CONNECTICUT
Children & Families

STTAR Home Enhancement Plan Update for JJPOC

July 1, 2026

STTAR HOME ENHANCMENT PLAN UPDATE

Introduction

In accordance with C.G.S. section 17a-22kk, the Department of Children and Families (DCF) submits this report as an update to the Specialized Trauma-Informed Treatment Assessment and Reunification (STTAR) report submitted last year. It will provide the progress made to the enhancement plan developed and implemented by DCF since that time and provide updated data. The plan was originally conceived in the spring of 2024 and DCF has made steps to enact all the provisions of the plan and improve treatment and security at the STTAR homes.

STTAR Program

A Specialized Trauma Informed Treatment Assessment and Reunification (STTAR) program is a temporary congregate care setting that provides short-term care, assessment and a range of clinical services to children who are committed to the care of DCF. Youth who are referred to STTAR programs have usually disrupted from their current living situation, and an alternate safe living situation in the community cannot be identified. Although youth are not referred to STTAR programs as a primary treatment resource, youth in STTAR programs are provided with assessment services, substance use screening, crisis management, therapeutic support and educational support. Care is provided by a multidisciplinary team who have the responsibility of providing structure and support in a safe and nurturing environment.

STTAR programs are operated via contracts with a network of private non-profit provider organizations. There are currently 35 STTAR program beds available statewide. The current STTAR provider agencies, location and gender of youth served are below.

DCF STTAR Programs

- Boys & Girls Village (Bridgeport, male)
- Bridge Family Center (Hartford, male)
- Bridge Family Center (West Hartford, female)
- Bridge Family Center (Wolcott, male)
- Noank Support Services (Ledyard, female)
- Noank Support Services (Ledyard, female)
- Waterford Country School (Montville, male)

2025 Youth Demographics

A review of youth in STTAR programs identified key demographics. Point-in-time data will vary depending upon when assessed, and the number of STTAR residents at any one time is relatively small, as there are only 35 available beds. While these data can provide a descriptive "snapshot" and year-to-year comparison, these data should not be interpreted as illustrating trends over time.

	2024 (37 youth)	**2025** (29 youth)
Age	91% between 14 and 17; highest frequency 15 (32%)	86% between 14 and 17; highest frequency 17 (34%)
Race/Ethnicity	Hispanic: 30% Black: 27% White: 22% Multiracial: 22%	Hispanic: 34% Black: 21 % White: 21 % Multiracial: 24%
Reason for Entry into DCF Care	Bench OTC[1]: 16% Caretaker Refusal: 57% Disrupted Adoption: 41 %	Bench OTC: 34% Caretaker Refusal: 59% Disrupted Adoption: 31%
ASD/IDD Diagnosis	16%	10%
LGBTQIA+	32%	3%
Human Trafficking Concerns	38%	31%
Juvenile Justice Involvement	49% JJ Involved (at time of review); 61% of these youth involved with JJ prior to entering care	34% JJ Involved (at time of review); 80% of these youth involved with JJ prior to entering care
Post-STTAR Plan	FFT-FC[2] (32%) Core/Kin Foster Care (22%) Higher Level of Care (32%)	FFT-FC (29%) Core/Kin Foster Care (25%) Higher Level of Care (32%)

[1]OTC = Order of Temporary Custody

[2]FFT-FC = Functional Family Therapy Foster Care

Implementation Status of STTAR Enhancement Plan

Rename STAR (Short Term Assessment and Respite) programs to STTAR (Specialized Trauma-informed Treatment, Assessment and Reunification) programs.

- Completed. STTAR program contracts were amended to reflect the new program name.

Provide additional funding to support additional supervisory staff and funding for youth recreational opportunities.

- Completed

Reduce census of STTAR programs (from 6 to 5) to enhance ability of program staff to implement therapeutic milieu.

- Completed. STTAR program census reduced from 6 to 5. (One provider with two programs requested 4 and 6, for a total 10, to facilitate single rooms. This was approved.)

Develop a process to expedite admission process for youth referred to Solnit Psychiatric Residential Treatment Facility (PRTF) who have been approved for PRTF level of care and who are disrupting from their current treatment settings, including STTAR residents.

- Completed. Solnit PRTF leadership implemented a triage and expedited intake process for youth who are disrupting from their current treatment settings and who are approved to receive treatment at a PRTF via the typical referral process. This includes, but is not limited to, youth residing in STTAR programs. This continues to be a valuable resource for youth in need of a higher level of care.

Implement Intensive Transitional Treatment Centers (ITTC) to provide additional treatment resource for youth whose needs cannot effectively be met in the STTAR program.

- Ongoing. DCF awarded the contract to the Waterford Country School in Montville to operate a program for boys and a program for girls.
- The girls ITTC is fully operational. They began admitting youth in December 2025.
- The boys ITTC is in process of completing staff hiring and training. DCF and Waterford Country School continue to collaborate working towards opening.

Other STTAR program improvement activities underway:

- Collaborating with the JJPOC Gender Responsiveness Workgroup to identify enhanced training opportunities for STTAR program staff.
- To improve the professional development of STTAR program staff, the following training is provided to the contractors who operate the home:
    - Community Child and Family Teaming
    - Restorative Justice Training
    - Dialectical Behavior Therapy (DBT) Group Skills
    - *My Life My Choice,* Justice Resource Institute (JRI) technical assistance program
    - Support and training related to Human Trafficking
    - Crisis Intervention/Emergency Safety Intervention
    - Trauma Model
    - Mandated Reporter
- STTAR program staff were provided the opportunity to attend the Not-A-Number Domestic Minor Sex Trafficking (DMST) training, equipping staff to deliver the curriculum to youth in the program.

- STTAR program staff have also been provided the opportunity to attend additional training, including:
    - Working with LGBTQ+ youth who have experienced or are at risk of DMST;
    - Internet safety and warning signs of online grooming;
    - Utilizing National Center for Missing and Exploited Children (NCMEC) resources for DMST prevention and intervention;
    - Safety planning with DMST-involved youth.
- DCF updated the Missing from Care Policy and Practice Guide to comply with all existing federal and state requirements and improve the methods for preventing, searching and treating youth who runaway or are reported as AWOL. Key changes include:
    - The policy and practice guide provide definitions for AWOL, Missing from Care and Abduction and provide different protocols for DCF staff to follow given the unique circumstances of each.
    - Adheres to federal law by requiring DCF to be the responsible party to contact law enforcement and NCMEC according to the timelines in law and Identifies steps that specific employees must take when a child is reported missing from care.
    - Incorporates our behavioral health network and Human Anti-Trafficking Response Team (HART) to assist with children that run and ensure proper assessment when they return to care.
    - Creates two new forms to be used by DCF and provider staff to use with children that have a propensity to run and ensure proper assessment when they return to care.
        - 21-15D Form: Returning Child De-Briefing
        - 21-15P Form: Youth Run Prevention Plan

- DCF has entered into a contract with the developers of Therapeutic Crisis Intervention (TCI) at Cornell University. TCI is a crisis de-escalation curriculum and program model used in many congregate care settings, including six of the seven STTAR programs. Cornell will do a TCI fidelity assessment of model implementation for the purpose of identifying strengths and areas of improvement. These assessments will generate recommendations for continued STTAR milieu program enhancements.

Conclusion

DCF continues to work with our providers and community partners to maintain safe residential programs that service the complex needs of the youth that reside in our STTAR homes. DCF strives to make these home-like settings encourage positive development and allows the youth to experience normal adolescent milestones and behaviors. Most of the youth in these programs go to school and work in community. They are involved in athletics and after school programs. Most importantly, they want to spend time with friends and foster meaningful relationships to offset the trauma they have experienced in their young lives. DCF will continue to develop these programs to ensure the best possible outcomes for the youth in state care.