides an array of expert medical services to children who are suspected of being victims of abuse or neglect and to their families by acting as expert consultants to the Department of Children and Families staff to help ensure the safety and well-being of children. Included in medical services is consultation to DCF regarding child sexual abuse and physical abuse evaluations, which may include comprehensive and specialized medical examinations.

Child First Consultation and Evaluation - This service ensures provider fidelity to the Child First model which provides home-based assessment and parent-child therapeutic interventions for high-risk families with children under six years of age. To that end, the service delivers training, provides reflective clinical consultation, analyzes data, provides technical assistance, ensures continuous quality improvement, and certifies sites that have met Child First model standards.

Connecticut Access Mental Health- a consultative pediatric psychiatry service to be made available to all pediatric and family physician primary care provider practices (“PCPPs”) treating children, youth, and young adults, including individuals up to their 22nd birthday irrespective of insurance coverage. The program is designed to increase the competencies of Primary Care Providers to identify and treat behavioral health disorders in children and adolescents and to increase their knowledge/awareness of local resources designed to serve the needs of children and youth with these disorders.



Family-Based Recovery Services - Quality Assurance - This service will provide program development, training, clinical and programmatic consultation to providers of Family-Based Recovery (FBR), thus ensuring that the providers integrate the standards and practices consistent with FBR model requirements and FBR quality improvement programming.

Fetal Alcohol Spectrum Disorder (FASD) and Substance Exposed Infants (SEI) Statewide Coordination - This position oversee the implementation of a statewide plan for infants affected by substance exposure.

Intensive In-Home Child and Adolescent Psychiatric Services IICAPS - (Consultation and Evaluation) - This service provides program development, training, consultation, and clinical quality assurance for all Department of Children and Families (DCF) approved Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS) service providers. The IICAPS statewide providers work with children and youth who have returned or are returning home from out-of-home care and who require a less intensive level of treatment or are at imminent risk of placement due to mental health issues or emotional disturbances.

Mental Health Consultation to Childcare - This service promotes and facilitates the early identification of behavioral challenges and mental health needs in children who participate in daycare and early childhood education settings. Once needs are identified, strategies which prevent children from disrupting from their homes and day care settings are implemented. Families are given opportunities to partner as active participants at multiple levels, including: home visits, center-based planning, child specific intervention strategies and collaborative planning and implementing strategies and activities within the classroom.

Multidimensional Family Therapy (MDFT) Quality Assurance - Provides program development, training, clinical and programmatic consultation to providers of Multidimensional Family Therapy (MDFT), Helping Youth and Parents Engage in Recovery (HYPER Recovery), and Multidimensional Family Recovery (MDFR) programs. This service ensures that providers integrate the standards and practices consistent with requirements and quality improvement programming to ensure fidelity to the model that will result in improved outcomes for the families' served.

Multisystemic Therapy: Consultation and Evaluation - This service provides for clinical consultation to State-wide Court Support Services Division (CSSD) and DCF funded Multi-systemic Therapy (MST) providers to integrate the standards and practices consistent with MST Network Partnership requirements and MST quality improvement programming. In addition, the service provides training in the theory and application of MST for clinicians, supervisors, administrators, policy makers employed by DCF, CSSD and their contracted MST providers.

Performance Improvement Center - Supports and sustains the delivery of high-quality Emergency Mobile Psychiatric Services (MOBILE CRISIS) and, to a lesser degree, supports Care Coordination (CC) and the Community Support for Families program providers throughout the state of Connecticut by directing and implementing quality improvement activities and standardized training to MOBILE CRISIS, Community Support for Families program providers and Care Coordination contractors. Quality Improvement activities include the collection, analysis, and reporting of quality improvement data



provided by the MOBILE CRISIS Call Center (211) and MOBILE CRISIS contractors (and sub-contractors). Monitoring and supporting MOBILE CRISIS quality is provided by a combination of consultation, satisfaction surveys, fidelity ratings, and other activities. Training and workforce development activities for Community Support for Families program providers, Care Coordination and MOBILE CRISIS include the provision of pre-service, in-service and special topic training in the core competencies necessary to operate a quality service. Additionally, the PIC will assist the Department in facilitating no more than four operational workgroups to support the implementation of the 2014 Children's Behavioral Health Implementation Advisory Board.

OTHER:

Enhanced Care Clinics (ECC's) are specifically designated Connecticut based mental health and substance use clinics that serve adults/or children. They provide routine outpatient services such as individual therapy, group therapy, family therapy, medication management, coordination of care with primary care physicians, and other special services for the Connecticut Behavioral Health Partnership (CT BHP). The overall goal of the Enhanced Care Clinics initiative is to provide adults and children who are seeking behavioral health services and supports with improved timeliness of access to behavioral health care as well as improved quality of care.

Connecticut's School-Based Health Centers (SBHCs) are comprehensive primary health care facilities licensed as outpatient clinics or as hospital satellites. The SBHCs are located within or on school grounds and serve students in grades pre-K-12. Multi-disciplinary teams of pediatric and adolescent health specialists staff the health centers, including nurse practitioners, physician assistants, social workers, physicians and in some cases, dentists and dental hygienists. To see if your school has one: [CASBHC's Mapping Tool \(mapme.com\)](#)