
Program Guidelines for Girls' Services in Connecticut

****Part of the DCF-CSSD Girls' Programs
Standards and Certification Project***

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Compiled and edited by:

Kimberly Sokoloff, State of Connecticut Judicial Branch, Court Support Services Division

Tammy Sneed, State of Connecticut Department of Children and Families

Barbara Guthrie, RN, Ph.D., Yale, FAAN, Associate Professor, Associate Dean for Academic Affairs

Alyssa Benedict, MPH, CORE Associates, LLC

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Introduction

The DCF-CSSD Girls' Programs Standards and Certification Project is intended to support the development of a system of care for girls involved in Connecticut's Juvenile Justice System that is characterized by creative, cutting-edge practice and widespread adherence to best practices in female-responsive programming and approaches. The project is designed to move the system toward a unified female-responsive approach so that girls have access to a cohesive system of care that honors their strengths and effectively meets their needs across service settings.

This first phase of system improvement focuses on the development of Program Guidelines for Girls' Services across the Juvenile Justice System. On September 18 & 19, 2005, CSSD, DCF and CORE Associates facilitated a retreat on female-responsive services for girls. The purpose of the retreat was to discuss the shared CSSD-DCF framework and philosophy of female-responsive programming and work with providers of 24-hour care facilities to draft guidelines of care for female-responsive programs for girls.

During the retreat, female-responsive practices were discussed in relation to the following eight program components¹:

- 1) Philosophy/Conceptual Framework,
- 2) Facility,
- 3) Management and Staffing,
- 4) Program Culture,
- 5) Behavior Motivation,
- 6) Programming and Services,
- 7) Treatment/Service Planning and Review
- 8) Total Quality Improvement (TQI).

Each of these Program Components is defined in Section II of this document. Participants agreed on the following definition of Female-Responsive Services for Girls:

Female-responsive programs intentionally incorporate research on female socialization, psychological, cognitive, and physical development, strengths, and risks to affect and guide ALL aspects of a program's design, processes, and services¹.

The Valentine Foundation is touted as one of the first, most progressive groups to outline characteristics of female-responsive programming. Below, they list ten examples of what programs should have in place for girls:

1. Space that is physically and emotionally safe and removed from the demands for attention of males.

¹ CORE GSPA-II, CORE Associates, LLC 2004

2. Time to talk and to conduct emotionally “safe,” comforting, challenging, and nurturing conversations within ongoing relationships.
3. Opportunities for girls to develop relationships of trust and interdependence with women already present in their lives (such as friends, relatives, neighbors, church members).
4. Programs that tap girls’ cultural strengths rather than focusing primarily on the individual girl (i.e., building on Afro-centric perspectives of history and community relationships)
5. Mentors who share experiences that resonate with the realities of girls’ lives and who exemplify survival and growth.
6. Education about women’s health, including female development, pregnancy, contraception, diseases and prevention, and healthy sexuality.
7. Opportunities for girls to create positive changes on an individual level, within their relationships, and within the community.
8. Giving girls a voice in program design, implementation, and evaluation.
9. Adequate financing to ensure that comprehensive programming will be sustained long enough for girls to integrate the benefits.
10. Involvement with schools so that curriculum reflects the values, the experience, and contributions of women.

Incorporating the work by the Valentine Foundation, the following concepts were utilized in developing the guidelines herein:

- ❖ Emotional, physical and psychological safety
- ❖ Relational
- ❖ Strengths-based
- ❖ Trauma sensitive
- ❖ Culturally competent

Guided by this framework, retreat participants developed program guidelines that represent practices and approaches that exist in order to be considered female-responsive. These recommended female-responsive guidelines are listed in Section III.

Purpose and Suggested Use of This Document

These guidelines were developed in collaboration with the provider community using an inclusive, strength-based process. The guidelines provided should be considered basic service delivery practices for girls' service providers. They are not designed to be clinically responsive. They are best understood as the initial phase of unifying female-responsive practices across the Judicial and DCF Juvenile Justice System. Later phases of development will be designed with intentional responsiveness.

The guidelines are designed to:

- ❖ *Educate providers and system personnel while also initiating important enhancements for girls at the program and system levels.*
- ❖ *Balance an ideal vision of programs and services for girls that is grounded in research and best practices while acknowledging the current parameters of our systems.*
- ❖ *Co-exist with system-level principles and policies that will support program-level enhancements, not to resemble policies, protocols or training content.*

The goal is to establish a clear vision of the programs and services girls need and deserve

The Eight Program Components² Defined

1. Philosophy/Conceptual Framework

This includes, but is not limited to, a program's:

- a) philosophical foundation (e.g., the research and practice concepts that provide a foundation of understanding regarding the population being served and their needs)
- b) mission (e.g., what the program's responsive role will be relative to the population it serves, in other words, what the program hopes to accomplish through service delivery)
- c) model (e.g., the program's approach to day-to-day programming).

2. Facility

This includes, but is not limited to, a program's:

- a) structural space (e.g., the program infrastructure design and layout)
- b) visual space (e.g., the visual materials displayed, available resources)
- c) capacity, population and staffing pattern (e.g., the number of clients being served, the staffing pattern that supports the population mix)

3. Management and Staffing

This includes, but is not limited to, a program's:

- a) recruitment and hiring practices (e.g., the questions that are asked of potential employees, the criteria that exists for hiring)
- b) staff training and development (e.g., the trainings that are required for all staff and the staff development opportunities that exist)
- c) staff roles, responsibilities and communication (e.g., the defined role of each staff position and accompanying responsibilities, the type of communication that exists between staff)
- d) staff performance review and evaluation (e.g., the process that exists to review staff performance and the criteria utilized for evaluation)
- e) staff supervision and accountability (e.g., the type of supervision staff receive and the accompanying accountability process)

4. Program Culture/Milieu

This includes, but is not limited to, a program's:

- a) physical and psychological/emotional safety
- b) integration of relational, strengths-based, trauma-informed, holistic and culturally competent practices
- c) dynamic interactions between all members of the program community

² The eight program component areas were adopted by the group from the framework underlying the CORE GSPA-II, developed by A. Benedict, 2004

5. Behavior Motivation (Behavior Management)

This includes, but is not limited to, a program's:

- a) philosophical orientation regarding behavior management/motivation for the population it serves
- b) behavior motivation strategies and practices

6. Treatment/Service Planning and Review

This includes, but is not limited to, a program's:

- a) philosophy regarding orientation processes relative to the population being served
- b) philosophy regarding intake and assessment processes relative to the population being served
- c) philosophy regarding service planning and review processes relative to the population being served
- d) philosophy regarding transitional planning and aftercare processes relative to the population being served

7. Programming and Services

This includes, but is not limited to, a program's:

- a) service offerings and delivery methods
- b) academic/educational and vocational services
- c) approach to family/caregiver involvement and community linkages

8. Total Quality Improvement

This includes, but is not limited to, a program's:

- a) approach to documentation and quality assurance
- b) approach to data collection, program assessment and evaluation and outcomes

The Program Guidelines for Girls' Services in Connecticut

This section of the document presents the Guidelines developed by the Committee within each program component area.

1. Philosophy/Conceptual Framework

- ❖ *The agency incorporates a well-defined female-responsive philosophy.*
 - ❖ *The program's values, mission, goals and objectives are female-responsive.*
 - ❖ *The program actively incorporates girls' voices in all levels of service design and delivery.*
 - ❖ *The program integrates a relational approach.*
 - ❖ *The program incorporates an individualized approach that promotes self-efficacy.*
-

2. Facility

- ❖ *The program space is welcoming and clean.*
 - ❖ *Girls are included in decision-making about the basic design and décor.*
 - ❖ *The program space has the capacity to sub-divide the population, especially when clinically indicated.*
 - ❖ *The program space balances open space with private areas for therapeutic activities*
 - ❖ *There is space available for clients to de-escalate as needed*
 - ❖ *The program displays:*
 - ◆ *Empowering images of girls and women and diverse ethnic and cultural groups that actively counteract female, ethnic and cultural stereotypes;*
 - ◆ *Positive, multi-ethnic, and multi-cultural images of girls and women in non-traditional roles;*
 - ◆ *Successful client work and client friendly images and words;*
 - ◆ *Informational materials (i.e., brochures, pamphlets) that are relevant to females regarding such topics as female health and nutrition, trauma recovery); and*
 - ◆ *Important program information and information about client rights.*
 - ❖ *The program has space for large and small muscle recreational activities.*
 - ❖ *Girls have access to a safe, pleasant outside space.*
 - ❖ *If security cameras are used, the program has clear policy and protocols regarding camera placement and monitoring.*
 - ❖ *The program has separate space for client admissions, intake and assessment.*
 - ❖ *Girls' bedrooms are comfortable and include safe personal items.*
-

3. Management and Staffing

- ❖ *Managers employ a leadership approach that is relational and strengths-based while balancing accountability.*
- ❖ *Line staff are client-centered and attentive to the needs of the girls.*
- ❖ *Staff promote clear and consistent behavioral expectations for the girls.*
- ❖ *Staff exhibit appropriate personal boundaries at all times.*
- ❖ *Clinicians and case managers focus on girls' assets as a foundation for growth and change.*
- ❖ *Standard hiring practice includes:*
 - ◆ *Hiring staff that reflects the diversity of the population being served.*
 - ◆ *Collaborative evaluation of each candidate by the program director, clinical staff and agency administration;*
 - ◆ *Input from girls (i.e. generating questions, allow girls to ask questions of candidates directly, offer feedback about candidates); and*
 - ◆ *Questions regarding knowledge of and attitudes about 1) the population being served, 2) female and culture/diversity, 3) handling conflict, and (4) relational, strengths-based approaches.*
 - ◆ *Background checks are performed on all staff members (e.g., criminal, child protective, sex offender), information is verified (e.g., actual answers, transcripts).*
- ❖ *Pre-service training for staff includes at least 40 hours of practical training on the theoretical basis for female-responsive approaches.*
 - ◆ *Training should include female development and female-responsive approaches to behavior motivation.*
 - ◆ *Annual refresher training (minimum 8 hours) is required for all staff on the application of female-responsive principles.*
 - ◆ *The program utilizes internal and external trainers to address emerging issues as well as deepen staff skill sets.*
 - ◆ *Training on fundamental competencies includes roll-plays, case studies and follow up coaching.*
 - ◆ *Training on the prevalence and impact of trauma, including information about implementing a trauma sensitive approach.*
- ❖ *Managers and supervisors effectively supervise, coach and hold staff accountable according to female-responsive principles.*
 - ◆ *The program has clear, documented female-responsive staff competencies; performance evaluations are based on staff actions and attitudes.*
 - ◆ *The program provides formal staff supervision at all levels at least once per month.*
 - ◆ *Supervisions involve discussion about and documentation of strengths and challenges regarding staff members' application of female-responsive principles.*
 - ◆ *Supervisions include staff development planning, clear and realistic timeframes for targeted skill development areas and follow-up.*
 - ◆ *Staff assets are regularly acknowledged in a strengths-based manner.*
 - ◆ *The program has a progressive discipline process that is utilized.*
- ❖ *Staff orientation includes:*

- ◆ *Overview of agency mission*
- ◆ *Policy and practice review, mandated reporting training, HIPAA training, risk assessment.*
- ◆ *Training on female-responsive programming and approaches, including behavior motivation, boundaries and documentation.*
- ❖ *Staff incorporates an understanding of child development, female adolescent development, female differences, culture differences and developmental differences.*
- ❖ *There are female staff working on every shift (e.g. girls can access a female staff member at any time).*
- ❖ *If volunteers and interns are utilized they are thoroughly screened (background checks are performed) and trained relative to the type and level of contact they will have with clients.*

4. Program Culture/Milieu

- ❖ *The program is physically, psychologically, and emotionally safe.*
 - ◆ *Programs have a touch policy that is based on clear boundaries and the needs of girls.*
 - ◆ *Staff is aware of the physical and psychological effects of trauma on girls (e.g., staff is aware of nighttime triggers and teaches girls skills to cope).*
 - ◆ *Staff and girls are encouraged to respect and acknowledge the multiple and unique relationships that affect girls' lives.*
- ❖ *The program integrates relational, strengths-based, trauma-informed, holistic and culturally competent practices into the programmatic culture.*
 - ◆ *Staff focus on girls strengths.*
 - ◆ *Staff model relational and strength-based practice*
 - ◆ *Relational language drives the program culture; the community is encouraged to use respectful, person-centered language.*
 - ◆ *Staff respects how the family defines their family.*
 - ◆ *Age-appropriate programming is available*
- ❖ *The program culture celebrates the uniqueness of each individual girl.*
- ❖ *Girls can access services in smaller groups with other girls who have similar interests.*
- ❖ *Girls have daily decision making opportunities.*
- ❖ *Girls manage their own personal information; staff is provided with only that information about girls that will facilitate safe and effective service delivery while maintaining privacy and confidentiality and honoring her personal story.*
- ❖ *The culture is family-friendly, operations are attentive and client-centered, and staff is respectful of girls' spaces.*
- ❖ *Girls and staff can articulate a clear mission, rules/expectations and structured daily schedules.*
- ❖ *The program:*
 - ◆ *Actively create an environment that meets underlying needs*
 - ◆ *Foster interactions/relationships in the milieu that meet underlying needs*
 - ◆ *Consciously and effectively respond to safe and challenging behaviors using a female-responsive*

approach.

5. Behavior Motivation (Behavior Management)

- ❖ *The behavior motivation approach is grounded in female-responsive philosophy (i.e., female developmental theory, female-responsive programming, approaches and interventions and new theory and practice on behavior motivation for females)³*
- ❖ *The behavior motivation approach is relationship-based (e.g., staff provide support and teach new skills in the context of empathetic and mutual relationship with clients) and strengths-based (staff work with clients to develop skills they already have and use those skills to overcome challenges in other life areas)*
- ❖ *The behavior motivation approach is trauma-informed (does not mandate compliance or emphasize power and control) and holistic (behaviors are not viewed in isolation, but rather as expressions of internal emotional/psychological needs)*
- ❖ *The behavior motivation approach is culturally competent (e.g., does not give consequences for those behaviors that, though safe, may appear unusual or disrespectful to staff that are not from or familiar with that culture)*
- ❖ *All behavior serves a purpose. The goal of staff is to understand that purpose⁴*
- ❖ *The program has a documented behavior motivation system.*
 - ◆ *The development and characteristics of the behavior motivation approach includes girls' voices and perspectives.*
 - ◆ *The system operates consistently among staff, across shifts, and within all program activities and programs.*
- ❖ *Allows staff to individualize methods to meet the unique needs of each client.*
- ❖ *The behavior motivation approach is designed to include concrete, developmentally appropriate, female-responsive, and culturally responsive motivators.*
 - ◆ *The program demonstrates the ability to motivate girls to self-manage and self-regulate.*
 - ◆ *Girls are in control of what privileges and responsibilities they are ready for by demonstrating safe, pro-social skills.*
 - ◆ *The behavior motivation approach is strength-based; privileges and responsibilities can only be earned - staff does not take privileges away.*
- ❖ *Program approach to behavior motivation:*
 - ◆ *Emphasizes safety of self, peers and staff*
 - ◆ *Teaches healthy options and encourage positive change; Shows girls they can make mistakes and learn from them*

³ The items in this section are directly cited from the CORE-GSPA-II, 2005

⁴ B. Guthrie, Personal Communication, January 2008.

- ◆ *Helps girls to understand their behavior and maximize their potential*
 - ◆ *Teaches self-regulation skills*
 - ◆ *Engages girls in leadership roles*
 - ◆ *Helps girls to understand the consequences of effective and ineffective behaviors*
 - ◆ *Teaches girls rules and expectations, healthy boundaries and limits, and structure*
 - ◆ *Helps girls understand their own and others limits*
 - ◆ *Includes one-on-one time daily for girls to reflect on strengths and challenges*
- ❖ *Behavior motivation includes teaching girls' skills that are translatable to their homes, schools and communities.*
 - ❖ *Behavior motivation should be shared with and learned by family.*
 - ❖ *All girls have basic rights within a program that are separate from earned privileges and responsibilities that girls have informed.*
 - ❖ *If applicable, the behavior motivation approach dovetails with the treatment approach (clinical service delivery); behavior motivation methods do not exist separately from those that are clinically informed⁵.*
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6. Treatment/Service Planning and Review

- ❖ *The program's orientation process includes:*
 - ◆ *Helping girls become familiar with the program, facility, staff and other girls*
 - ◆ *Helping girls acknowledge potential fears and address them*
 - ◆ *Clarifying program expectations with each girl and her family*
- ❖ *The program's assessment process:*
 - ◆ *Looks at each girl's history; a "life book" is created to help the assessor and the girl to understand her past*
 - ◆ *Directs treatment /discharge; planning begins at admission*
 - ◆ *Is child-focused, involves creating and maintaining emotional safety, involves an interactive approach (e.g., the girl is involved), is family centered (e.g., the family is involved throughout the process) and is ongoing*
 - ◆ *Involves use of reassessment to gather important information about client strengths and challenges over time, and determine any potential need to adjust services/treatment*
- ❖ *The program's assessment content includes:*
 - ◆ *Girl's interests, needs for safety, level of motivation, life goals, current level of emotional functioning, medical history, medical health, family medical and mental health history, learning*

⁵ Benedict, 2003

style, developmental history, past functioning, trauma history, triggers, barriers to achieving goals, cultural influence, spirituality, and relationship style

- ◆ *Family members/community relationships (importance and status)*
- ◆ *A client interview, family interview, past assessments, discharge summaries, clinical notes and immediate contact with past providers*
- ◆ *Client view of self in context of her relationships*
- ◆ *Client view of helpful and harmful relationships currently in their lives*
- ◆ *Discussion around services/treatment include responsive goal setting for girls who are pregnant and/or parenting*

❖ *The service/treatment planning and review process:*

- ◆ *Begins with establishing basic safety and security*
- ◆ *Includes medical health issues*
- ◆ *Identifies and addresses risks, strengths, challenges and needs in three domains:*
 - *Individual (what am I good at, what do I need support with, and what do I want to change/enhance/learn/heal/grow),*
 - *Relational (what relationships are healthy and supportive, what relationships are unhealthy or difficult, what support can I ask for to achieve my goals and from whom), and*
 - *Community (what resources are available to me, what barriers are there to accessing resources, what do I need/want from my community to support my change process).*
- ◆ *Includes collaborating with the girl, service providers, her family, her community, and her natural supports*
- ◆ *Includes developing short-term and long-term goals that are meaningful and measurable*
- ◆ *Includes identifying girls' relationship styles when determining goals*
- ◆ *Allows the service/treatment plan to evolve over time according to each girl's strengths and challenges and is appropriate given her length-of-stay*
- ◆ *Occurs with each girl at least once a month, is documented, includes clear time frames and identifies persons responsible for executing responsive tasks included in the plan*
- ◆ *Includes completion of a preliminary/initial service/case/treatment plan that includes the participation of the girl (and family members and other important individuals in long-term residential) and is reviewed and revised as necessary on a regular basis*
- ◆ *Outcomes include:*
 - *Increased pro-social skills and protective factors*
 - *Development of healthier relationships with others*
 - *Improved family functioning*

❖ *The discharge or transitional planning and aftercare process:*

- ◆ *Begins at intake*
- ◆ *Addresses each girl's needs and strengths for services and programs; not just what the system has available for her*
- ◆ *Gives girls a chance to be successful in their communities*

- ◆ *Provides realistic services that are easily accessible, planned and secured in advance of discharge*
 - ◆ *Facilitates fluid treatment from residential placement to the community, including the relationship with the aftercare service provider*
 - ◆ *Facilitates community support and services for parents*
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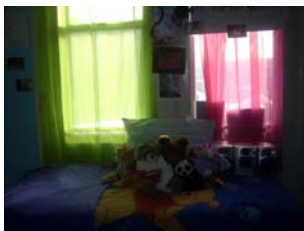
7. Programming and Services

- ❖ *Every service and activity provided is critically analyzed to ensure that it is female-responsive.*
 - ❖ *Girls' participation in groups is based on identified needs, strengths, and challenges through the assessment process and identified areas on the service plan.*
 - ❖ *Girls have some choices in group participation (both in what groups they participate in and participation within a required group).*
 - ❖ *Each program should have the following types of services available or accessible (combinations will vary according to program type):*
 - ◆ *Individual and group mental health services,*
 - ◆ *Community support linkages,*
 - ◆ *Recreational programs including the arts and physical programs,*
 - ◆ *Educational and vocational opportunities,*
 - ◆ *Family services (including non-traditional families) are offered (on site and/or at home with transportation) that is responsive to the girl and the needs of her family,*
 - ◆ *Crisis intervention (to prevent possible unplanned discharges and other emergencies),*
 - ◆ *Trauma informed treatment,*
 - ◆ *Spirituality,*
 - ◆ *Skills acquisition,*
 - ◆ *Medical services,*
 - ◆ *Female health education,*
 - ◆ *Links to mentors and advocates.*
 - ❖ *Service delivery methods include:*
 - ◆ *Groups that are small (5 – 8 girls)*
 - ◆ *Facilitation by a person who demonstrates a relational, strengths-based approach*
 - ◆ *Curriculum-driven (i.e., include planned lessons/activities)*
-

8. Total Quality Improvement (TQI)

- ❖ *Each program has an internal quality assurance process that identifies and measures treatment services.*
- ❖ *An identified staff person is responsible for management of the quality assurance process.*

- ❖ *Ongoing maintenance of curricula manuals and services that exist.*
- ❖ *In addition to the standards outlined in the preceding seven sections, program providers measure outcomes, including:*
 - ◆ *Frequency and type of restraints*
 - ◆ *Frequency and type of incidents*
 - ◆ *Self-injurious behavior*
 - ◆ *Perception of safety by girls and staff*
 - ◆ *Girls progress on identified goals as indicated on treatment/service plans*
 - ◆ *Staff skills as demonstrated by maintaining a safe, relational, and strengths-based culture*
 - ◆ *Program compliance with regulatory licensing standards/ monitoring requirements*
 - ◆ *Girls are successfully discharged to a lower level of care - related to community, family, basic needs, housing, education, food, and mental stability*
- ❖ *Outcomes are measured by data collection, client/staff/family surveys, interviews and observation.*
- ❖ *Program policies support the standards as outlined in this document.*
- ❖ *Program policies require:*
 - ◆ *Internal and external audits and/or monitoring (funding, peer reviews for female responsiveness)*
 - ◆ *Data collection/analysis/reports (e.g., pre/post testing) are used to guide program change or enhancement*
 - ◆ *Programs provide feedback to funders with TQI data*
 - ◆ *Formal opportunities exist for clients (e.g., grievance, ideas) to contribute to the program milieu*
 - ◆ *In house medication review and management*
 - ◆ *Use regional/national data as a benchmark in analyzing program data and progress*
 - ◆ *Regular supervision of line staff, management and clinical staff; detailed female-responsive competencies are measured*
- ❖ *There is a detailed policy on harassment (sexual, verbal, physical) that is enforced and known by girls and staff.*
- ❖ *There is a detailed touch policy that is enforced and known by girls and staff.*
- ❖ *There is a detailed policy on relational aggression that is enforced and known by girls and staff.*





We'd like to give a special thanks to the organizations who made this possible

- ✓ Bridgeport Correctional Center, 1106 North Avenue, Bridgeport, CT 06604
- ✓ Bridgeport Juvenile Probation, 299 Washington Avenue, Bridgeport, CT 06604
- ✓ CARE Program, St. Francis Home for Children, 651 Prospect Street, New Haven, CT 06511
- ✓ CARE Program, Connecticut Junior Republic, 80 Prospect Street, Waterbury CT 06702
- ✓ Children's Center, 1400 Whitney Avenue, Hamden, CT 06517
- ✓ Children's Home of Cromwell, (CHOC), 60 Hicksville Road, Cromwell, CT 06416
- ✓ Community Solutions (CSI), 1095 Blue Hills Avenue, Bloomfield, CT 06002
- ✓ Connecticut Association of Nonprofits (CAN), 90 Brainard Road, Hartford, CT 06114
- ✓ Connecticut Children's Place (CCP), 36 Gardner Street, East Windsor, CT 06088
- ✓ Connecticut Valley Hospital, 1000 Silver Street, Middletown, CT 06457
- ✓ CORE Associates, LLC, 86 Garden Grove Road, Manchester, CT 06040
- ✓ Court Support Services Division (CSSD), 936 Silas Deane Highway, Wethersfield, CT 06109
- ✓ CREC - Polaris Center, 474 School Street, East Hartford, CT 06080
- ✓ Department of Children and Families, Behavioral Health, 505 Hudson St., Hartford, CT 06106
- ✓ Department of Children and Families, Bridgeport Region/Parole, 100 Fairfield Avenue, Bridgeport, CT 06604
- ✓ Department of Children and Families, Hartford Region/Parole, 250 Hamilton St., Hartford, CT 06106
- ✓ Department of Children and Families, Juvenile Services, 505 Hudson Street, Hartford, CT 06106
- ✓ Department of Children and Families, Juvenile Services, 1225 Silver Street, Middletown, CT 06457
- ✓ Department of Children and Families, New Britain Region/Parole, 1225 Silver St., Middletown, CT 06457
- ✓ Department of Children and Families, New Haven Region/Parole, 1 Long Wharf Drive, New Haven, CT 06511
- ✓ Department of Children and Families, Norwich Region/Parole, 2 Court House Square, Norwich, Ct 06360
- ✓ Department of Children and Families, Riverview Psychiatric Hosp., 915 River Road, Middletown, CT 06457
- ✓ Department of Children and Families, Waterbury Region/Parole, 395 West Main St., Waterbury, CT 06702
- ✓ Gray Lodge, 105 Spring Street, Hartford, CT 06106
- ✓ Hartford Correctional Center, 177 Weston Avenue, Hartford, CT 06120
- ✓ High Meadows, 825 Hartford Turnpike, Hamden, CT 06517
- ✓ Klingberg Family Centers, Inc., 370 Linwood Street, New Britain, CT 06052
- ✓ Midwestern CT Council on Alcoholism (MCCA) - ART Program, 57 West Rock Road, Norwalk, CT 06851
- ✓ NAFI, 10 Waterchase Drive, Rocky Hill, CT 06067
- ✓ Natchaug Hospital, 189 Storrs Road, P.O. Box 2660, Mansfield Center, CT 06250
- ✓ New Haven Correctional Center, 245 Whalley Avenue, New Haven, CT 06511
- ✓ New Hope Manor, 48 Hartford Road, Manchester, CT 06040
- ✓ Office of the Child Advocate, 18-20 Trinity Street, Hartford, CT 06106
- ✓ Rockville Juvenile Probation, 25 School Street, Rockville, CT 06066
- ✓ SAGE Juvenile Detention Center for Girls, 995 Sherman Avenue, Hamden, CT 06514
- ✓ St. Agnes Family Center, 104 Mayflower Street, West Hartford, CT 06110

- ✓ *St. Francis Home for Children, 651 Prospect Street, New Haven, CT 06511*
- ✓ *Stonington Institute, 75 Swantown Hill Road, No. Stonington, CT 06359*
- ✓ *Waterford Juvenile Probation, 978 Hartford Turnpike, Waterford, CT 06385*
- ✓ *Willimantic Juvenile Probation, 81 Columbia Avenue, Willimantic, CT 06226*
- ✓ *York Correctional Center, 201 West Main Street, Niantic, CT 06357*
- ✓ *Youth Continuum, 54 Meadow Street, New Haven, CT 06519*

