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 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 is 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 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.

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

Brief Strategic Family Therapy-Brief Strategic Family Therapy (BSFT) is an evidence-based practice that treats externalizing (e.g. substance abuse, acting-out, truancy, bullying) and internalizing (e.g. depression, anxiety) symptomatology in youth aged 6-18 years. BSFT emphasizes behavioral change through the family ecology and uses interventions to promote family cohesion and the capacity to intervene positively with the youth.

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 available 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.

Parenting Child Interaction Therapy - Parent Child Interaction Therapy (PCIT) service is an evidence-based service that utilizes dyadic therapy that is conducted through "coaching" sessions where a therapist monitors parent and child interactions and communicates with the parent to build caregiver skills to manage the child's behavior. PCIT therapy is implemented in two phases: 1) the Child-Directed Interaction Phase (CDI) where parents develop child-centered interaction skills to enhance the parent-child relationship; and (2) the Parent-Directed Interaction Phase (PDI) where caregivers learn additional behavior management skills. The target population for this service is any family with a child or children between the ages of 2-7 years with emotional or behavioral issues and their parents and caregivers residing in the State of Connecticut.

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 and 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.

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 a 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 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.

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 of 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 are 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 have 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 ages 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 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.

Multisystemic Therapy -Substance Use - MST-SU is for youth ages 12-18 (and their parent/caregivers) who have a diagnosis related to disruptive, acting out, substance use, and/or delinquent behaviors and present with a substance use behavior. The model uses Contingency Management (CM), an evidence-based intervention which involves receiving incentives for target behaviors. CM has been shown effective in the treatment of substance use disorders (SUD) to assist with treatment retention, participating in recovery activities, increasing medication compliance and promoting abstinence from drugs and alcohol. Toxicology testing occurs at the evaluation and at each treatment session.

Multidimensional Family Therapy- MDFT provides intensive home-based clinical interventions for children, ages 9 - 21, 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 and interventions, and referral to 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 assessment 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 the additional supports.

Therapeutic Child Care: **Trauma Informed** - This service offers a range of support services for children ages birth to 8 years 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.

Therapeutic Group Home - This service is a small (4-6 bed) staffed home within a local community designed for youth with diagnosed psychiatric/behavioral concern. 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 engages families who have received a Family Assessment Response from the DCF to connect 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 services. The service provider assists the family in developing solutions, identifying community resources and developing permanent connections 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 to 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.

Re-entry Fatherhood Engagement Services- This program 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 in order 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.

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 are 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. The 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 an 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 used 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 Peer Specialists" 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.

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 education, career and social-emotional goals. Services

are based on a four-domain framework that includes: academic mentoring, career development, advocacy and alumni networking supports.

Education & Training Voucher (ETV) Funds – Chafee grant funding provides financial assistance to help youth transition from foster care into adulthood. Funding is for former foster youth, current foster youth, between the ages of 16-26 who are enrolled in an accredited college, trade school or other post-secondary education program.

The Launch Program - The Launch Program is a community-driven initiative aimed at aiding young adults in their journey to independence by utilizing the Casey Life Skill Assessments (CLSA) in conjunction with targeted skill-building interventions. This program focuses on improving vocational and educational outcomes while fostering supportive relationships, allowing participants to create personalized plans that reflect their unique needs and aspirations. Life Skill Specialists employ evidence-based strategies like Motivational Interviewing to help participants set realistic goals and identify pathways in key areas such as money management, job-seeking skills, and substance abuse prevention. By emphasizing trust, assisting with documentation, job applications, and career exploration, the Launch Program is dedicated to empowering young adults with the essential skills and resources necessary for a successful transition into adulthood. Individuals interested in services must be 14-17 years old and have active involvement with DCF.

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 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.

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 Diversion Teams - This service creates community- based Youth Diversion teams, i.e., panels of community volunteers, who recommend services that are then implemented to divert youth 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 in the community. Referrals come from schools and police.

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 SUD Peer Support Specialists- Young Person Peer Support (YPPS) is a program providing peer support services for any young person with substance use concerns or substance use disorders (SUD) and who may have co-occurring mental health and/or physical health conditions. Services are provided at the young person's home and/or in the community and include weekly face-to-face connections. Evening and weekend hours are available to meet the needs of the young person. After hours emergency plans will be arranged on an individualized basis. YPPS is for individuals ages 14-17 years old with substance use concerns or substance use disorders (SUD) and who may have co-occurring mental health and/or physical health conditions.

Youth Recovery CT - This peer-based organization in Connecticut is dedicated to supporting individuals (ages 16 to 30) who are navigating substance use and emotional challenges. They offer both online and in-person peer support meetings, as well as social events in safe, sober environments, fostering a sense of community and mutual support among participants. Additionally, Youth Recovery CT provides resources for family members, adults, and professionals, including crisis hotlines, substance information, and naloxone education. The organization utilizes the SMART Recovery program- a skills-based approach informed by Cognitive Behavioral Therapy (CBT), Rational Emotive Behavior Therapy (REBT), and Motivational Interviewing. The SMART Recovery 4-Point Program focuses on building and maintaining motivation, coping with urges, managing thoughts, feelings, and behaviors, and leading a balanced life. Free, local, and confidential SMART Recovery Family and Friends groups offer both information and skill-building for families impacted by substance use or other problematic behaviors.

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.

Substance Exposed Pregnancy Initiative CT - **SEPI-CT** partners with providers, community agencies, and families across Connecticut to raise awareness about substance exposure during pregnancy and to ensure families have access to the treatment, recovery, and support resources they need while working to improve the health and well-being of infants born substance-exposed. Visit: https://www.sepict.org/

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 are developed and implemented to prevent children from disrupting behaviors in their homes and day care settings. 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.

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 (CTBHP). 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)