

**EVALUATION OF THE CONNECTICUT NETWORK OF CARE (CONNECT)  
EXPANSION AND SUSTAINABILITY**

**AUTHORIZATION TO RELEASE INFORMATION TO YALE UNIVERSITY**

**Title of Project:** Evaluation of the Connecticut Network of Care (CONNECT) Expansion and Sustainability

**Principal Investigator:** Joy S. Kaufman, Ph.D.

**Sponsor:** Substance Abuse Mental Health Services Administration (SAMHSA)

The State of Connecticut Department of Children and Families (DCF) has been awarded funding through a SAMHSA System of Care Expansion and Sustainability Cooperative Agreement. This initiative, known as the **Connecticut Network of Care Transformation (CONNECT)**, seeks to expand and enhance community-based care and supports for children, youth, and families at the local, regional, and statewide levels. As part of the program, a team of evaluators from Yale University School of Medicine is working with DCF to understand the experience of youth and families who receive care coordination services through DCF. This information will be used by communities, service providers, and state and local agencies to improve services and make sure that these supports are reaching the children, youth, and families who need them.

Information collected by the Yale evaluation team includes the following: 1) types and dates of services received, 2) demographic and descriptive information about each family (e.g., age, gender, ethnicity, education), 3) family/living information (e.g., how many people live in your home, custody status of the child receiving services), 4) symptoms or problems the child is experiencing, 5) child functioning, and 6) caregiver strain. All measures will be collected by providers at intake, 6-months, 12-months and discharge.

I, \_\_\_\_\_ grant permission for my family’s Care Coordinator to release the information described above to the evaluation team from Yale. I understand that the confidentiality of the information provided by DCF to Yale will be protected by having my and my child’s name, or any other information that could identify us, removed from all data. All information released to the evaluation team will be labeled with a code number only. I understand that the evaluators from Yale University will present information about me and my family only as part of statistics about groups of persons (for example, “15% of parents report feeling strain in their caregiving role”). I also understand that the evaluators from Yale University will share some of information I provide with SAMHSA (Federal Funder), however they will NOT release any information that could identify my family such as names, contact information, or our address.

I understand that I may revoke this authorization at any time, except to the extent that action has been taken. This release expires December 31, 2025. Finally, I understand that the services my child or family receives will not be impacted by whether or not I choose sign this form.

I give permission for my clinician to release the information described above to the Yale University Evaluation Team.

\_\_\_\_\_  
Name of Child/Youth

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness to Parent/Guardian's Signature

\_\_\_\_\_  
Date

*RELEASE TO:* Joy S. Kaufman, Ph.D., Division of Prevention and Community Research, Yale University School of Medicine, 389 Whitney Avenue, New Haven, CT 06511