

CT Contracted Service Array

Program	Descriptor	Target Population	Geographic Coverage	Agency Information
Adolescent Community Reinforcement Approach- Assertive Continuing Care (ACRA-ACC)	ACRA-ACC is an evidence-based adolescent substance use treatment model which uses social, recreational, familial, school or vocational reinforces, and skill training so that non-substance using behaviors are rewarded and can replace substance use behavior. It is delivered in a clinic, community, or home based setting.	Adolescents between the ages of 12-17 years, who meet both of the following admission criteria: <ul style="list-style-type: none"> o has an identified substance use issue o meets the American Society of Addiction Medicine (ASAM) criteria for an Outpatient level of care. Eighteen (18) year olds may be admitted if they meet the exceptions criteria of living at home with their parents and/or caregivers, in addition to meeting the admission criteria above.	Region Wide	Community Health Resources www.chrhealth.org 1-877-884-3571
Care Coordination	Care Coordinators provide high fidelity "Wraparound" through the use of the Child and Family Team process. Wraparound is defined as an intensive, individualized care planning and management process for youths with serious or complex needs and is a means for maintaining youth with the most serious emotional and behavioral problems in their home and community. The Wraparound process and the written Plan of Care it develops are designed to be culturally competent, strengths based and organized around family members' own perceptions of their needs, goals, and vision.	The target population for both Care Coordination and Respite Care are children and youth, ages birth through 18, (including any child enrolled in HUSKY Part A and Part B) who: have complex behavioral health needs, who display serious emotional and behavioral disturbances and require an intensive coordination of multiple services to meet those needs and who are at risk to be, or have already been, separated from their family and/or community (i.e. residential or hospital level care) for the primary purpose of receiving mental health or behavioral health related services. Children involved in DCF protective or voluntary services are ineligible for care coordination and respite care services except when a child and family is being referred as the family transitions from receiving child protective services at DCF to a closed case and is referred for community services as a follow-up.	Region Wide	<p style="text-align: center;">Willimantic: Community Health Resources www.chrhealth.org 1-877-884-3571</p> <p style="text-align: center;">*****</p> <p style="text-align: center;">Norwich: UCFS www.ucfs.org 1-860-892-7042</p> <p style="text-align: center;">*****</p> <p style="text-align: center;">Middletown: Rushford www.rushford.org 1.877.577.3233</p>
Caregiver Support Teams (CST)	An in-home clinical service designed to provide immediate support to kinship families who have a child placed in their care. The goal of this service is to prevent disruption of placements and increase family stability and permanency.	The primary identified population is children ages 0-18 who are placed in kinship foster care. If capacity allows, children involved in all types of DCF foster and pre-adoptive care may be served. Exceptions may be made for older adolescents through age 21.	Region Wide	UCFS www.ucfs.org 1-860-892-7042
Community Support for Families	This service will engage families who have received a Family Assessment Response from the Department and 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 service delivery. The role of the Contractor is to assist the family in developing solutions, identify community resources and supports based on need and help promote permanent connections for the family with an array	The target population is families with children ages birth through 17 referred by DCF Area Offices to the Contractor based on the following criteria: <ol style="list-style-type: none"> a. the family is receiving a Family Assessment Response; b. DCF believes that the family would benefit from community support; c. The family has multiple needs and is willing to receive services from the Contractor; and d. Probate Court involved families where appropriate 	Region Wide	Community Health Resources www.chrhealth.org 1-877-884-3571

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	<p>of supports and resources within their community. The Contractor will work with families <u>utilizing components of a Wraparound Family Team Model</u> approach whereby all services and support provided to families are family-driven, strength-based, culturally and linguistically responsive, and delivered at a time and place convenient to the family. Families are seen as equal partners with expertise in the care of their children.</p> <p>The Contractor will provide an array of services and supports to the family based on their individual needs that builds upon the Strengthening Families protective factors framework.</p>			
Extended Day Treatment (EDT)	<p>Extended Day Treatment (EDT) is a site-based behavioral health treatment and support service for children 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.</p>	Children ages 5-17	Region Wide	<p>Norwich & Willimantic: Natchaug Hospital https://natchaug.org</p> <p>Middletown: Village for Families and Children https://thevillage.org</p> <p>Wheeler Clinic https://wheelerclinic.org</p>
Family Based Recovery (FBR)	<p>FBR 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 misuse. Interventions include an evidence-based substance use treatment (Reinforcement Based Therapy) with a preferred practice to enhance parenting and parent-child attachment, and case management.</p>	<p>FBR provides treatment to an index parent(s) (who has an alcohol and/or drug problem) and the index child (who is aged birth – 36 months) whose family meets the following admission criteria:</p> <ul style="list-style-type: none"> • Parent(s) report substance use within the last 30 days; • The parent’s drug use should meet criteria for substance use disorder; • The index child is from birth to 36 months old, resides in the parent’s home, or is placed outside the home with a plan for imminent reunification (within 30 days); • The parent is not involved in another treatment program or is willing to discharge from that program to enter FBR; • The family is willing to have FBR provide treatment in their home; • The parent has the cognitive capacity to utilize the FBR tools, but does <u>not</u> need to know how to read. • A parent with a current diagnosis of Schizophrenia Spectrum and Other Psychotic Disorder needs to be stabilized on medications prior to referral. 	Region Wide	<p>Community Health Resources www.chrhealth.org 1-877-884-3571</p> <p>UCFS www.ucfs.org 1-860-892-7042</p> <p>.....</p>

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<p>Functional Family Therapy (FFT)</p>	<p>Functional Family Therapy (FFT) is an evidence-based short-term, in-home, trauma informed treatment intervention for families with youth ages 11 through 18 who experience behavioral health issues. FFT is available for both DCF involved and non DCF involved youth. Functional Family Therapy Teams offer in-home intensive clinical services and support to children and youth who are at risk of requiring out-of-home care due to psychiatric, emotional, or behavioral difficulties; and to children and youth returning to their home from out-of-home care.</p>	<p>DCF and Non-DCF families with youth ages 11 through 18 who experience behavioral health issues.</p>	<p>Region Wide</p>	<p>Willimantic: Community Health Resources www.chrhealth.org 1-877-884-3571</p> <p>.....</p> <p>Norwich & Middletown: Child and Family Agency of Southeastern CT, Inc. www.childandfamilyagency.org</p>
<p>Intensive Care Coordination</p>	<p>The Intensive Care Coordination program works with families and youth in their home and community. The program engages with families of youth (up to the age of 18) who have complex behavioral and/or mental health challenges, especially children that are:</p> <ul style="list-style-type: none"> • In congregate care settings and need discharge planning support • At risk of out of home placement • Frequently in need of emergency services and psychiatric inpatient care • In need of being connected to sustainable care to maintain in their home and community Environments. <p>The goal of the ICC program is to support families in keeping children in their natural settings. The program assists families to develop and coordinate their own care using the Wraparound Practice Model - a family- driven, strength based approach. Families who are referred will:</p> <ul style="list-style-type: none"> • Meet with the ICC staff weekly at the family’s home or in the community • Receive intensive care coordination through a team approach process that consists of the Intensive Care Coordinator and a Family Peer Support Specialist • Have needs identified through screening and assessments 	<p>The target population for ICC will be children and youth, ages 10-18, with complex behavioral, emotional, physical, and/or psychiatric needs and who reside in a congregate care setting (residential treatment centers, detention centers, S-FIT, STAR Homes, group homes, CJTS and other residential settings) or who are frequent users of hospital emergency departments and/or in-patient hospitals for psychiatric or behavioral health issues. Youth may be DCF involved or not involved.</p>	<p>Region Wide</p>	<p>ABH</p>

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	<ul style="list-style-type: none"> • Have access to mobile crisis intervention • Build a team that addresses the needs of the child and the whole family • Enhance connections with community and natural (e.g. grandparents, neighbors, friends) supports • Be educated on how to navigate the mental health system and advocate for themselves 			
IICAPS	IICAPS provides home-based treatment to children and youth with serious psychiatric challenges and is designed to keep children out of inpatient psychiatric settings by addressing immediate behavioral issues and teaching caregivers how best to address their child's chronic behavioral health needs. Services are provided by a clinical team which includes a Master's-level clinician and a Bachelor's-level mental health counselor.		Region Wide	<p>Willimantic: Community Health Resources www.chrhealth.org 1-877-884-3571</p> <p>Norwich & Middletown: Child and Family Agency of Southeastern CT, Inc. www.childandfamilyagency.org</p> <p>Middletown: Middlesex Hospital https://middlesexhospital.org</p>
Intensive Family Preservation (IFP)	The Intensive Family Preservation Program (IFP) is an intensive in-home program designed to prevent the placement of children (0-17) who have been exposed to child abuse and/or neglect. The program provides home-based case management, crisis-intervention, parenting education, advocacy, coordination with community service providers, assistance with concrete needs, and linkages to community resources. The program is strength-based, assists parents to improve parent-child relationships, and attain self-sufficiency and stability.	DCF Active in home cases when there is an emerging removal concern for children aged 0-17 and/or families with chronic issues, including but not limited to: mental health, parental substance use, and intimate partner violence.	Region Wide	Child and Family Agency of Southeastern CT, Inc. www.childandfamilyagency.org
Intimate Partner Violence Family Assessment Intervention Response (IPV-FAIR)	A comprehensive response to families impacted by intimate partner violence. The model is a combination of home based and clinic based services. It is strength and ecologically focused with safety being the highest priority while assessing and addressing the needs of each family member. IPV-FAIR will engage all members of the	DCF active families impacted by intimate partner violence	Region Wide	Child and Family Agency of Southeastern CT, Inc. www.childandfamilyagency.org

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	family. The model will offer/refer individual, group, family, and/or support interventions for the family based on assessed needs and will provide services/linkages for the children affected by IPV to adequately address trauma.			
Mentoring-Specialized True Colors	Mentoring and support for youth identifying as LGBTQA	Youth identifying as LGBTQA 14 -23 y/o.	Region Wide	True Colors, Inc. https://ourtruecolors.org
Multidimensional Family Therapy (MDFT)	An evidence based intensive, in-home model that is a family-centered, comprehensive treatment program for adolescents and young adults with significant behavioral health needs and either alcohol or drug related problems, or at risk of substance use.	MDFT is for children and adolescents 9 to 18 years old who meet the following criteria: <ul style="list-style-type: none"> • Living at home with or return to a primary caregiver • Substance-abusing or at risk for substance misuse (co-occurring acting-out behaviors) • Other comorbidity psychiatric issues can be present 	Region Wide	Child and Family Agency of Southeastern CT, Inc. www.childandfamilyagency.org
Multisystemic Therapy (MST)	MST is an evidence-based in-home treatment for youth with complex clinical, substance using, social, and educational problems. MST emphasizes behavioral change in the natural environment and uses interventions to promote the parent's capacity to monitor and intervene positively with each youth.	Adolescents between the ages of 12-17 (and their parent/caregivers), who present with antisocial, acting out, substance using, and/or delinquent behaviors. Eighteen (18) year olds may be admitted on a case by case basis.	Norwich & Willimantic	Norwich & Willimantic: NAFI CT, Inc. https://www.nafict.org
Multisystemic Therapy-Building Stronger Families (MST-BSF)	MST-BSF, based upon an evidence-based treatment model, provides intensive in-home family and community based treatment to families that are 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 substance use by at least one caregiver in the family. MST-BSF uses two evidence-based practices (MST-Child Abuse Neglect and Reinforcement Based Therapy), as well as trauma treatment for all family members who need it.	MST-BSF serves families with a youth between the ages of 6 and 17 who meet all the following criteria: <ol style="list-style-type: none"> Families who have come to the attention of the DCF due to the physical abuse and/or neglect of the children in the family AND due to substance use by the caregivers in the family; these families may be those who are 'frequent users' of the DCF system and services. The family had a new report of physical abuse and/or neglect in the last 180 days. Families may be served where the youth is currently in foster care and <u>will</u> be reuniting with their family, AND there is misuse of or dependence upon drugs or alcohol by the caregivers in the family. 	Norwich	Norwich: Community Health Resources www.chrhealth.org 1-877-884-3571
Multisystemic Therapy-Problem Sexual Behavior (MST-PSB)	Multisystemic Therapy for Problem Sexual Behavior (MST-PSB) is an evidence-based, intensive family and community based treatment program designed to provide clinical interventions for adolescents who have engaged in sexual offending behavior. MST-PSB is built on the foundation of standard MST that incorporates the	<ol style="list-style-type: none"> Youth's referral is primarily related to problem sexual behavior, where the offending behavior includes an identifiable victim(s). Youth returning to a permanent home (youth residing in a foster care setting requires MST-PSB expert's approval and must be residing with the current foster parents for a minimum of two years or be actively engaged in the legal process of adopting the child, 	Region Wide	NAFI CT, Inc. https://www.nafict.org

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	<p>various social environments of the youth- their home and family, school and teachers, neighborhood, community, and peers. They may be returning from a residential facility or detention, or require an intensive program in order to assist them in remaining in the community. Families must be willing to participate in the treatment which targets the problem sexual behaviors as well as other delinquent behaviors such as truancy and academic problems, aggressive behaviors, and substance use, that may increase the risk of the youth coming into contact with court authorities.</p>	<p>or the youth will be returning to their biological family within the first few months of treatment starting).</p> <p>c. In addition, youth may display or have:</p> <ul style="list-style-type: none"> • other significant acting out behaviors • possible history of involvement with multiple systems • possible mental health concerns in the context of externalizing disorders • possible borderline intellectual functioning • possible substance use • other delinquent behaviors (which will also be addressed in treatment), and psychiatric diagnoses). 		
<p>Outpatient Clinics</p>	<p>Outpatient Psychiatric Centers for Children provides a range of outpatient behavioral health services for children and youth and their families. Services are designed to promote behavioral health and improve functioning in children, youth and families and to decrease the prevalence of and incidence of mental illness, emotional disturbance and social dysfunction.</p>	<p>Children ages 5-17 and their families</p>	<p>Region Wide</p>	<p>New London & Essex: Child and Family Agency of Southeastern CT, Inc. www.childandfamilyagency.org</p> <p>Norwich: UCFS www.ucfs.org 1-860-892-7042</p> <p>.....</p> <p>Willimantic: USI https://unitedservicesct.org 860-774-2020</p> <p>Middletown: Community Health Center, Inc. https://chc1.com</p>
<p>Parenting Support Services (PSS)</p>	<p>Parenting Support Services (PSS) 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, Level 4 Triple P (Positive Parenting Program®) and the Circle of Security Parenting© intervention. Triple P helps parents become resourceful problem solvers and</p>	<p>The target population for this service is parents, foster parents, adoptive parents, and grandparents.</p>	<p>Region Wide</p>	<p>Norwich: UCFS www.ucfs.org 1-860-892-7042</p> <p>Madonna Place, Inc. www.madonnaplace.org</p> <p>.....</p> <p>Willimantic: USI</p>

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	<p>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.</p>			<p>https://unitedservicesct.org 860-774-2020</p> <p>Middletown: Middlesex Hospital https://middlesexhospital.org</p>
<p>Reunification and Therapeutic Family Time</p>	<p>RTFT offers three service types that can be used in combination or as individual components. The three service types are 1) Reunification Readiness Assessment (RRA) – provides a recommendation regarding a family's readiness for reunification. RRA also incorporates Therapeutic Family Time component as part of this service type, 2) Reunification – delivers a staged reunification model to support families thru the reunification process. Reunification also incorporates Therapeutic Family Time component as part of this service type, 3) Therapeutic Family Time Only (TFT Only) – uses the Visit Coaching model to coach caregivers interactions with children and to increase parental capacity based on the needs of their children.</p>	<p>Families with children ages 0-17 who were removed from their homes due to protective service concerns.</p> <p>With the exception of TFT Only, the permanency goal must be reunification.</p>	<p>Region Wide</p>	<p>Willimantic: USI https://unitedservicesct.org 860-774-2020</p> <p>.....</p> <p>Norwich & Middletown: Child and Family Agency of Southeastern CT, Inc. www.childandfamilyagency.org</p>
<p>Work to Learn</p>	<p>Work/Learn is a youth educational/vocational program providing supportive services to assist youth to successfully transition into adulthood. The program offers services in the following areas: vocational employment, financial literacy, life skills, personal and community connections. Youth may have the opportunity to take part in on-site, youth run businesses.</p>	<p>Youth 16-21.</p>	<p>Region Wide</p>	<p>Our Piece of the Pie, Inc. https://www.opp.org</p>