The Connecticut Collaborative To Improve Autism Services

Resource Directory
About Us

This guide is published as part of the Connecticut Collaborative to Improve Autism Services effort. The proposed benefit of this collaborative is to enhance Connecticut’s existing infrastructure supporting children and youth with autism spectrum disorder (ASD) and other developmental disabilities (DDs). This will be achieved through by providing both training and support to families, professionals and the public.

The sponsors of this project are the Connecticut Department of Public Health’s Children and Youth with Special Health Care Needs Program and the A.J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research and Services.

The CT Department of Public Health (DPH) is dedicated to improving the community-based system of care for children and youth with special health care needs by ensuring their connection to a medical home that is accessible, compassionate, comprehensive, coordinated, continuous, culturally effective and family-centered. Children & Youth with Special Health Care Needs (CYSHCN) are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and require health and related services beyond that required for children in general. DPH is fully committed to improving access to comprehensive, coordinated health care and related services for Connecticut children and youth with Autism Spectrum Disorders and Developmental Disabilities.

The A.J. Pappanikou Center is one of a national network of University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDD) authorized by the federal Developmental Disabilities Assistance and Bill of Rights Act and funded through the Administration on Developmental Disabilities. We are a premier Center in the northeast for innovative teaching, research, and technical assistance enhancing the quality of services and support for people with developmental disabilities and their families. Our activities are guided by a belief in individualized supports, inclusion, self-determination, natural supports and collaboration with organizations to address policy issues and systems change.
# Table of Contents

Autism Services and Resources Connecticut (ASRC) ................................................................. 1

Charlotte Hungerford Hospital Center for Youth and Families

The Connections Program for Children with ASD ................................................................. 2

Child Development Infoline (CDI) ......................................................................................... 3

Birth To Three Referral Form ........................................................................................... 5

Help Me Grow Referral Form ............................................................................................. 6

Connecticut Autism Action Coalition (CAAC) ................................................................. 7

Connecticut Family Support Network (CTFSN) ............................................................. 8

Connecticut Medical Home Initiative at FAVOR .......................................................... 9

    Connecticut Medical Home Initiative (CMHI) .......................................................... 10

    Regional Town Listings ............................................................................................. 11

    Eastern Region: United Community and Family Services, Inc ................................ 12

    North Central Region: Connecticut Medical Center - Special Kids Support .......... 13

    Northwest Region: St. Mary’s Hospital ..................................................................... 14

    South Central Region: Family Centered Services of Connecticut, Inc ................. 15

    Southwest Region: Stamford Hospital ..................................................................... 16

FAVOR .................................................................................................................................. 17

FOCUS Center for Autism .................................................................................................. 18

PATH Parent-to-Parent & Family Voices of Connecticut .................................................. 19

Southern Connecticut State University (SCSU)

    Center of Excellence in Autism Spectrum Disorders ............................................... 20

Contacts ............................................................................................................................... 21
Autism Services and Resources Connecticut (ASRC)

Key Services
We provide information and referral for parents, families, caregivers and professionals working with people on the spectrum. We provide training and education for families, caregivers and other professionals and the general community. We provide training and social activities for persons on the spectrum. We create resources in the community: support groups, social groups, trained workforce providers, job creation, community activities. We advocate for persons on the spectrum and their families at the state and local level and the creation of resources in the community to serve our families. We provide community awareness and raise the level of understanding about autism within the wider community.

Eligibility Criteria
There are no eligibility criteria for receiving services.

Contact
ADDRESS
101 North Plains Industrial Road, Harvest Park, Building 1A, Wallingford, CT 06492

PHONE
203.265.7717

WEBSITE
www.ct-arsc.org
Charlotte Hungerford Hospital Center for Youth and Families
The Connections Program for Children with ASD

Key Services
Services provided to children and families with ASD includes a comprehensive assessment along with psychiatric evaluation (if clinically indicated). Assessment includes the use of the ASRS (Autism Spectrum Rating Scale). Mental health treatment including individual, family, and group therapy encompassing psycho-education on the diagnosis and treatment methods, psychotherapy, links, referrals, and collaboration with community resources and providers. New program initiatives include an autism multifamily parent group and a parent ASD support group.

Eligibility Criteria
Any child ages 3-18 is eligible for services at the clinic. No medical doctor referral is necessary. Children who are best suited for the program are those with moderate to mild Autism Spectrum Disorders and who have verbal skills. Assessment will be conducted for more severe children, however, treatment through the Connections Program may not be appropriate and other resources and referrals will be recommended for the family.

Referral Process
Parents/guardians interested in making a referral should contact The Center for Youth and Families at 860.489.3391 and request to make a referral to the “Connections Program.” All other mental health treatment referrals can be accessed by calling the same number listed above. Once linked to the triage secretary the referral process will begin. Intake appointments are offered within a 14 day period.

Contact
ADDRESS
1061 East Main Street,
Torrington, CT 06790

PHONE
860.489.3391

WEBSITE
www.charlottehungerford.org
Child Development Infoline (CDI)

Key Services
CDI serves as the single point of entry into CT’s early intervention program, Birth to Three, as well as serving as an access point for Early Childhood Special Ed, Children and Youth with Special Health Care Needs (CYSHCN) and Help Me Grow. We provide information, referrals and care coordination for families and connect them to support services related to ASD. These include the Medical Home Initiative sites, Family Support Network and CT Medical Home Initiative at FAVOR. We connect families to autism specific services, advocacy, diagnostics, trainings, support groups and websites as well. CDI assesses families’ needs and helps them think about additional services they may be eligible for, such as SSI, DDS, diapers, medical expense assistance, etc. We send out written materials related to ASD, such as the First 100 Days Kit, B-3 Autism Guideline, Special Ed Advocacy Guidebook, Transition Kits, approved private special education programs, applications, etc. CDI trains pediatric practices, utilizing the EPIC module, on developmental surveillance, screening (including use of M-CHAT) and making timely referrals for services. Families can access information on autism services on the 2-1-1 website (www.211ct.org). CDI’s website includes the developmental milestones related to development and autism.

Eligibility Criteria
There are no specific eligibility criteria for contacting CDI. We help families of children birth through age 21 connect to services. There may be eligibility criteria related to some of the services, however, CDI does the research to make sure the services families are referred are appropriate and meet their needs.

Contact
ADDRESS
1344 Silas Deane Hwy
Rocky Hill, CT 06067

FAX
860.571.6853

TOLL FREE
800.505.7000

WEBSITE
Main: www.ctunitedway.org/CDI.html
2-1-1: www.211ct.org
Birth-to-Three: www.birth23.org
See CDI referral forms on the following pages
Connecticut’s Child Development Infoline
The Gateway to Help and Referrals for Parents • Providers • Pediatric Professionals
1-800-505-7000

Connecticut Birth to Three System
Birth to 36 months of age
For children birth-36 months of age with developmental delays or disabilities.
- Free Developmental Evaluation
- Service Coordination
- Individualized Family Service Plan (IFSP)
- Services from Early Childhood Therapists and Teachers as identified in the IFSP
- Focus on assisting families through natural routines and activities

Help Me Grow
Birth through Age 6
For children birth through age 8 considered ‘at-risk’ for developmental or behavioral problems.
- Connects families to community based resources
- Provides Ages and Stages child monitoring program
- Trains child health providers in developmental screening
- Facilitates regional community networking

Early Childhood Special Education
Ages 3 through 5
For children ages 3 through 5 who are found eligible for special education services
- Evaluation
- Services to eligible children:
  - Individualized Education Program (IEP)
  - Special education and related services

Children and Youth with Special Health Care Needs
Birth to Age 21
For children and youth birth to age 21 with chronic physical, developmental, behavioral, or emotional conditions who require more health and related services than other children the same age.
- Service Needs Assessment
- Care Coordination
- Benefits Coordination
- Family/Caregiver Support
- Respite Planning
- Links to medical home initiative
- Referrals to community based resources
- Transition Planning

Participating Agencies
- Children’s Trust Fund
- Department of Developmental Services
- Department of Public Health
- Department of Education
- United Way of Connecticut
Referral Form

Your name (required): __________________________ Date: ____________

Relationship to child: parent/guardian: __________ other: __________________________

NOTE: If you are not the parent or guardian you may make a referral anytime, but please speak with the family first. We will contact them for their permission to proceed with your referral, and they may accept or decline.

Agency name: __________________________ Phone: __________________________

Your address: __________________________ Fax: __________________________

Your e-mail: __________________________

Child’s name: __________________________ m / f DOB: __________

Hospital of birth: __________________________ gestational age: _______ mos.

Child resides with: parent/legal guardian/ foster family name: __________________________

home phone: __________________________ cell ph: __________________________ work ph: __________________________

Address: __________________________

best time to call: (optional) ___________ morning /afternoon /evening day of the week: _______

If family has no phone, contact person: __________________________

  Relationship: _______________ phone #: _______________ best time to call: ______ AM / PM

Primary language spoken in home: __________________________

If not English, is there an adult available to speak English? yes / no / unknown

  name: __________________________ relationship: __________________________

If child is in DCF custody, name & phone of DCF case worker: __________________________

Reason for Referral:

  ▪ Concerns about (check all that apply):

    □ motor    □ social-emotional    □ adaptive    □ cognitive

    □ hearing    □ vision

    □ communication If expressive language seems delayed the child should be tested by an audiologist to rule out an underlying hearing loss

    Audiological exam completed yet? yes / no audiologist name: __________________________

    Screening completed for (a) development: yes / no (ASQ is recommended)

    (b) autism: yes / no (e.g., M-CHAT)

  ▪ Diagnosed Condition expected to lead to developmental delay: __________________________

    ICD-9 code(s): __________________________

Helpful Notes: __________________________

Child’s health plan name: __________________________

Insurance type: □ commercial □ Medicaid
Help Me Grow Referral Form
FAX to: 860-571-685
or call the Child Development Infoline at 1-800-505-7000
http://www.ctunitedway.org/cdi.html

Referring Provider: ___________________________ Date ___________________________

Agency Name: ____________________________________________________________

Address: ___________________________ Phone: ___________________________
       ___________________________ Fax: ___________________________

Email: ___________________________

NOTE: If you are not the parent or guardian you may make a referral anytime, but please speak with the family first. We will contact them for their permission to proceed with your referral, and they may accept or decline.

Child’s name: ___________________________ M / F

DOB: ___________________________ Full term at birth? Yes / No - If No, gestation: ___________________________

Child resides with: parent/ legal guardian/ foster family Name: ___________________________

Home phone: ___________________________ Cell ph: ___________________________ Work ph: ___________________________

Email: ___________________________

Address: ___________________________

   Best time to call: (optional) ___________________________ morning /afternoon /evening Day of the week: ______

If family has no phone, contact person: ___________________________

   Relationship: ___________________________ Phone #: ___________________________ Best time to call: ______ AM / PM

Primary language spoken in home: ___________________________

If not English, is there an adult available to speak English? yes / no / unknown

   Name: ___________________________ Relationship: ___________________________

If child is in DCF custody, name & phone of DCF case worker: ___________________________

Reason for Referral: (check all that apply):

   ☐ Advocacy          ☐ Medical assistance grants
   ☐ Ages & Stages Child Monitoring Program  ☐ Parenting supports
   ☐ Behavioral issues       ☐ Play groups
   ☐ Developmental concerns  ☐ Recreational activities/camps
   ☐ Educational concerns  ☐ Respite
   ☐ General development  ☐ Weight management supports
   ☐ Health issues        ☐ Other ___________________________

Diagnosed condition: ___________________________

Helpful Notes: ___________________________

Primary Health Provider: ___________________________ Child’s Health Plan Name: ___________________________

Insurance Type: Commercial ☐ Medicaid ☐
Connecticut Autism Action Coalition (CAAC)

Vision
A world in which Autism, is so clearly understood, that it is seen as a character trait not a disability, allowing the talents and strengths of an individual with Autism Spectrum Disorders, to be identified, utilized and embraced by the community in which they live.

Achieving the Mission
• CAAC focuses on the outcome
• CAAC members model the behavior you want to see in the world
• Educate everyone you meet
• Share the vision with everyone you know
• Create opportunities for communities to perform the behaviors

Mission
To provide one unified voice, supporting CT in the development and improvement of service access and quality for all individuals who are affected by Autism Spectrum Disorders.

Implementing the Mission
1. All Members will share all relevant information regarding Autism in CT - training, events, conferences, proposals, financial resources, etc. at each meeting.

2. All Active Members agree/vote annually on 2-3 projects on which to focus the CAAC resource available through its members – time, financial, facilities, equipment, etc.

3. Utilize Supportive Members effectively to assist in projects where appropriate.

4. Agree to widely distribute information as requested by CAAC members, to your list serves, websites, or any other communication source.

5. Members may call upon the group for specific support requests (clearly detailed to avoid misunderstandings) – attendance at events, phone calls, letter writing, etc. Requests must be specific and your ability to participate should be communicated back to the requestor.

6. Members have the opportunity to opt out of any project or commitment that the CAAC makes as a group. Our goal is to seek consensus on public positions and to advocate for them.

Contact

MEETING LOCATION
FAVOR, Inc
185 Silas Deane Highway
Wethersfield, CT 06109

PHONE
Doriana Vicedomini
860.668.5228
504.259.4327
Connecticut Family Support Network (CTFSN)

Key Services
The CTFSN exists to help families raising children with disabilities and special health care needs. For all the families we serve, services are free. Family support services include direct 1:1 support, information about the child’s disability, a connection to state and local resources, IFSP/PPT guidance, support groups, email distribution lists, training opportunities throughout the year, and an annual conference. Additionally, CTFSN offers a valuable connection to a Parent Mentor who can share experiences, provide emotional support, critical resources and assistance to learning to navigate the state systems, make community connections and network with other families. CTFSN has a diverse staff, including Bi-Lingual family support, advocacy specific to families raising children who are deaf or hard of hearing and staff available in 6 regions across the state.

Eligibility Criteria
Our services are free and open to families raising children of all ages and disabilities.

Referrals
Families can request a connection through their Birth to Three provider, DDS Case Manager, DDS Helpline, or DPH Care Coordination contractors. CTFSN brochures and newsletters are available electronically and in hard copy with broad distribution. The CTFSN has email distribution across CT reaching over 2,000 parents and professionals. Parents who speak Spanish can connect directly to the CTFSN Bi-Lingual Coordinator, and parents speaking other languages will be supported through Language Line. Then CTFSN sponsors leadership activities of the CT Chapter of Hands & Voices which provides information and advocacy to families raising children who are deaf or hard of hearing. The CTFSN has a partnership with Child Development InfoLine where parents who want to connect with other parents or need other information and resources are offered a connection to the CTFSN.

Contact
PHONE
877.376.2329

SOCIAL MEDIA
www.facebook.com/ctfsn

WEBSITE
www.ctfsn.org
The Connecticut Medical Home Initiative at FAVOR is a contractor responsible for processing all requests for Extend Service Funds and Respite Funding. Families are identified at outreach events attended around the state, workshops, phone calls and word of mouth. Bilingual staff is available both on the phone, and for face to face meetings in our office.

Eligibility Criteria
Applications include a screener, to identify eligible children, although referrals come from all sorts of varied sources around the state. Completed applications, once they have been entered in our database, are then copied on to the region in which the child resides for care coordination. Applications can flow the other direction; starting in one of the regions, with them sending a copy on us to process and add the family to the respite wait list, or to try and meet their needs for funding of scripts, co-pays, equipment, formula and other services. Extended service funds are available to families under 300% of the federal poverty level with unmet needs. We pay at the Medicaid rate, so those with Medicaid already have the same benefit and thus are not eligible for these funds, although they may still be eligible for respite and care coordination. Those seeking respite funds are not eligible if they already have a service from another source of greater value, since we are the payor of last resort. For families not found eligible, we still look for donations, or other sources who can help them with their need. Respite funding is available until a child reaches the age of 21, while direct service funds end at the age of 18. We are always available to help families set up Direction Care Notebooks in our office. We also have a parent lending library with books aimed at families, not medical text books.

Contact

ADDRESS
185 Silas Deane Highway, Wethersfield, CT 06109

EMAIL
citmedicalhome@gmail.com

FAX
860.563.3961

PHONE
860.436.6544

TOLL FREE
855.436.6544
Connecticut Medical Home Initiative for Children & Youth with Special Health Care Needs

Who is eligible?
Children & youth age 0 to 21 who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Services available?
All families of eligible children and youth with special health care needs (CYSHCN), regardless of income, will receive a respectful working partnership with you and your child’s medical home, care coordination services and family support referrals.

Uninsured or underinsured families, who fall within income guidelines, can also benefit from payment for limited services (i.e. durable medical equipment, prescriptions, and special nutritional formulas). Contact the Connecticut Medical Home Initiative at FAVOR, Inc. at 1-855-436-6544 (toll free).

SOUTHWEST
Stamford Hospital
Stamford
1-866-239-3907 (toll free)

SOUTH CENTRAL
Family Centered Services of CT, Inc.
New Haven
1-877-624-2601 (toll free)

EASTERN
United Community and Family Services, Inc.
Norwich
1-866-923-8237 (toll free)

NORTH CENTRAL
Connecticut Children’s Medical Center
Hartford
1-877-835-5768 (toll free)

NORTHWEST
St. Mary’s Hospital
Waterbury
1-866-517-4388 (toll free)

United Way of Connecticut’s Child Development Infoline
The central access point for Connecticut’s Medical Home Initiative for CYSHCN.
Provides information about medical, educational and recreational resources
1-800-505-7000

Connecticut Family Support Network
Contact for family support, information and advocacy at 877-FSN-2DAY
Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs
Regional Town Listings

<table>
<thead>
<tr>
<th>SOUTHWEST REGION</th>
<th>SOUTH CENTRAL REGION</th>
<th>EASTERN REGION</th>
<th>NORTH CENTRAL REGION</th>
<th>NORTHWEST REGION</th>
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<tr>
<td>Stamford Health Systems</td>
<td>Family Centered Services of CT</td>
<td>United Community and Family Services</td>
<td>Connecticut Children’s Medical Center</td>
<td>St. Mary’s Hospital</td>
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<td>Stamford</td>
<td>New Haven</td>
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<tr>
<td>Toll Free 866-239-3907</td>
<td>Toll Free 877-624-2801</td>
<td>Toll Free 866-923-8237</td>
<td>Toll Free 877-835-5768</td>
<td>Toll Free 866-517-4388</td>
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| BRIDGEPORT | ANSONIA | ASHFORD | ANDOVER | BARKHAMSTED |
| DARIEN | BETHANY | BOZRAH | AVON | BEACON FALLS |
| EASTON | BRANFORD | BROOKLYN | BERLIN | BETHLEHEM |
| FAIRFIELD | CHESTER | CANTERBURY | BLOOMFIELD | BETHEL |
| GREENWICH | CLINTON | CHAPLIN | BOLTON | BRIDGEWATER |
| MONROE | CROMWELL | COLCHESTER | BRISTOL | BROOKFIELD |
| NEW CANAAN | DEEP RIVER | COLUMBIA | BURLINGTON | CANAAN |
| NORWALK | DERBY | COVENTRY | CANTON | CHESHIRE |
| STAMFORD | DURHAM | DANIELSON | EAST GRANBY | COLEBROOK |
| STRATFORD | EAST HADDAM | EAST LYME | EAST HARTFORD | CORNWALL |
| TRUMBULL | EAST HAMPTON | EASTFORD | EAST WINDSOR | DANBURY |
| WESTON | EAST HAVEN | FRANKLIN | ELLINGTON | GOSHEN |
| WESTPORT | ESSEX | GRISWOLD | ENFIELD | HARTLAND |
| WILTON | GUILFORD | GROTON | FARMINGTON | HAWTHORNE |
| | HADDAM | HAMPTON | GEORGETOWN | KENT |
| | HAMDEN | KILLINGLY | GLASTONBURY | LITCHFIELD |
| | KILLINGWORTH | LEBANON | GRANBY | MIDDLEBURY |
| | LIME | Ledyard | HARTFORD | MORRIS |
| | MADISON | LISBON | HEBRON | NAUGATUCK |
| | MERIDEN | MANFIELD | MANCHESTER | NEW FAIRFIELD |
| | MIDDLEFIELD | MONTVILLE | MARLBOROUGH | NEW HARTFORD |
| | MIDDLETOWN | MOOSUP | NEW BRITAIN | NEW MILFORD |
| | MILFORD | NEW LONDON | NEWINGTON | NEWTOWN |
| | NEW HAVEN | NANTIC | PLAINVILLE | NORFOLK |
| | NORTH BRANFORD | NORTH STONINGTON | PLYMOUTH | NORTH CANAAN |
| | NORTH HAVEN | NORWICH | ROCKY HILL | OXFORD |
| | OLD LIME | PLAINFIELD | SIMSBURY | PROSPECT |
| | OLD SAYBROOK | POMFRET | SOMERS | REDDING |
| | ORANGE | PRESTON | SOUTH WINDSOR | RIDGEFIELD |
| | PORTLAND | PUTNAM | SOUTHINGTON | ROXBURY |
| | SEYMOUR | SALEM | STAFFORD | SALISBURY |
| | SHELTON | SCOTLAND | SUFFIELD | SHARON |
| | WALLINGFORD | SPRAGUE | TOLLAND | SHERMAN |
| | WEST HAVEN | STERLING | VERNON | SOUTHBURY |
| | WESTBROOK | STONINGTON | WEST HARTFORD | THOMASTON |
| | WOODBRIDGE | THOMPSON | WETHERSFIELD | TORRINGTON |
| | | UNCASVILLE | WINDSOR | WARREN |
| | | UNION | WINDSOR LOCKS | WASHINGTON |
| | | VOLUNTOWN | WATERBURY | WATERBURY |
| | | WATERFORD | WATERTOWN | WINCHESTER |
| | | WILLINGTON | WOLCOTT | WOODBURY |
Connecticut Medical Home Initiative (CMHI), Eastern Region
United Community and Family Services, Inc.

Program Description
The Eastern CT Medical Home Initiative offers care coordination services to families in most towns in New London and Windham Counties. Care Coordinators provide community-based, family-centered services. Their offices are located at United Community & Family Services, Inc. (UCFS) in Norwich, Jewett City and Plainfield and Generations Family Health Center in Willimantic, Danielson and Putnam. There is no charge for care coordination services.

Key Services
• Identification for CMHI services Medical Home Screener and Complexity Index – repeated annually
• Family Needs Assessment
• Coordination of Health Care and Related Services
• Referral to Autism-Specific, Community-Based Resources for Educational Advocacy, Support Groups, Behavioral Health Counseling and Care Coordination, Medical & Dental Services, Respite and Extended Service Funds, Health Care Advocacy, HUSKY Application Assistance, Basic Needs Services, DDS, DCF Voluntary Services, Cultural Support
• Information about Workshops and Training
• Health Care System Navigation
• Care Plan Development and Facilitation
• Care Team Meeting Facilitation
• Culturally Sensitive Bi-lingual care coordinators, and Language Line for interpretation

• Promote developmental screening

UCFS and Generations are full-service community health centers providing adult and pediatric primary care, women’s health, dental services and a full range of behavioral health services including individual and group counseling with therapists that specialize in services for autistic children. HUSKY and most private insurances are accepted and there is a sliding fee scale for the uninsured.

Eligibility Criteria
Children age 0 - 21 must screen positive on the CT Medical Home Initiative Screener and Complexity Index. There are no financial eligibility requirements.

Contact
EMAIL
medicalhome@ucfs.org

FAX
860.822.4941

PHONE
860.822.4164

TOLL FREE
1.866.923.8237
Connecticut Medical Home Initiative (CMHI), North Central Region
Connecticut Children’s Medical Center Special Kids Support Center

Key Services
We provide culturally competent care coordination services to the North Central Region through our Medical Home Initiative Grant. The Special Kids Support Center provides educational support to providers, families and other stakeholders throughout the State of Connecticut. We offer Autism Spectrum Disorder EPIC (Educating Practice in the Community) training to providers throughout the state and provide technical support as needed.

Eligibility Criteria
Children and youth with special care needs must meet the criteria for eligibility by scoring positive on the Connecticut Medical Home Initiative for CYSHCN Screener and Complexity Index Tool Children.

Referrals
Families/providers can contact us via the Special Kids Support Center main number or Internet. We can also be contacted through 211-Child Development Infoline, CT Medical Home Initiative at FAVOR, DPH and other referring organizations.

Contact
FAX
860.837.6201

PHONE
860.837.6200

TOLL-FREE
877.835.5768
Connecticut Medical Home Initiative (CMHI), Northwest Region
St. Mary’s Hospital

Key Services
• A respectful working partnership with parents/youth/medical home
• Interagency Collaboration
• Educational/school planning
• Social Services
• Medical/Behavioral Assessment
• Advocacy
• Child/Family Specific Research
• Transition
• Care Plan Development
• Linkages to Specialties, Services, Organizations
• Assistance with applications/appeals for goods, services, supports, equipment, medication, respite service

Eligibility Criteria
Children and youth age 0-21 who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Contact
ADDRESS
95 Scovill St., 3rd Flo, Pavilion B, Waterbury, CT 06706

FAX
203.709.5153

PHONE
203.709.5716
See Child Development Infoline

TOLL FREE
866.517.4388
Key Services
We provide care coordination services, including the following:
• Providing assessments and monitoring of child and family needs.
• Participating in parent/professional practice improvement activities
• Offering supportive on site and home base services including counseling, education, and listening
• Facilitating communication among PCP, family, and others
• Developing, monitoring, updating, and following up with care planning and care plans
• Supporting meeting recommendations and follow-up
• Coordinating inter-organizationally
• Advocating with and for the family
• Finding, coordinating, and promoting effective and efficient use of current resources
• Monitoring outcomes for child, family, practice and other activities needed and/or requested by the family.
• Family support referrals (e.g. distribute training announcements via email, phone or in person)
• Facilitate interagency collaboration meeting on care coordination & transition from pediatric to adult heath care, education to vocation and dependent living to independent living.

Eligibility Criteria
Children and youth age 0-21 who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Contact

ADDRESS
Family Centered Services of CT, Inc. New Haven, 235 Nicoll Street, New Haven, CT 06511

FAX
203.562.6232

PHONE
203.624.2600
Connecticut Medical Home Initiative (CMHI), Southwest Region
Stamford Hospital

Key Services
Among the key services/activities that The Medical Home Initiative Southwest provides with regard to families and youth with ASD is a monthly support group for parents and caregivers of special needs children. The support group started in July of 2011 is held on the first Wednesday of each month. The group allows parents of special needs children to gather and share information and support for each other. Karleen Craddock from The Family Support Network often attends and provides flyers of local workshops and resources to the participants. We provide community resource and referral information to families and youth with ASD. Some of the resources that we connect families to are Birth To Three, DDS, Child Guidance, The Darien YMCA, The New Canaan YMCA, St. Vincent’s Behavioral Health Developmental and Autism Spectrum Disorder Services, The Kennedy Center Autism Project, CT. KASA, Abilis, The Pilot House, New Canaan Dance Academy, Healing Hearts, The Autism Society, Super Kids, The Montano Center, The Molly Ann Tango Foundation, The Umbrella Club, The Center For Children’s Advocacy, The Exchange Club, St. Joseph’s Parenting Center, and The Seed Center.

Eligibility Criteria
All patients with special health care needs ages 0-21 are welcome to receive services.

Contact
ADDRESS
Shelburne Rd
at West Broad Street,
Stamford, CT 06902

PHONE
203.709.5716

TOLL FREE
866.239.3907
FAVOR, Inc

Key Services
FAVOR is a non-profit Statewide Family Advocacy Organization serving families, children and youth dealing with a broad spectrum of behavioral and mental health needs, by providing policy and family advocacy. FAVOR is committed to improving the quality of life for children, youth and families in Connecticut by increasing accessibility to effective, culturally competent and high quality family-driven mental and behavioral health services and supports.

Through member organizations, FAVOR encourages family participation in policy development and the legislative process. FAVOR offers training, technical assistance and support to parents and caregivers in local communities to assist them in becoming active and equal partners in the System of Care.

Eligibility Criteria
There are no eligibility criteria other than we focus on non-system involved DCF families and children.

Contact

ADDRESS
185 Silas Deane Highway,
Wethersfield, CT 06109

PHONE
860.436.6544

FAX NUMBER
860.563.3961

EMAIL
cntmedicalhome@gmail.com

WEBSITE
www.favor-ct.org/advocacy.cfm
FOCUS Center for Autism

Key Services
We provide children, adolescents and young adults with ASD’s reach their full potential by providing clinical programs, community education and family support. Our goal is for the children, adolescents and young adults we serve to be able to develop a greater sense of self-awareness, to learn to grow both socially and emotionally and to begin to understand who they are and how they “fit” into their world. Social learning is the backbone of all our programs and we do this through a unique treatment model called Milieu Therapy.

Eligibility Criteria
To be eligible for FOCUS, you must be between the ages of 5 and 18, be “creatively wired and socially challenged”, and not need a higher level of care. Our comprehensive intake process includes a review of previous tests and evaluations, and an extensive intake interview that includes a mental status exam.

Contact
ADDRESS
PO Box 452
126 Dowd Avenue,
Canton, CT 06019

EMAIL
info@focuscenterforautism.org

FAX
860.693.0141

PHONE
860.693.8809

WEB
www.focuscenterforautism.org
PATH Parent-to-Parent & Family Voices of Connecticut

Key Services
PATH is a network of families providing informational and emotional support to others who have developmental or health related needs. Our Family Voices program aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities. PATH and Family Voices provide one-to-one parent support with a “veteran parent” who has been through similar experiences and understands what the family is going through. PATH/FV also assists families with information about developmental an health related issues, information about healthcare, provide resources, resources on support groups, specialty doctors, therapy services, hairdressers to name a few. Some calls are associated with providing information on insurance coverage for all children and youth with special healthcare needs.

Eligibility Criteria
Yes, families need to have a child with special health care needs and we support families of children with all types of disabilities. Services are statewide and are provided at no cost for families.

Contact
LISTSERV
CT-Fams@yahoogroups.com
CTFVLeaders@yahoogroups.com

FAX
203.234.1876

PHONE
203.234.9554

TOLL FREE
1.800.399.PATH (CT only)

SOCIAL MEDIA
www.facebook.com/pages/PATH-Parent-to-Parent-Family-Voices-of-CT/170192649669163

WEBSITE
www.pathct.org
Southern Connecticut State University (SCSU)  
Center of Excellence on Autism Spectrum Disorders

Key Services
We are a resource center for teachers, school-based personnel, parents and community providers serving individuals with ASD. The Center of Excellence on Autism Spectrum Disorders consists of three divisions: Training, Research, and Outreach. These divisions collaborate to provide professional development training opportunities, facilitate innovative research, assist in establishing effective evidence-based practices, and deliver technical assistance to teachers, other school-based personnel, families and community service providers. Our goal is to improve student outcomes for individuals with ASD.

Information regarding Center staff and current projects/initiatives may be found on our website. Questions regarding specific resources and supports may be directed to the Center staff by email or telephone as indicated below.

Eligibility Criteria
The Center of Excellence on Autism Spectrum Disorders does not have overall eligibility criteria for its offerings. The eligibility criteria are developed per activity and is communicated at the beginning of implementation of each activity through website announcements and email blasts of these announcements.

Contact
ADDRESS
Davis Hall  
Southern Connecticut State University  
501 Crescent Street  
New Haven, CT 06515

EMAIL
Dr. Ruth Eren  
erenr1@southernct.edu

PHONE
203.392.5929

WEBSITE
www.southernct.edu/asd
Contacts

Key Points of contact for the Connecticut Collaborative to Improve Autism Services grant include:

Mark Keenan, RN, MBA
State Title V CYSHCN Director
Connecticut Department of Public Health

Ann Gionet, BBA
Co-Coordinator
Connecticut Department of Public Health

Tierney Gianotti, MPA
Co-Coordinator
A.J. Pappanikou Center for Excellence in Developmental Disabilities, Research, Education and Services

Please visit the following websites to learn more about the grant, as well as autism resources available:

Connecticut Collaborative to Improve Autism Services

Connecticut Collaborative to Improve Autism Services
@CTCollab4Autism

Connecticut Department of Public Health: Children & Youth with Special Health Care Needs
www.ct.gov/dph/cwp/view.asp?a=3138&q=499610

A.J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research and Services
www.uconnucedd.org/projects/autism_grant/index.html
UConn UCEDD
@CTCollab4Autism