

CT Contracted Service Array

Service Model	Prevention (P), Reunification (R), Placement (PI), Transitioning/After care (T/A)	Descriptor	Target Population	Outcomes (SFY 17)	Average LOS, Annual Capacity	Catchment Area
ACCESS MH						Statewide
Care Coordination		<p>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.</p>	<p>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.</p> <p>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.</p>		<p>The length of service for Care Coordination for each child and his/her family will be 6 months with the possibility of an extension for additional months with a maximum of six. Extensions are with approval from the DCF contract manager.</p> <p>The length of service for Respite Care is 12 weeks for no more than 4 hours per week.</p>	
Caregiver Support Teams						
Community Support for Families						

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Intensive Care Coordination		Intensive Care Coordination; Implementation of high quality wraparound; Screening, assessment and clinical oversight; Family Peer Specialists and youth support; Care monitoring and review.	The target population for the CME 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.			
Child First		Child First works with caregivers and children together in their home to help families build strong relationships that heal and protect young children from trauma and stress. This program helps to stabilize the family and build safe nurturing relationships. Program utilizes a team approach in their work with families, including a clinician and case manager. An array of assessment tools are utilized throughout the intervention to inform service delivery and help identify strengths/needs of child and their caregiver.		Utilization exceeded capacity in SFY16 – serving 547 children. 88% improvement in parenting stress index 67% improvement in parent child relationship problems 71% improvement in maternal depression	LOS: Average: 7 months Annual Capacity: 530 children	Statewide
Extended Day Treatment						
Mobile Crisis						
Family Based Recovery (FBR)		Intensive in-home family treatment that combines an evidence-based substance use treatment (Reinforcement Based Therapy)		85% of children remaining with bio parents	7 - 18 months. Variable depending upon needs of the family.	Statewide

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		with a preferred practice to enhance parenting and parent-child attachment.		91% of parents compliant with child's medical care 68% parents are abstinent/experience clear reduction in substance use	Annual Capacity: 264 Expansion in SFY17 with the launch of x teams through Pay for Success.	
Functional Family Therapy (FFT)		FFT is a systematic, evidence based short-term (approximately 30 hours), family-based treatment model serving youth with a range of mental health, behavioral and substance use issues.		66.4% met treatment goals 98% of youth remain at home, school and/or work 92.5% of youth did not experience a new arrest	LOS: Avg. 4 months Annual Capacity: 645	Statewide
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.			LOS 4-6 months	Statewide
Intimate Partner Violence Family Assessment Intervention Response (IPV-FAIR)		IPV-FAIR: is 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	Families impacted by intimate partner violence	231 families served in FY17. 70% of families meet treatment goals- Reduction in Abusive Behavior Inventory –	LOS – 4 - 6 months Annual Capacity – 120-180 families	Statewide

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		the needs of each family member. IPV-FAIR will engage all members of the 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.		Mothers reported their own abusive behaviors were reduced an average of 8 points, and the abusive behaviors of their partners were reduced an average of 19 points. Fathers reported their own abusive behaviors were reduced by 9 points and the abusive behaviors of their partners reduced by 16 points.		
One to One Mentoring						
Outpatient Clinics						
Parenting Support Services (PSS)		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 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			LOS 4-6 months	Statewide

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		provide a quality of relationship that is more supportive of secure attachment. If needed, families may receive more than one PSS intervention.				
Reunification and Therapeutic Family Time						
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.		71% completed the course of treatment. There was a 56% drop in the number of psychiatric inpatient admissions during treatment when compared to 6 months prior to treatment and a 44% decrease in ED visits. Ohio scales show significant decreases in problem severity and significant improvements on main problem ratings for treatment completers.	LOS: 6 months Annual Capacity: 2500 families	Statewide
Multidimensional Family Therapy (MDFT)		MDFT is 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.		74% discharged having met treatment goals 70% discharged reported abstinence/reduced use	LOS 4-6 months Annual Capacity: minimally 856	Statewide

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				<p>92% discharged living in community – exceeding 80% target</p> <p>77% discharged no new arrests – exceeding 75% target</p>		
Multisystemic Therapy (MST)		Intensive family- and community-based treatment program that addresses environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighbourhoods, and friends.		<p>93% of families engaged in treatment</p> <p>88% of families completing treatment</p> <p>72% of youth demonstrating abstinence/reduction in substance use</p>	<p>LOS: 3-5 months</p> <p>Annual Capacity: 212</p>	*DCF Area Offices: Bridgeport, Hartford, Manchester, Milford, New Britain, New Haven, Norwich, Waterbury, Willimantic
Multisystemic Therapy-Building Stronger Families (MST-BSF)		Intensive in-home treatment for families with child maltreatment and substance use problems. Combines two evidence-based practices (MST-Child Abuse Neglect and Reinforcement Based Therapy).		<p>72% met treatment goals</p> <p>100% of those discharged had youth living at home</p> <p>72% of those discharged did not have a subsequent DCF referral</p>	<p>6-8 months</p> <p>Annual Capacity: 126</p>	*DCF Area Offices: Meriden, New Britain, Hartford, Waterbury, New Haven, Manchester, Norwich
Multisystemic Therapy – Intimate Partner Violence (MST-IPV)		MST-IPV, based upon an evidence-based treatment model, provides intensive in-home family and community based treatment to families with active DCF cases 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.		<p>a. Reduce parent to parent violence for 70% of couples participating in the program as evidenced by reductions in IPV reports to DCF or Law Enforcement and</p>	<p>LOS: 9 months</p> <p>Capacity: 19 families annually</p>	New Britain

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				<p>measured by MST-IPV Therapists and the DCF Caseworker.</p> <ul style="list-style-type: none"> b. Reduce parent-to-child violence for 80% of families participating in the program as evidenced by reductions in DCF abuse reports and measured by MST-IPV Therapists and the DCF Caseworker; c. Reduce neglectful parenting by caregivers for 80% of families participating in the program as evidenced by reductions in DCF neglect reports and measured by MST-IPV Therapists and the DCF Caseworker; d. Improve child mental health functioning as evidenced by reductions in child report of symptoms and measured by MST-IPV Therapists; e. Prevent out-of-home placement for 80% of 		

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				<p>children in the project as evidenced by DCF data on out-of-home placements and measured by MST-IPV data in the DCF PSDCRS or another system.</p> <p>f. Reduce substance misuse by caregivers for 75% of families participating in the program who are misusing substances as evidenced by reduced number of positive UDS and decreased risk factors on the substance misuse screening interview and measured by the DCF intake coordinator (at baseline) and Family Case Manager (at discharge).</p>		
Multisystemic Therapy-Problem Sexual Behavior (MST-PSB)		MST-PSB is an intensive in home family service with clinical interventions for adolescents returning home from out of home placement that has provided sex offender specific treatment or for adolescents with problem sexual behavioral living in the community who are at risk for incarceration or residential treatment.		<p>96% at discharge no new PSB</p> <p>94% at discharge no new arrests</p> <p>92% at discharge living at home</p>	LOS: 5-7 months Annual Capacity: 96	Statewide
Multisystemic Therapy for Transition Aged Youth (MST-TAY)		MST-TAY is an intensive home based service for older adolescents aged 17-20 with serious mental illness and involvement in the juvenile and/or criminal justice system.		<p>64% met treatment goals</p> <p>100% living in community and not homeless</p>	LOS: Clinical Services: 4-12 months (average = 7 mon.)	*DCF Area Offices: Milford, New Haven,

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				82% in school 80% reduction in MH Problems	Life Coaching: Up to 14 months Annual Capacity: 62 Expanded capacity in SFY16 by adding a second team.	Cities/Towns of: Waterbury, Meriden, Bridgeport, Stratford, Middletown, Hartford, Manchester, Enfield, New Britain, Bristol, & Norwich
Therapeutic Foster Care						
Family and Community Ties						
Wendy's Wonderful Kids						

*DCF Area Offices indicates the service is available in the towns served by that Office. In the event the service is not available in all towns that is indicated by "Cities/Towns of"