

Program Inventory ID	Program Name	Program Description	Intended Outcomes	Oversight/Agency	Start Year	Service Providers	Program Fidelity	Average Duration of Program	Frequency/Intensity of Program	Program Last Evaluated	Notes/Comments
1	Adolescent Community Reinforcement Approach / Assertive Continuing Care	This is an evidence-based outpatient behavioral therapy for substance using adolescents and their caregivers. When the recovery goals are attained through ACRA, the adolescents can then be referred to the recovery support ACC portion of the service. ACC also provides case management services to assist with accessing other needed services	1. Length of Stay 2. Discharge home or lower level of care. 3. Psychiatric Stability 4. School Attendance 5. System recognizing duplicates 6. Family/SW Feedback	DCF	2019	Child & Family Guidance Center Children's Center of Hamden Community Health Resources CT Junior Republic Association		6 months 6 months 6 months 6 months			
2	Adopt a Social Worker (Covenant to Care)	This is a statewide, faith based outreach service linking 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	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Covenant to Care for Children		1 day			
3	Care Coordination	This service provides 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.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Bridges Healthcare Chiro Guidance Center of Southern CT Community Health Resources Rushford Center United Community & Family Services Wellmore		6 months 6 months 6 months 6 months 6 months 6 months			
4	Caregiver Support Team	This service is designed to help prevent the disruption of foster placements and increase stability and permanency by providing timely in-home interventions with a child and family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Community Health Resources Family & Children's Agency Family & Children's Aid Family Centered Services United Community & Family Services Wheeler Clinic		6 months 6 months 6 months 6 months 6 months			
5	Child Abuse Centers for Excellence	This service including board certified Child Abuse Pediatricians 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.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	CT Children's Medical Center Yale University		NA NA			
6	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	A skill based, group intervention aimed at relieving symptoms of Post-Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma. This school based treatment model will enhance the school's mental health service array to support student's learning potential and build resiliency.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Optimus Health Care		10 weeks			
7	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 of supports and resources within their community.	1. Family Reunification or Child remaining in home. 2. BH Stability - Able to 3. Family/SW Feedback	DCF	2019	Child & Family Guidance Center Clifford Beers Guidance Clinic CommuniCare Community Health Resources Village for Families & Children Wellmore Wheeler Clinic		3 months 3 months 3 months 3 months 3 months 3 months			
8	Community Transition Program	This service is provided in conjunction with the Norwich Area Office and does assessment and care planning for children / youth who are transitioning from out-of-home levels of care to the community. Services are also provided to keep children/youth who are in the community from being placed in out-of-home care.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	United Community & Family Services		5 months			

9	Crisis Stabilization	This service provides short term, residential treatment for children with a rapidly deteriorating psychiatric condition, in order to reduce the risk of harm to self or others and divert children from admission into residential or inpatient care. Interventions offered focus on stabilization of the child's behavioral health condition including addressing contributing environmental factors and enhancing existing outpatient services available to the child.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Wheeler Clinic		15 days			
10	Early Childhood Services (Child First)	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 in order to decrease social-emotional and behavioral problems, developmental and learning problems, and abuse and neglect.	1. Family Reunification or Child remaining in home 2. BH Stability – Able to 3. Family/SW Feedback	DCF	2019	Bridgeport Hospital Charlotte Hungerford Hospital Child Guidance Center of Southern Clifford Beers Guidance Clinic Middlesex Hospital Mid-Fairfield Child Guidance Center United Community & Family Services Village for Families & Children Wellmore Wheeler Clinic		9 months 9 months 9 months 9 months 9 months 9 months 9 months 9 months 9 months 9 months			
11	Mobile Crisis Intervention Services	This is a mobile, crisis intervention service for children experiencing behavioral health or psychiatric emergencies. What qualifies as an emergency is defined by the child and their family. The service is delivered through a face-to-face mobile response by trained clinicians to the child's home, school or location preferred by the family, or in rare situations through a telephonic intervention. The response time to the location of the child by the Mobile Crisis clinicians is expected to be 45 minutes or less. Mobile Crisis supports maintaining children in the community with their families and reducing the need for Emergency Department visits or higher levels of care.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Child & Family Guidance Center Clifford Beers Guidance Clinic Community Health Resources United Community & Family Services Wellmore Wheeler Clinic		1 day 1 day 1 day 1 day 1 day 1 day			
12	Extended Day Treatment	This service is a site-based behavioral health 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 maintain the child or youth in his or her home. The purpose of this service is to provide the clinical treatment and supports necessary to successfully stabilize and maintain children/youth in their own homes and communities. These efforts focus on: the prevention of hospitalization and out-of-home placement, unless clinically necessary; the provision of clinical treatment and specific behavioral assistance; and the engagement and support of families and caregivers. The primary goals include but are not limited to: stabilizing the child/youth's symptoms and behavior; improving the child/youth's mental, emotional, and social well-being, thus increasing the level of overall functioning in the community setting, both at home and school; and strengthening the family by enabling the	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Boys & Girls Village Charlotte Hungerford Hospital Children's Center of Hamden Community Mental Health Affiliates Family & Children's Aid Hartford Hospital Klingberg Comprehensive Family Services Mid-Fairfield Child Guidance Center Natchaug Hospital Village for Families & Children Wheeler Clinic		6 months 6 months 6 months 6 months 6 months 6 months 6 months 6 months 6 months 6 months 6 months			
13	Family Support	This service provides coordination and facilitation of five parent support groups with goals of peer support, information on appropriate parenting skills, and education on the development of effective coping strategies.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Thompson Ecumenical Empowerment Group		NA			
14						Madonna Place		6 months			

	Fatherhood Engagement Services	Provides intensive outreach, case management services and 24/7 Dad@ group programming to fathers involved with an open DCF case.	1. Family Reunification or Child remaining in home 2. BH Stability – Able to 3. Family/SW Feedback	DCF	2019	Clifford Beers Guidance Clinic	6 months			
						Family ReEntry	6 months			
						New Opportunities	6 months			
						Village for Families & Children	6 months			
						Wellmore	6 months			
15	Fatherhood Engagement Services: Incarcerated	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.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Family ReEntry	3 days			
16	Foster and Adoptive Parent Support (CAFAP)	This service, through a private statewide agency, provides support and training to foster and adoptive parents. Services include, but are not limited to: a buddy system; post licensing training; a quarterly newsletter; an annual conference; periodic workshops; respite care authorization; and a fiduciary role for open adoption legal services.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	CT Association of Foster & Adoptive Parents	24 months			
17	Foster Care and Adoptive Family Support Group	This service provides both avenue and child care for support group meetings for foster care and adoptive families as a means to aid in the retention of foster homes and placement stability within foster and adoptive family settings.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Family & Children's Aid	1 month			
18	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.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Bloomfield Social & Youth Services	NA			
19	Functional Family Therapy	This service provides intensive in home family focused clinical treatment, family support and empowerment, access to medication evaluation and management, crisis intervention and case management. The service is provided 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. This service is delivered in accordance with the tenets of the evidence based Functional Family Therapy (FFT) model, which includes ongoing consultation and evaluation by the	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Child & Family Agency of Southeastern CT	4 months			
						Child & Family Guidance Center	4 months			
						Community Health Resources	4 months			
						Wellmore	4 months			
20	Intensive Family Preservation	This service provides a short-term, intensive, in-home service designed to intervene quickly in order 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.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Child & Family Agency of Southeastern CT	6 months			
						Community Mental Health Affiliates	6 months			
						Family & Children's Agency	6 months			
						Klingberg Comprehensive Family Services	6 months			
						Wheeler Clinic	6 months			
						Yale University	6 months			
21	Intimate Partner Violence (IPV)	The goal of the service is to establish a comprehensive response to intimate partner violence that offers meaningful and sustainable help to families that is safe, respectful, culturally relevant and responsive to the unique strengths and concerns of the family. This four (4) to six (6) month 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.	1. Family Reunification or Child remaining in home 2. BH Stability – Able to adequately parent 3. Family/SW Feedback	DCF	2019	Family Centered Services	3 months			
						Child & Family Agency of Southeastern CT	3 months			
						Child Guidance Clinic for Central CT	3 months			
						Community Health Resources	3 months			
						Family ReEntry	3 months			
						Wellmore	3 months			
22		This service provides intensive home based clinical interventions for children, ages 9-18, with significant behavioral health service needs who are at imminent risk of	1. Family Reunification or child			Boys & Girls Village	5 months			
						Child & Family Agency of Southeastern CT	5 months			

	MDFT	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, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home.	1. Family Reunification or Child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Community Health Resources Community Mental Health Affiliates CT Junior Republic Association United Community & Family Services Wheeler Clinic	5 months 5 months 5 months 5 months 5 months				
23	MDFT Residential	This service utilizes the MDFT model in a 4-month in-care setting. Services include intensive clinical interventions for children with significant behavioral health service needs 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, interventions, services and supports that address the issues and problems threatening the return of the child to the home. Significant behavioral health needs and either alcohol or drug related problems, or are at risk of substance use are main focus areas	1. Length of Stay 2. Discharge home or lower level of care. 3. Psychiatric Stability 4. School Attendance 5. System Recognizing duplicates 6. Family/SW Feedback	DCF	2019	CT Junior Republic Association	4 months				
24	MST	This service is evidence-based and provides 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. . . After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home.	1. Family Reunification or Child remaining in home 2. BH Stability – Able to adequately parent Family/SW Feedback	DCF	2019	Child & Family Guidance Center NAFI CT, Inc. Wheeler Clinic	4 months 4 months 4 months				
25	MST: Building Stronger Families	This service, using a national evidence-based treatment model, provides intensive family and community based treatment to families that are active cases with 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. Core services include: clinical services, trauma treatment, empowerment and family support services, medication management, crisis intervention, case management and	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Boys & Girls Village Wheeler Clinic Community Health Resources Family Centered Services Wellmore	7 months 7 months 7 months 7 months 7 months				
26	MST: Emerging Adults	(MST-EA) was designed for young people aged 17-21 at the highest risk for negative outcomes – those with multiple co-occurring problems and extensive systems involvement. The Connecticut MST-EA program will serve youth between their 17 th and 21 st birthdays 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).	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	NAFI CT, Inc.	6 months				
27	MST: 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 provided in a context that is 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-	1. Family Reunification or Child remaining in home 2. BH Stability – Able to adequately parent 3. Family/SW Feedback	DCF	2019	& Family Guidance Center Community Health Resources Community Mental Health Affiliates Community Mental Health Affiliates Family Centered Services United Community & Family Services Village for Families & Children Yale University	6 months 6 months 6 months 6 months 6 months 6 months 6 months 6 months				

28	MST: Problem Sexual Behavior	This service provides clinical interventions for youth who have 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 upon an augmentation of the standard MST team model, an evidence based clinical model with an established curriculum, training component and philosophy of delivering care.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	NAFI CT, Inc.	6 months			
						Wheeler Clinic	6 months			
						Boys & Girls Village	6 months			
29	Multidisciplinary Examination (MDE) Clinic	This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening within 30 days of children entering DCF care. A comprehensive summary report of findings and recommendations is completed on each child referred for service and provided to AO staff including social worker and RRG.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Capitol Region Education Council	1 month			
						Community Health Center	1 month			
						Generations Family Health Center	1 month			
						Optimus Health Care	1 month			
						United Community & Family Services	1 month			
						Village for Families & Children	1 month			
						Wheeler Clinic	1 month			
						Yale New Haven Hospital	1 month			
30	Multidisciplinary Teams (MDT)	This service promotes the coordination of investigations of and interventions for cases of child abuse/neglect among agencies, including DCF, police, medical, mental health, victim advocates, and prosecutors. Cases are referred to the regularly scheduled team meetings by DCF, law enforcement or other agency members of the team. A team Coordinator assumes the coordination and administrative responsibilities in addition to being an active member of the team. Training in aspects of child abuse and the investigation process is provided to the team members	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	AMPS, Inc.	NA			
						Center for Family Justice	NA			
						Charlotte Hungerford Hospital	NA			
						Child Guidance Center of Southern	NA			
						Clifford Beers Guidance Clinic	NA			
						Community Child Guidance Clinic	NA			
						Community Health Resources	NA			
						Community Mental Health Affiliates	NA			
						Family & Children's Aid	NA			
						Human Services Council	NA			
						Klingberg Comprehensive Family Services	NA			
						Middletown Police Benefit Association	NA			
						Rape Crisis Center of Milford	NA			
						Sexual Assault Crisis Center of Eastern CT	NA			
						Waterbury Youth Services	NA			
31	One on One Mentoring -Rise Specialty	This service contracts with local service providers statewide to supply adult mentors to DCF involved adolescents ages 14-17 and 18-21 who remain involved with DCF following their commitments.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	True Colors, Inc.	12 months			
32						Bridges Healthcare	8 months			
						Catholic Charities	8 months			
						Archdiocese of Hartford				

						United Services		4 months				
						Village for Families & Children		4 months				
						Wheeler Clinic		4 months				
26	SAFE Family Recovery	Provides three (3) evidence-based approaches in order to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Advanced Behavioral Health		5 months				
						Clifford Beers Guidance Clinic		5 months				
						CommuniCare		5 months				
						Community Health Resources		5 months				
						Wheeler Clinic		5 months				
27	Short Term Assessment Respite (STAR)	This service is a temporary congregate care program that provides short-term care, evaluation and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Bridge Family Center		2 months				
						Waterford Country School		2 months				
28	Short-term Family Integrated Treatment (S-FIT)	This is a short-term residential treatment option providing crisis stabilization and assessment, with rapid reintegration and transition back home. The primary goal of the program is to: stabilize the youth and family (adoptive, biological, foster, kin, relative) and their extended social system; assess the family's current strengths and needs; identify and mobilize community resources; and, coordinate services to ensure rapid reintegration into the home. It is an alternative to psychiatric hospitalizations and admissions to higher levels of care, and diverts placement disruptions.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Children's Center of Hamden		15 days				
						Family & Children's Aid		15 days				
						Village for Families & Children		15 days				
						Waterbury Youth Services		15 days				
						Waterford Country School		15 days				
						Wheeler Clinic		15 days				
39	Sibling Connections	This service is designed to engage, support and reconnect siblings who are placed in out of home care by providing a week long overnight camp experience focused on strengthening sibling relationships and creating meaningful childhood memories.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Almada Lodge Times Farm Camp		6 days				
40	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 Housing (DOH) provides a housing certificate when needed.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	Connection		18 months				
41	Therapeutic Child Care	This service offers a range of support services for children in a child care facility, including parent-child programs and an after school program. The target population is children ages birth to 8 years old. The primary activity is the teaching of parenting skills as parents participate with their child in the child care setting. With new understanding and skills on the part of the parents, DCF is less likely to become involved and children are less likely to be removed from the home.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Action for Bridgeport Community Development		18 months				
42	Therapeutic Child Care: Trauma Informed	This program is designed to promote, develop, and increase the social, emotional development and cognitive capacities of children, ages 2 years 9 months - 5 years who have been adversely affected by abuse and/or neglect, are presenting with behavioral health issues, and require a therapeutic and trauma-informed program to address these behavioral challenges. The program will be housed within a licensed childcare facility and will also offer support services to parents to increase positive behaviors and promote parent bonding. It is the goal of the Trauma-Informed Therapeutic Child Care Center that children will successfully transition to a less	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Wheeler Clinic		18 months				

43	Therapeutic Group Home	This service is a small (4-6 bed) staffed home within a local community designed for youth with psychiatric/behavioral issues (must have an Axis I diagnosis of a particular kind). Youth entering these homes come primarily from larger residential facilities. Therapeutic techniques/strategies are utilized in the relationship with the child/family, primarily through group, milieu experiences. The service provides an intensive corrective relationship in which therapeutic interactions are dominant, thereby assisting 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.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Adelbrook Community Services	38 months			
						Bridge Family Center	34 months			
						Community Health Resources	16 months			
						CT Junior Republic Association	18 months			
						Family & Children's Aid	9 months			
						Focus Center for Autism	9 months			
						Gilead Community Services	9 months			
						Key Human Services	9 months			
						Klingberg Comprehensive Family Services	20 months			
						NAFI CT, Inc.	9 months			
						Noank Group Homes & Support Services	12 months			
						Village for Families & Children	48 months			
						Wellmore	12 months			
Wheeler Clinic	6.45 months									
Youth Continuum	17 months									
44	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. The contractor will hire an additional Permanency Specialist and develop child specific adoption readiness and recruitment activities to help move Connecticut's longest-waiting children from foster care into adoptive families.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Klingberg Comprehensive Family Services	2 years			
45	Work Learn/Youth Program	This is a youth educational/vocational program providing supportive services to assist youth, ages 16 - 21, 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.	1. Discharge home - Length of stay or remaining in home. 2. Psychiatric Stability 3. School Attendance/Measurable Performance 4. Family/SW Feedback	DCF	2019	Boys & Girls Village	12 months			
						Marrakech	12 months			
						Our Piece of the Pie	12 months			
46	Zero to Three	The Zero to three Safe Babies Project, provides for the coordination of services to parents and children younger than 36 months in order to help speed reunification or another permanency goal when the children have been placed by court order outside of their homes for the first time. These coordination efforts involve facilitating communication and cooperation among a "zero to three team" of stakeholders (e.g. court services, infant mental health, protective services, developmental screening) and the parent(s) to develop and expedite a case specific plan of action.	1. Family Reunification or child remaining in home. 2. Behavioral Health Stability - Able to adequately Parent 3. Family/SW Feedback	DCF	2019	National Center for Infants, Toddlers & Families	10 months			

RESULTS FIRST

Program Inventory ID	Program Name	Primary Participant Population	Average Age	Criminogenic Needs Addressed	Assigned Using Validated Assessment Instrument	Participants Served in FY19	Eligible but Unserved Individuals	Annual Capacity	Notes/ Comments
1	Adolescent Community Reinforcement Approach / Assertive		15.73 yrs			412		312	Average duration/doseage: 4.6 months
2	Adopt a Social Worker (Covenant to Care)		All			28890		28890	
3	Care Coordination		11yrs			719		860	Average duration: 6 months
4	Caregiver Support Team		0-18 yrs			762		762	
5	Child Abuse Centers for Excellence		All			500		500	
6	Cognitive Behavior Intervention for Trauma in Schools (CBITS)		13 yrs		Trauma Exposure Checklist (TEC), CPSS, Ohio Scales	280		280	Average duration: 10 weeks
7	Community Support for Families		0-17 yrs			2016		2340	
8	Community Transition Program					80		80	
9	Crisis Stabilization		11-17 yrs			288		96	
10	Early Childhood Services (Child First)		0-6 yrs			493		493	
11	Mobile Crisis Intervention Services		0-17 yrs		Ohio Scales	15,306		Open Capacity	
12	Extended Day Treatment		5-17 yrs		Ohio Scales	826		826	
13	Family Support							Open Capacity	
14	Fatherhood Engagement Services					290		290	
15	Fatherhood Engagement Services: Incarcerated					50		50	
16	Foster and Adoptive Parent Support (CAFAP)		All			2117		2117	
17	Foster Care and Adoptive Family Support Group		all			488		488	
18	Foster Family Support		All			88		88	
19	Functional Family Therapy		11-18 yrs			645		645	
20	Intensive Family Preservation		0-17 yrs			831		831	
21	Intimate Partner Violence (IPV)					455		455	
22	MDFT		14.97 yrs			1260		900	Average duration: 6.1 months
23	MDFT Residential		Male 14-18			24		24	
24	MST		12-17 yrs			214		219	
25	MST: Building Stronger Families					126		126	
26	MST: Emerging Adults					66		66	
27	MST: Family Based Recovery					216		216	
28	MST: Problem Sexual Behavior		8-17 yrs			96		96	
29	Multidisciplinary Examination (MDE) Clinic		All			1673		1673	
30	Multidisciplinary Teams (MDT)		All			700		Open Capacity	
31	One on One Mentoring		14-17 and 18-21			24		24	
32	Outpatient Psychiatric Clinic for Children		11yrs.			23815		13327	Average duration: 8.6 mo.; for TF-CBT in OPPC, av. Duration:6.85m
33	Parenting Class		all			13		Open Capacity	
34	Parenting Support Services					2291		1845	
35	Reunification and Therapeutic Family Time		0-17 yrs			890		890	
36	SAFE Family Recovery					6570		6570	
37	Short Term Assessment Respite					36		216	
38	Short-term Family Integrated Treatment (S-FIT)					9		1392	
39	Sibling Connections		8-17 yrs			88		88	
40	Supportive Housing for Families		All (Parents 18+)			500		500	
41	Therapeutic Child Care		0-5 yrs			30		30	
42	Therapeutic Child Care: Trauma Informed		2yrs 9 mos. - 5 yrs		Devereux Early Childhood Assessment for Preschoolers	42		42	
43	Therapeutic Group Home					135		135	
44	Wendy's Wonderful Kids					20		20	
45	Work Learn/Youth Program		16-21 yrs			295		295	
46	Zero to Three		0-3 yrs			40		40	

RESULTS FIRST

Program Inventory IC	Program Name	Program Budget (FY19)	Percent of Total Budget (FY19)	Annual Cost Per Participant	Marginal or Average	Funding Source	SID	Annual Cost per Participant for Comparison Group	Year of Dollars	Description of Program Costs	Notes/ Comments
1	Adolescent Community Reinforcement Approach / Assertive Case Management Case	\$1,243,508	0.80%	\$3,018.22	Average	State	16116 and 16141		2019		
2	Adopt a Social Worker (Covenant to Care)	\$256,687	0.16%	\$8.88	Average	State/Federal	16141 and 20190		2019		
3	Care Coordination	\$2,800,204	1.80%	\$3,894.58	Average	State/Federal	1641, 20575, 26415		2019		
4	Caregiver Support Team	\$5,218,538	3.35%	\$6,848.48	Average	State	16135		2019		
5	Child Abuse Centers for Excellence	\$1,472,687	0.94%	\$2,945.37	Average	State/Federal	16064, 16135, 20139		2019		
6	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	\$380,514	0.24%	\$1,358.98	Average	State	16024		2019		
7	Community Support for Families	\$8,101,296	5.19%	\$4,018.50	Average	State	12515		2019		
8	Community Transition Program	\$269,947	0.17%	\$3,374.34	Average	State	16141		2019		
9	Crisis Stabilization	\$1,709,973	1.10%	\$5,937.41	Average	State	16138		2019		
10	Early Childhood Services (Child First)	\$5,211,267	3.34%	\$10,570.52	Average	State	16064 and 16092		2019		
11	Mobile Crisis Intervention Services	\$12,073,435	7.74%	\$788.80	Average	State	16141		2019		
12	Extended Day Treatment	\$7,275,777	4.67%	\$8,808.45	Average	State	16033		2019		
13	Family Support	\$47,286	0.03%	#DIV/0!	Average	State	16092		2019		
14	Fatherhood Engagement Services	\$48,820	0.03%	\$168.34	Average	State	16140		2019		
15	Fatherhood Engagement Services: Incarcerated	\$60,000	0.04%	\$1,200.00	Average	State	16140		2019		
16	Foster and Adoptive Parent Support (CAFAP)	\$2,035,568	1.31%	\$961.53	Average	State	16135		2019		
17	Foster Care and Adoptive Family Support Group	\$9,307	0.01%	\$19.07	Average	State	16135		2019		
18	Foster Family Support	\$48,769	0.03%	\$554.19	Average	State	16135		2019		
19	Functional Family Therapy	\$1,807,495	1.16%	\$2,802.32	Average	State	16141		2019		
20	Intensive Family Preservation	\$6,397,161	4.10%	\$7,698.15	Average	State	16111		2019		
21	Intimate Partner Violence (IPV)	\$2,944,696	1.89%	\$6,471.86	Average	State	16097		2019		
22	MDFT	\$8,925,807	5.72%	\$7,083.97	Average	State	16141		2019		
23	MDFT Residential	\$1,390,022	0.89%	\$57,917.58	Average	State	16138		2019		
24	MST	\$1,884,472	1.21%	\$8,805.94	Average	State	16116 and 16141		2019		
25	MST: Building Stronger Families	\$2,922,885	1.87%	\$23,197.50	Average	State	16141		2019		
26	MST: Emerging Adults	\$577,500	0.37%	\$8,750.00	Average	State	16141		2019		
27	MST: Family Based Recovery	\$3,924,927	2.52%	\$18,170.96	Average	State	16116 and 16141		2019		
28	MST: Problem Sexual Behavior	\$1,761,023	1.13%	\$18,343.99	Average	State	16141		2019		
29	Multidisciplinary Examination (MDE) Clinic	\$1,368,190	0.88%	\$817.81	Average	State	16008		2019		
30	Multidisciplinary Teams (MDT)	\$1,043,072	0.67%	\$1,490.10	Average	State/Federal	16064		2019		
31	One on One Mentoring	\$89,279	0.06%	\$3,719.96	Average	State/Federal	16120 and 20225		2019		
32	Outpatient Psychiatric Clinic for Children	\$12,008,382	7.70%	\$504.24	Average	State	16024		2019		
33	Parenting Class	\$8,907	0.01%	\$685.15	Average	State	16092		2019		
34	Parenting Support Services	\$4,708,103	3.02%	\$2,055.04	Average	State	16064		2019		
35	Reunification and Therapeutic Family Time	\$6,512,515	4.18%	\$7,317.43	Average	State/Federal	16064,16111, 16135,and 20190		2019		
36	SAFE Family Recovery	\$1,484,917	0.95%	\$226.01	Average	State/Federal	16116 and 26422		2019		
37	Short Term Assessment Respite	\$4,497,076	2.88%	\$124,918.78	Average	State	16138		2019		
38	Short-term Family Integrated Treatment (S-FIT)	\$1,131,213	0.73%	\$125,690.33	Average	State	16138		2019		
39	Sibling Connections	\$89,351	0.06%	\$1,015.35	Average	State/Federal	16135		2019		
40	Supportive Housing for Families	\$13,761,064	8.82%	\$27,522.13	Average	State	16102		2019		
41	Therapeutic Child Care	\$310,611	0.20%	\$10,353.70	Average	State	16064		2019		
42	Therapeutic Child Care: Trauma Informed	\$375,622	0.24%	\$8,943.38	Average	State	16064		2019		
43	Therapeutic Group Home	\$25,241,161	16.18%	\$186,971.56	Average	State	16138		2019		
44	Wendy's Wonderful Kids	\$173,130	0.11%	\$8,656.50	Average	State	16135		2019		
45	Work Learn/Youth Program	\$2,228,914	1.43%	\$7,555.64	Average	State	16120		2019		
46	Zero to Three	\$123,121	0.08%	\$3,078.03	Average	State	16092		2019		
		\$155,954,199									

RESULTS FIRST

Program Inventory #	Program Name	Policy Area	RF Program	Clearinghouse	Rating from Clearinghouse	Type	Notes/ Comments
1	Adolescent Community Reinforcement Approach / Assertive Adopt a Social Worker (Covenant to Care)	Youth substance abuse	Adolescent Assertive Continuing Care	CrimeSolutions.gov	Effective	Evidence-based	ACRA-ACC not fully titled in RF dropdown
2	Care Coordination	select	select	Not listed	select	None of the above	no appropriate choice in dropdown
3	Caregiver Support Team	Child mental health	Full fidelity wraparound for youth with serious emotional disturbance (SED)	CrimeSolutions.gov	Promising	Evidence-based	
4	Child Abuse Centers for Excellence	select	select	Not listed	select	None of the above	disagree with suggestion
5	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	Child mental health	Cognitive behavioral therapy (CBT)-based models for child trauma	CrimeSolutions.gov	Effective	Evidence-based	disagree with suggestion (these are medical evals and consultations)
6	Community Support for Families	select	select	select	select	None of the above	agree with suggestion from IMRP
7	Community Transition Program	select	select	select	select	None of the above	no appropriate choice in dropdown
8	Crisis Stabilization	Child mental health	select	Not listed	select	None of the above	no appropriate choice in dropdown
9	Early Childhood Services (Child First)	Child welfare	Other home visiting programs for at-risk mothers and children	select	select	Evidence-based	no appropriate choice in dropdown
10	Mobile Crisis Intervention Services	Child mental health	select	select	select	Evidence-based	agree with suggestion from IMRP
11	Extended Day Treatment	Child mental health	No match	Not listed	Not listed	None of the above	agree with suggestion from IMRP
12	Family Support	select	select	select	select	None of the above	Yes, there are multiple agencies
13	Fatherhood Engagement Services	Child mental health	select	Not listed	select	None of the above	disagree with suggestion
14	Fatherhood Engagement Services: Incarcerated	Child mental health	select	Not listed	select	None of the above	disagree with suggestion
15	Foster and Adoptive Parent Support (CAFAP)	General prevention	select	Not listed	select	None of the above	disagree with suggestion
16	Foster Care and Adoptive Family Support Group	select	select	Not listed	Not listed	None of the above	
17	Foster Family Support	select	select	select	select	None of the above	
18	Functional Family Therapy	Child mental health	select	CEBC	Supported by research evidence	Evidence-based	disagree - DCF does not use FFT CW, FFT for substance use of FFT for JJ in state institutions or on probation
19	Intensive Family Preservation	select	select	select	select	None of the above	disagree with suggestion
20	Intimate Partner Violence (IPV)	Child welfare	select	Not listed	select	Promising practice	
21	MDFT	Youth substance abuse	Multidimensional Family Therapy (MDFT) for substance abusers	NREPP	3.8	Evidence-based	
22	MDFT Residential	select	select	Not listed	select	None of the above	agree with suggestion from IMRP
23	MST	Juvenile justice	Multisystemic Therapy - Substance Abuse (MST-SA)	CrimeSolutions.gov	Effective	Evidence-based	agree
24	MST: Building Stronger Families	Adult substance abuse	No match	Not listed	Not listed	Promising practice	
25	MST: Emerging Adults	Juvenile justice	Multisystemic Therapy (MST)	Not listed	Not listed	Evidence-based	agree
26	Family Based Recovery	Adult substance abuse	No match	Not listed	Not listed	Promising practice	
27	MST: Problem Sexual Behavior	Juvenile justice	Multisystemic Therapy for youth with Problem Sexual Behaviors (MST-PSB)	Blueprints for Healthy Youth Development	Model	Evidence-based	agree
28	Multidisciplinary Examination (MDE) Clinic	select	select	select	select	None of the above	
29	Multidisciplinary Teams (MDT)	Child welfare	select	Not listed	Not listed	None of the above	
30	One on One Mentoring-Rise-Specialty	General prevention	select	Not listed	Not listed	None of the above	disagree
31	Outpatient Psychiatric Clinic for Children	Child mental health	Cognitive behavioral therapy (CBT) for children & adolescents with depression	CrimeSolutions.gov	Promising	Promising practice	
32	Parenting Class	General prevention	select	Not listed	Not listed	None of the above	disagree
33	Parenting Support Services	General prevention	select	Not listed	select	select	disagree
34	Reunification and Therapeutic Family Time	Child welfare	Other family preservation services (non-Homebuilders®)	select	select	Evidence-based	agree
35	SAFE Family Recovery	Child welfare	select	CrimeSolutions.gov	Promising	select	SAFE Family Recovery includes 3 distinct services: Screening, Brief Intervention and Referral to Treatment (SBIRT), Multidimensional Family Recovery (MDFR), and Recover Management Checkups and Support (RMCS). MDFR is found in
36	Short Term Assessment Respite	Child mental health	select	Not listed	select	Promising practice	
37	Short-term Family Integrated Treatment (S-FIT)	Child mental health	select	Not listed	select	None of the above	
38	Sibling Connections	select	select	select	select	None of the above	
39	Supportive Housing for Families	General prevention	No match	select	select	None of the above	
40	Therapeutic Child Care	select	select	Not listed	select	select	disagree
41	Therapeutic Child Care: Trauma Informed	Child mental health	select	select	select	None of the above	
42	Therapeutic Group Home	Child mental health	select	Not listed	select	None of the above	disagree
43	Wendy's Wonderful Kids	select	select	select	select	Promising practice	
44	Work Learn/Youth Program	General prevention	select	Not listed	select	None of the above	
45	Zero to Three	Child welfare	Other home visiting programs for at-risk mothers and children	select	select	Evidence-based	agree

Program Information

Program Name: Enter the specific, formal program name of the program. Spell out abbreviations and avoid acronyms or nick-names. For example: “Residential Substance Abuse Treatment (RSAT)” or “Functional Family Therapy.” (Give the name of the specific facility or location if appropriate.)

Program Description: Summarize key elements of the program. For example: “T4C (Thinking 4 a Change) is an integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills.”

Intended Outcomes: Enter the names of outcomes that the program is intended to address, based on outcomes that are measured in the Results First BCA model (ie, crime/recidivism, child maltreatment, out-of-home placement, substance abuse, mental health, public health, public assistance, employment and workforce development, and, or health care).

Oversight Agency/Department: Enter the name of agencies in charge of the program. For example, Department of Corrections, Court Support Services Division, etc.

Start Year: Enter the year that the program first began in Connecticut.

Service Provider(s): Enter the name of the oversight agency if the program is delivered by staff unless the specific program is contracted, in which case, name the contracted provider(s).

Program Fidelity: Is the program delivered with fidelity to the program design? Enter yes or no. If yes, explain how the fidelity is ensured.

Average Duration of Program: Enter the length of time required for program delivery. For example: “6 – 12 months” or “12 weeks”. At first, the inventory will contain a variety of measures – days, months, or years. Later, these should be standardized to months or years to use as inputs in the benefit-cost model.

Frequency/ Intensity of Program: Record the number and duration of classes or sessions. For example: “Ten 30 minute classes administered over four weeks.”

Program Last Evaluated: Enter the year that the program was last evaluated. Enter “never” if the program has not been evaluated. Provide copies of any program evaluations.

Notes/Comments: Provide any other relevant detail to help explain the program.

Participants & Capacity

Primary Participant Population: When compiling the program inventory, it is important to include information about which populations are intended for each program. Sometimes programs are given to individuals who are not the appropriate recipients for the treatment. For example, low risk offenders with little likelihood of reoffending are often included in re-entry programs intended for middle to high risk offenders simply because they are a more manageable population; however, including low risk offenders in inappropriate programming can actually increase recidivism. Describe the intended risk classification or other qualifying classification for participants. For example: “Moderate-High Risk Offenders” or “Drug-involved Offenders” or “Youthful Offenders (Age 18-25)” etc.

Average Age: Enter the estimated average age of a program participant (regardless of completion) in state fiscal year 2013 (or the same year for which *Participants Served in FY13* is reported).

Criminogenic Needs Addressed: List the specific needs that the program intends to address. For example: Addiction disorder; psychiatric disorder; unemployment; domestic violence perpetration, etc. Also note the intended treatment population.

Assigned Using Validated Assessment Instrument: Name the screening/assessment tool used for assignment participants to the program, if a tool is used. For example: LSCMI, SASSI, etc.

Participants Served in FY13: Report the number of clients the program treated (regardless of completion) in state fiscal year 2013 (or 2014—whatever may be the most recent full year of data available).

Eligible but Unserved Individuals: Report the estimated number of persons in the program’s service jurisdiction that would qualify for or need this program, but who did not receive it. This may simply be a wait list. The estimate should represent an annual count from a single calendar or fiscal year.

Annual Capacity: Report the annual number of program slots or beds available at any given time as it is currently funded.

Notes/Comments: Provide any other relevant detail to help explain the program and its capacity.

Cost & Budget

Program Budget (FY13): Indicate the total amount budgeted by the agency for the program for the year that is used for the cost estimates.

Percent of Total Budget (FY13): These cells are computed automatically to estimate the portion of the total agency budget related to the program.

Annual Cost per Participant: Record here the estimated annual cost of the program per participant.

Marginal or Average: Note the method of estimating the per participant unit cost for the program. Marginal if based on variable costs only or average if based on variable and fixed (overhead) costs.

Funding Source: List the source of program funds, e.g., legislative appropriations, county appropriations, user fees, federal grant, etc.

Annual Cost per Participant for Comparison Group: Enter costs of alternatives to the program if the program is used as a diversion or replacement from some other resource that would otherwise be used. For example, electronic monitoring may be used instead of jail to detain pre-trial defendants. The comparison cost would be the cost of jail for the same amount of time that the defendant would be on electronic monitoring.

Year of Dollars: This is the calendar or fiscal year of information used to estimate costs.

Description of Program Costs (e.g., how calculated): Enter notes describing how per participant costs were calculated.

Notes/Comments: Provide any other relevant detail to help explain the program cost.

Evidence-Based

Policy area: Identify the policy area that best describes the program's focus. See the program summary documents for further details.

RF Program: Select the name of the RF program that best matches to the state's program. Descriptions of RF programs are provided in program summary documents. The program list is populated based on the policy area selected in the previous column.

Clearinghouse: Enter the name of the clearinghouse or clearinghouses that reviewed the intervention. Further details found here under "Clearinghouses": <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Rating from Clearinghouse: Note the level of evidence for program effectiveness as indicated in RF's Clearinghouse Database. Further details available here under "Ratings Colors & Systems": <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Type: Enter the type of program: evidence-based, research-based, or promising. An 'evidence-based' program incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials. All programs in the RF model are evidence-based. A 'research-based' program is a program or practice that has some research demonstrating effectiveness, such as one tested with a single randomized or statistically controlled evaluation, but does not meet the full criteria for evidence-based. Finally, a 'promising' program is a program or practice that, based on statistical analyses or preliminary research, shows potential for meeting the evidence-based or research-based criteria