CHDI | Twenty Years

Celebrating 20 Years of Improving Children's Health and Well-Being

CHDI | 20 Years of Improving Children's Health and Well-Being

As the Child Health and Development Institute of Connecticut celebrates 20 years, we are taking the opportunity to look back and reflect on who we are, what we have done, how we did it, what we learned along the way, and what it means for the future. CHDI's contributions of knowledge, expertise, and funding have improved outcomes for children in Connecticut through advancing effective policies, stronger systems, and improved practice. The results are seen in transformed pediatric primary care practices that provide more comprehensive and coordinated care, a more effective and comprehensive system of community-based mental health care, and young children having a stronger start in life.

In the pages that follow, we showcase our work and share the challenges and lessons learned along the way. We've included a set of three spotlights that highlight specific areas of success among our areas of work: Health, Mental Health, and Early Childhood Development. It is our hope that sharing this information will inform and inspire others on a similar journey to attain **meaningful change and measurable results** to better the lives of children.

Health

CHDI has played a leadership role in supporting pediatric person-centered medical homes, resulting in improved delivery of primary care.

Spotlight **01**

Mental Health

CHDI has played a key role in helping Connecticut build a much fuller array of trauma-informed community-based services for children of all ages.

Spotlight **02**

Early Childhood

Integral to CHDI's work is a focus on early child development, recognizing that health promotion, disease prevention, and early identification and treatment during the earliest years lay the foundation for healthy development and decrease the need for costly and intensive interventions later in life.

Spotlight **03**

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CHDI
Child Health and Development Institute of Connecticut, Inc.

About CHDI | A brief history

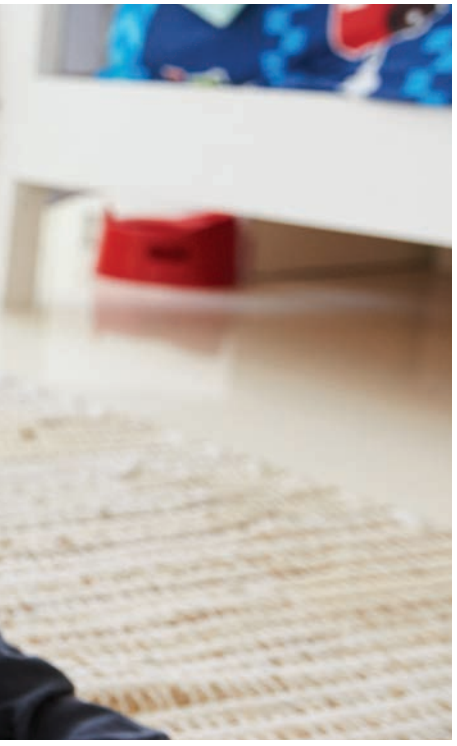
CHDI is a non-profit organization dedicated to improving the health and well-being of children in Connecticut. We ensure healthier outcomes for children through effective policies, stronger systems, and improved practice. Using research, best practices, and tested solutions, we change the thinking and actions of decision-makers and the practices of providers and caregivers to systemically improve health and mental health care for children. As a neutral entity whose work is knowledge-driven, CHDI has become a trusted resource and partner working across disciplines and sectors to facilitate meaningful change.

CHDI was created by the Children's Fund of Connecticut (CFC) as an independent non-profit to improve the health and well-being of children in Connecticut. From the start, CHDI and CFC have worked together to improve the quality of children's lives. We help children reach their full potential by building stronger health, mental health, and early care systems so children can thrive. The Children's Fund serves as a financial catalyst. CHDI translates the Children's Fund's mission into action.

1992 The Children's Fund of Connecticut was created as a public charitable foundation and supporting organization of Connecticut Children's Medical Center with an endowment of $21 million derived from the closure of Newington Children's Hospital and funding from a coalition of hospitals and businesses.

1997 CHDI was created as an independent non-profit by the Children's Fund of Connecticut to serve as its operating arm.

1999 CHDI began operations and hired it's first executive director, Judith Meyers



The Children's Fund

The Children's Fund was established as a public charitable foundation as part of the closing of Newington Children's Hospital and the building of Connecticut Children's Medical Center. It was tasked with advancing pediatric and primary health care services that would promote health and prevent illness and hospitalization. To maximize the endowment's impact, the Children's Fund board chose to focus its efforts on improving the systems that address children's health. The Children's Fund created CHDI to serve as its operating arm, forming a partnership among Connecticut Children's Medical Center and Connecticut's two universities with medical schools: Yale and the University of Connecticut. CHDI's role was to bring the collective resources of these institutions to bear on improving health outcomes for children in the state.

"Our goal is to build stronger and more effective health and mental health systems that result in better outcomes for all children in Connecticut, especially the underserved."

Our Vision

All children have a strong start in life with ongoing supports to ensure their optimal health and well-being.

Our Mission

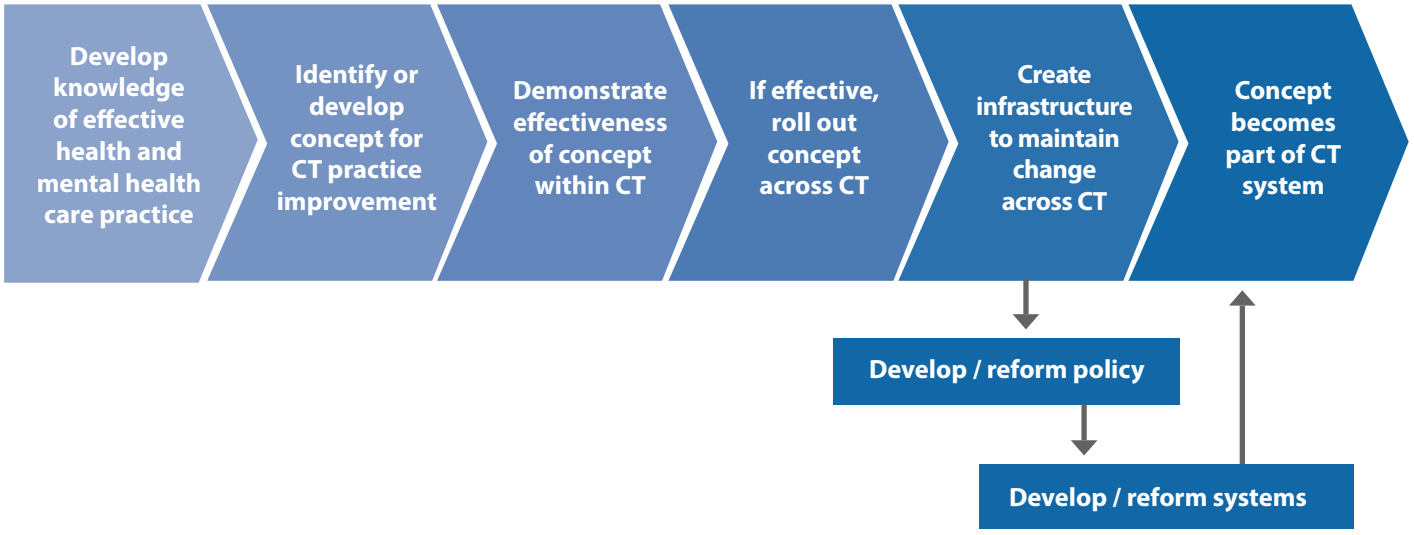
To ensure healthy outcomes for all children in Connecticut by advancing effective policies, stronger systems, and innovative practices.

2002 CHDI became a subsidiary of CFC so the organizations could operate more effectively and efficiently, with better use of staff, board, and fiscal resources.

2017 Judith Meyers stepped down as President and CEO of CHDI after 19 years of leadership, remaining as President and CEO of the Children's Fund through September 30, 2018. Jeffrey Vanderploeg was appointed as CHDI's new President and CEO.

Our Strategic Approach

To identify, demonstrate, support, and promote effective health and mental health care innovations that result in sustainable change, working in partnership with providers, policymakers, academic institutions, and state agencies.



In 2004, CHDI developed the "arrows" to illustrate our strategic approach for changing how Connecticut delivers care for children. CHDI uses research and evidence to identify and disseminate the most effective policies, systems, and practices and helps create the infrastructure to sustain them in the state. Our work falls into these three categories:

Innovation

Identify, develop, test, and incubate new evidence-based models and interventions to improve the organization and delivery of children's health and mental health care at the provider and community levels and support the dissemination of innovative evidence-based practices developed by others.

Systems Change

Influence policy and regulatory change and provide technical assistance and training to build stronger systems of health and mental health care services to support and sustain innovations.

Capacity Building

Test and refine innovative models in the field to enhance the likelihood of achieving positive and sustainable results; support ongoing, effective implementation and dissemination of these models.

Guided by this vision, mission, and strategy, CHDI, over the past 20 years, has made significant progress in:

Developing policy — changes in state law, regulation, and program implementation

Strengthening systems — changes in how services for children and families are organized and financed, with a focus on prevention and early intervention

Informing program and practice improvements — changes in the delivery of services through providing information and training on best practices, and quality assurance.

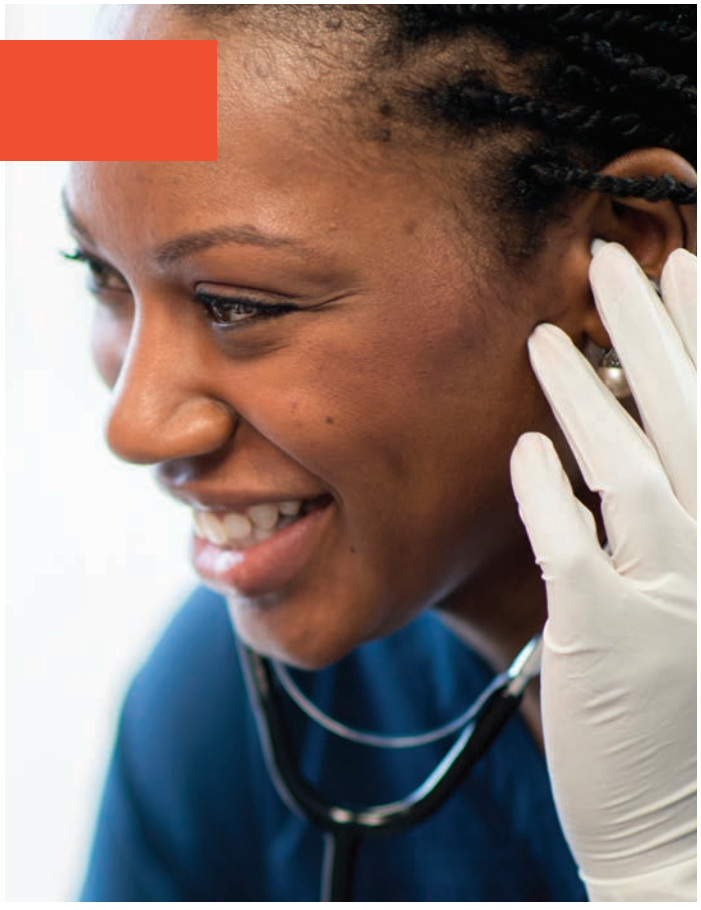
Goals & Areas of Focus

CHDI's core areas of focus are pediatric and primary health care, children's mental health care, and early childhood development.

HEALTH

To promote and enhance comprehensive, quality health care services for all children through the pediatric medical home model that includes:

- early identification through screening and assessment and connection to services for the full range of developmental concerns;
- coordination between primary preventive and specialty care;
- full integration of behavioral health and primary care practice;
- state health reform initiatives inclusive of pediatric primary care.



MENTAL HEALTH

To promote and implement comprehensive, community-based, high quality mental health care for all children that includes:

- a statewide trauma-informed system of care that furthers effective practices to identify and treat trauma-related problems in children;
- school-based and school-linked mental health programs, policies, systems, and practices;
- statewide implementation of evidence-based and best practices.

EARLY CHILDHOOD

To promote and support policies and practices that ensure infants and toddlers have a strong start in life including:

- healthy socio-emotional development through strong emotional bonding between infants and their caregivers;
- healthy and safe early care and education settings;
- nutritional practices that ensure young children grow up at a healthy weight.

Spotlight 01

Children's Health Care:

Person-Centered Medical Home Initiative

CHDI has helped Connecticut shift the focus of pediatric primary care from addressing acute illnesses under a managed care structure to one framed by the "person-centered medical home" model (PCMH). The medical home is defined by the American Academy of Pediatrics as health care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Over the past 15 years, CHDI has helped advance key elements of a medical home: early identification, care coordination, integration of primary and specialty care including behavioral health, as well as payment reform to support improvements in pediatric primary care.

The story of how CHDI works is best told through spotlighting meaningful change in each of our three areas. These examples illustrate our strategic approach, as depicted by the arrows.

CHDI's Approach to this Work

1. Developed Knowledge Base

Through IMPACTs and Issue Briefs, CHDI summarized the literature, identified strengths and gaps in Connecticut, and provided recommendations for reforming policy and systems to support practitioners in implementing changes.

Key Reports:

2006-2007

Medical Home: Model of Continuous, Coordinated Care for Connecticut's Children

Behavioral Health Services in Pediatric Primary Care: Meeting the Needs in Connecticut

Care Coordination in the Pediatric Setting: Linking Children and Families to Services

2008

Addressing Maternal Depression: Opportunities in the Pediatric Setting

Insuring Our Kids' Future: The Importance of Health Insurance to Utilization of Pediatric Health Services

2009

A Framework for Child Health Services: Supporting the Healthy Development and School Readiness of Connecticut's Children

2011

Pediatric Psychopharmacology: Improving Care Through Co-Management

Using Academic Detailing to Change Child Health Service Delivery in Connecticut: CHDI's EPIC Program

2013

The Earlier the Better: Developmental Screening for Connecticut's Young Children

2014

Working Together to Meet Children's Health Needs: Primary and Specialty Care Co-Management

2. Demonstrated Effectiveness of Concept in Connecticut

With funds from CFC, CHDI awarded grants to test the feasibility and impact of key elements of the pediatric primary care medical home.

2005-2007

Grants awarded to CT Children's to demonstrate practice-based care coordination services for their H.O.M.E. initiative (Health Outreach for Medical Equality) and pilot test the co-location of behavioral health clinicians in the pediatric clinic.

2007

Grants given to test a model of integrated care that included co-location of behavioral health clinicians in four primary care sites.

2009-2010

Supported the development of the Hartford Care Coordination Collaborative model to bridge medical and community services for children.

2009-2013

Supported CT Children's to develop, pilot-test, and evaluate a co-management model for primary care practitioners to treat high-volume, lower-acuity conditions, including anxiety, chronic fatigue syndrome, concussion, depression, fibromyalgia, hematuria, migraine and obesity, that are that are traditionally referred to subspecialists.

2011

Worked with UCONN Health Department of Psychiatry to develop and pilot test tools for the co-management of anxiety and depression in primary care that helped inform recommendations for statewide system and policy supports.

Health Reform that Benefits Children

3. Rolled Out Concept Across Connecticut

Key elements of PCMH have moved from demonstrations of specific components of the model in a few sites to full implementation across the state. This has been accomplished in part through CHDI's Educating Practices in the Community (EPIC) training program for pediatric primary care providers as well as partnerships with CT Children's Office for Community Child Health (OCCH) and the CT Department of Public Health (DPH).

2003-present

EPIC has helped 80 percent of Connecticut's pediatric practices improve the quality of their care and expand the scope of their services through delivery of modules on more than 20 topics.

2012

CHDI solidified its partnership

with OCCH to support, incubate, evaluate, and disseminate elements of the medical home model, including care coordination and co-management between primary and specialty care providers.

2014-2015

DPH funded five regional care coordination centers to replicate the Hartford Care Coordination model in all regions of the state.

4. Created Infrastructure to Maintain the Change

CHDI played a leadership role in building the state's infrastructure to support and strengthen pediatric person-centered medical homes, including designing and delivering training and informing state policymakers. These efforts resulted in changes in regulations that have strengthened the ability of primary care sites to implement best practices and use state and community-based services and supports in the care they provide to their patients.

2007-2009

CHDI was influential in shaping the state's criteria for behavioral health Enhanced Care Clinics (ECCs) to partner with primary care practices to coordinate physical and mental health care for children. By 2009, all 37 mental health clinics serving children were participating as ECCs, providing pediatric practices training, consultation, and referral sources for mental health treatment. CHDI developed EPIC training modules to help practices enhance their capacity to address mental health concerns.

2008

Partly as a result of CHDI's advocacy, Medicaid changed regulations to allow payment to pediatric providers for performing developmental screening on the same day as a well child exam for children 9, 18, and 24 or 30 months of age, supporting providers' capacity to identify children at risk of delays early and connect them to available community-based services.

2012

CHDI helped influence the Department of Social Services to include developmental screening in pediatrics as one measure for performance incentive payments in the PCMH program.

CHDI published the results of the evaluation of the H.O.M.E. project on care coordination, prompting DPH's support for statewide regional care coordination collaboratives.

2014

CHDI's algorithms for managing depression and anxiety in pediatric practices were incorporated into the statewide Access Mental Health system, which provides primary care providers access to telephonic mental health consultation.

2014-2015

CHDI was influential in ensuring that Medicaid paid for maternal depression screening in pediatric practices.

2015

CHDI played a key role in DPH receiving a federal grant to build and sustain regional care coordination collaboratives throughout the state.

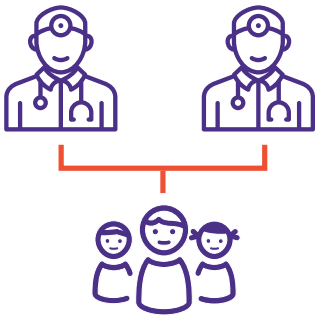
2015-present

CHDI has played a key role in the design of the pediatric component of the state's plan to reform the delivery of primary health care by advising on standards, requirements for and path to certification as a medical home, performance measures, financing, and training.

5. Embedded in State System

CHDI has maintained a consistent presence in the policy and planning discussions regarding the health care system. Our key initiatives on developmental screening, care coordination, family-centered care, and co-management have ensured that children are not forgotten in reform efforts that would otherwise focus on adults with chronic illness, where more immediate cost-savings can be realized. Our work has assured that primary care practices participating in health reform initiatives use care coordination collaboratives, a central point of entry for developmental services through Child Development Infoline/Help Me Grow, and conduct developmental and behavioral health screenings. We continue to monitor those innovations, some of which are now fully embedded in state operations.

Co-Management for 8 conditions



Pediatric primary care providers collaborated with subspecialty providers to diagnose and treat patients for eight conditions traditionally managed by specialists so children received more cost-effective care sooner and in a familiar setting.

Spotlight 02

Children's Mental Health:

Building Trauma-Informed Systems

CHDI has played a key role in transforming Connecticut's approach to children's mental health service delivery. The State has progressed from a time when the majority of support was for deep-end residential and hospital services with little available for very young children, to a much fuller array of trauma informed community-based services ranging from prevention to treatment for children of all ages.

CHDI has partnered with state agencies and others to advance the following initiatives and innovations:

- Developing and implementing a comprehensive Children's Behavioral Health Plan for Connecticut
- Bringing evidence-based practices to Connecticut
- Addressing mental health in schools
- Promoting infant and early childhood mental health
- Enhancing the quality of services
- Building trauma-informed systems of care

CHDI's work is exemplified by its role in the great strides that have been made in Connecticut to build and enhance a statewide trauma-informed service system that addresses the serious and significant concern of children exposed to or experiencing trauma.

20 Years of Making a Difference

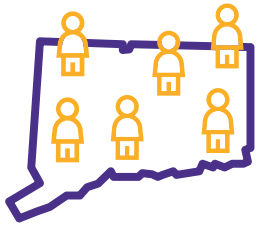

CHDI
Child Health and
Development Institute
of Connecticut, Inc.

PROMOTING HEALTHY DEVELOPMENT

Healthy social-emotional, cognitive, and physical development in the first years of life provide the foundation for lifelong well-being. CHDI has advanced meaningful system changes and early childhood workforce development to ensure all children in Connecticut are off to a healthy start.

33 Communities

CHDI strengthened efforts statewide and in 33 communities to support early childhood health and social and emotional development so children arrive at kindergarten ready to learn.



56 Endorsed in Infant Mental Health

CHDI supported the development of a statewide infant and early childhood mental health endorsement system. To date, 56 professionals have earned endorsement.

8 Obesity Prevention Projects

CHDI applied obesity prevention research to support projects that will help advance Connecticut's policies, systems, and practices related to ensuring children grow up at a healthy weight.

Early Detection in Pediatric Primary Care

297,000 developmental screens

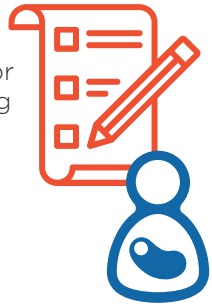
Developmental screening has risen steadily along with supports for families and providers. More than 296,000 developmental screens for children 3 and younger were billed through Medicaid since the code was first established in 2007.

ADDRESSING CONCERNS EARLY

CHDI helped ensure children with developmental or social emotional concerns are identified and connected to early intervention services as early as possible. This work included policy and practice changes to support providers and develop a coordinated system of services.

12-fold increase in moms screened

CHDI helped CT become one of the first states to ensure Medicaid payment for maternal depression screening in pediatric primary care. As a result, CT had a 12-fold increase in screening for maternal depression at infant well visits since 2013.



47% of kids Screened for Behavioral Health

Half of children insured by Medicaid ages 4 through 19 received a behavioral health screen in pediatric primary care in 2016.

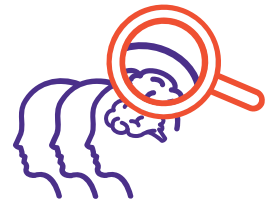
ENSURING QUALITY CARE

CHDI has improved the quality of care and accelerated practice change by identifying and disseminating best and evidence-based practices throughout Connecticut. We also ensure effectiveness using data-driven quality improvement strategies.

9 mental health evidence-based treatments

CHDI partnered with DCF and others to bring nine trauma-focused evidence-based mental health treatments to CT and disseminated them statewide to more than 80 community mental health agencies and schools.

11,600+ children treated



CHDI helped increase the use of trauma-informed evidence-based mental health treatment for youth, including those in the juvenile justice and child welfare systems. Since 2008, more than 11,600 children have received a trauma-informed evidence-based mental health treatment.

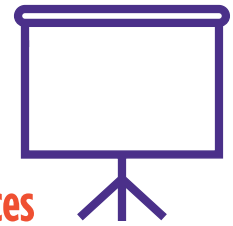
3 Performance Improvement Initiatives

CHDI used quality improvement strategies to ensure access to care, service quality, model fidelity, and positive outcomes for children and families for three statewide initiatives through our Performance Improvement Centers (TF-CBT, Care Coordination, and Mobile Crisis) funded by DCF.

Increased statewide mobile response rate to over 90%

Since CHDI began providing quality improvement services, Connecticut's Mobile Crisis program served 2.5 times more children, has increased the statewide mobile response rate to over 90%, and has decreased the average response time to less than 30 minutes.

1,000 trainings for pediatric practices



CHDI has provided 15 years of practice-based trainings in pediatric offices on 20+ topics. Ninety percent reported that they would change their practice as a result of the trainings.

1,100 mental health clinicians trained

Since 2008, CHDI has trained 1,100 clinicians to deliver an evidence-based practice, resulting in better outcomes for children and their families.

IMPROVING HEALTH CARE DELIVERY

CHDI has helped transform pediatric primary care so it is accessible, coordinated, and more family-centered by advancing the Person Centered Medical Home Initiative (PCMH) in Connecticut and embedding several innovative models of health care delivery, such as co-management and Care Coordination Collaboratives.

REACHING KIDS WHERE THEY LIVE, LEARN, AND PLAY

CHDI works to help all child-serving systems more intentionally support children's healthy development and well-being. Schools, child care centers, and other systems that serve children are well positioned to identify concerns and connect families to supports.

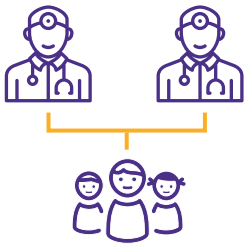
60% of kids have a Medical Home

In Connecticut, 60 percent of children enrolled in Medicaid received their care from a Person-Centered Medical Home in 2017.

31% fewer school arrests

Since 2009, through the School Based Diversion Initiative, CHDI helped 43 schools across 15 districts connect students with behavioral health intervention services in lieu of arrest.

Co-Management for 8 conditions



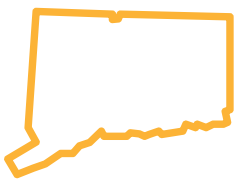
Pediatric primary care providers collaborated with subspecialty providers to diagnose and treat patients for eight conditions traditionally managed by specialists so children received more cost-effective care sooner and in a familiar setting.

Statewide Early Childhood Mental Health Consultation

CHDI was a leader in developing early childhood mental health consultation in CT —the Early Childhood Consultation Partnership— a statewide, evidence-based, mental health consultation program to meet the social and emotional needs of children birth to five in early care or education settings and decrease pre-school suspensions and expulsions.

Statewide Care Coordination

CHDI supported the development, testing, and expansion of a care coordination model adopted by DPH and now available to help families statewide.



Safer Child Care

CHDI supported Yale School of Nursing in developing a best practice training system for safer medication administration in child care settings, resulting in training for more than 400 child care nurse consultants.

ADDRESSING CHILD TRAUMA

CHDI has worked across all child-serving systems in Connecticut to identify and treat the effects of child trauma through early identification, training, and policy, systems, and practice changes.

20,000+
children screened for trauma

CHDI facilitated early identification and treatment for thousands of children with trauma-related conditions by advancing screening across child-serving systems and universal screening in child welfare.

53 Trauma-Informed Schools

CHDI has worked with 53 schools across 15 districts to address the trauma needs of students using evidence-based trauma interventions (CBITS and BounceBack!).

10,000+
trained in trauma

CHDI trained more than 10,000 professionals across child-serving systems to better recognize, support, and connect children to trauma-informed care.

PROVIDING A VISION FOR CHILDREN'S HEALTH AND WELL-BEING IN CONNECTICUT

Health Reform
that Benefits Children

CHDI has worked to extend Connecticut's State Innovation Model to include a broader view for children's health that supports medical homes and children's utilization of health and community services. CHDI has also developed a model of pediatric payment reform to promote children's health.

Behavioral Health Plan
for Children

In 2013, CHDI facilitated the development of Connecticut's Behavioral Health Plan for Children to guide the state's efforts to build a comprehensive and integrated behavioral health system that benefits all children. The work will continue through the state's CONNECTing Children and Families to Care initiative.

CHDI's Approach to Building a Trauma-Informed System

1. Developed Knowledge Base

CHDI commissioned reports and wrote Issue Briefs on an array of topics that summarized the literature, examined the strengths and gaps in Connecticut, and provided recommendations for strengthening a comprehensive system of services, laying the foundation for significant changes in the state's practice landscape.

Key Reports:

2000

Delivering and Financing Children's Behavioral Health Services in Connecticut

2011

Statewide Implementation of Best Practices: The Connecticut TF-CBT Learning Collaborative

2013

Building a Statewide Trauma-Informed System of Care

2014

Improving Care for Children Through Trauma Screening

2015

The Infant Mental Health Workforce: Key to Promoting the Healthy Social and Emotional Development of Children

Starting Early: The Long Reach of Childhood Trauma

Advancing Trauma-Informed Systems for Children

2016

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS): An Effective Treatment for Children in Connecticut

2017

Infographic on Addressing Childhood Trauma in Connecticut

2018

Addressing Trauma in Early Childhood

Trauma-Informed School Mental Health

2. Demonstrated Effectiveness of Concept in Connecticut

CHDI, working in close partnership with the Department of Children and Families (DCF), the Judicial Branch's Court Support Service Division (CSSD), and other state and community partners, has identified and disseminated several evidence-based trauma-informed interventions in Connecticut. These interventions were designed and developed by leaders in the field, and in most cases, were selected because they had already been proven effective in other states and communities. CHDI's contribution was made through its efforts in advocacy, dissemination, sustainability, evaluation, and quality assurance.

mental health evidence-based treatments

3. Rolled Out Across Connecticut

2007

With funding from DCF, CHDI began to serve as the Coordinating Center to disseminate Trauma-focused Cognitive Behavioral Therapy (TF-CBT) to 16 community clinics across the state. TF-CBT is a brief evidence-based family-centered treatment model that results in significant symptom reduction for children suffering from exposure to traumatic events, including sexual abuse, physical abuse, and domestic and community violence.

2011

CHDI worked closely with DCF to apply for and implement a 5-year federal grant awarded to DCF for the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) initiative to improve trauma-focused care for children in the child welfare system. CHDI was designated as the CONCEPT Coordinating Center. This funding supported workforce development for DCF caseworkers, the development and use of a brief child trauma screen, trauma-informed child welfare policy, and the expansion of TF-CBT to an additional 12 community agencies.

2013

CHDI, DCF, and Harvard University established a partnership to carry out a five-year project to implement, replicate, and evaluate the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Disorders (MATCH-ADTC). MATCH, developed at Harvard, is an evidence-based treatment that combines clinical training and supervision in 33 separate interventions that address 75 percent of the most common presenting problems in community-based outpatient clinics for children ages 6 to 15. MATCH is currently available at 19 agencies in Connecticut.

In the wake of the Sandy Hook school

53 Schools Addressing Trauma

CHDI has worked with 53 schools across 15 districts to address the trauma needs of students using evidence-based trauma interventions.

shooting tragedy, the Connecticut legislature funded additional children's behavioral health services, including the expansion of TF-CBT. CSSD added TF-CBT funding for expansion to 29 sites.

2015

With funding from CONCEPT, seven community agencies were trained in the Child and Family Traumatic Stress Intervention (CFTSI), developed at the Yale Child Study Center. CFTSI is a six to eight session preventive intervention for children ages seven and older delivered within 45 days of exposure to a potentially traumatic event and has been shown to prevent development of posttraumatic stress disorder symptoms. Seven agencies were trained to deliver CFTSI.

2015

DCF contracted with CHDI to help disseminate Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back. CBITS is an evidence-based group intervention for children in grades 5 through 12 suffering from traumatic stress and Bounce Back is an adaptation of the CBITS model for younger students (grades K through 5). CHDI assists with CBITS implementation through data collection and reporting and providing implementation consultation to schools. Eight school districts are now offering CBITS and/or Bounce Back.

2016

CHDI was awarded a 5-year federal grant to roll out four trauma-focused interventions for young children including TARGET, Child Parent Psychotherapy, Attachment, Regulation, and Competency (ARC), and expansion of CFTSI for younger children.

4. Created Infrastructure to Maintain Changes

2012

CHDI added an EPIC module to train child health providers on how to screen for and address trauma. More than 1,750 providers have been trained.

2013

The TF-CBT Coordinating Center at CHDI expanded to include a rigorous quality improvement initiative based on CHDI's Performance Improvement Center (PIC) model and the field of implementation science. The Coordinating Center uses a data-driven and collaborative approach to improve access, quality, and child and family outcomes for those receiving TF-CBT services across Connecticut.

2015

With funding from CONCEPT, CHDI co-developed and piloted (with DCF and Yale) a brief trauma standardized trauma screen to be used across settings and developed and delivered two days of required trauma training that was embedded in the pre-service training for all new child welfare workers. More than 2,000 DCF staff have been trained. In addition, 37 child welfare policies/practice guides were modified to integrate knowledge about child trauma into all areas of work.

2014-2015

CHDI helped develop and implement a statewide evidence-based practice data system (EBP Tracker) to track and monitor implementation and outcomes to ensure evidence-based practices are working as intended. EBP Tracker is a secure online data system that supports clinicians who provide EBPs for children and improves the quality of care children receive. More than 30 agencies and more than 300 clinicians currently use EBP Tracker in Connecticut.

2017-2021

With funds from a federal grant for early childhood trauma, CHDI will train several thousand early childhood systems staff and service providers on childhood trauma, how to identify young children and families who may benefit from services, and how to make referrals for trauma-focused evidence-based interventions. We also contributed to the development of an online training module for home visitors.

5. Embedded in State System

Evidence-based practices to identify and treat children and their families exposed to or experiencing trauma-related symptoms are now available throughout the state of Connecticut and clinicians are trained and certified to provide these services. It is very much part of the treatment landscape across Connecticut, as demonstrated by the following results:

- Since 2008, more than 11,600 children have received evidence-based treatment for trauma.
- More than 80 percent of children completing TF-CBT show likely remission of PTSD diagnosis at a lifetime cost savings estimated at $6,550 per child.
- More than 10,000 professionals have been trained in childhood trauma since 2007.
- Since 2007, more than 20,000 children have been screened for trauma exposure in behavioral health, child welfare, and juvenile justice, education, and pediatric health settings.
- 37 child welfare policies and practice guides were modified to reflect trauma-informed principles and practices.

Spotlight 03

Early Childhood Development:

Health Promotion and Early Identification

Integral to CHDI's work is a focus on early child development, recognizing that health promotion, disease prevention, and early identification and treatment during the earliest years lay the foundation for healthy development and decrease the need for costly and ineffective interventions later in life.

CHDI's work over the past two decades has focused on the following:

- The integration of health and socio-emotional development in comprehensive early childhood systems at the state level and in communities across Connecticut.
- Promoting early childhood mental health based on a strong foundation of secure attachments from birth.
- Healthy and safe early care and education settings.
- Obesity prevention that starts from birth.

Twenty years ago, services and supports for the healthy emotional development for young children in Connecticut were practically nonexistent. Now, nearly twenty years later, socio-emotional development is a core component of the early childhood system. Thousands of providers have gained the knowledge and skills needed to support the mental health of infants, toddlers, and preschoolers. CHDI played a key role in the evolution of that system through its contribution to building an early childhood mental health consultation system and promoting the development of a skilled infant and early childhood workforce.

CHDI's Approach to Promoting Early Childhood Mental Health

1. Developed Knowledge Base

The science is clear that responsive and consistent relationships with caregivers beginning at birth are the foundation for a young child's mental health. An important aspect of our work has been to bring that knowledge to policymakers and providers in Connecticut.

Key Reports:

2001

Too Young to Count: Promoting the Health and Development of Connecticut's Young Children and Their Families

2015

The Infant Mental Health Workforce: Key to Promoting the Healthy Social and Emotional Development of Children

2016

Ensuring the Best Start for Connecticut's Children: Aligning Policy with Science

Connecting Social and Emotional Health and Literacy: Critical for Early School Success

2. Demonstrated Effectiveness of Concept in Connecticut

2002

One of CHDI's earliest accomplishments was laying the groundwork for developing a system of early childhood consultation to meet the social and emotional needs of children birth to five in early care and education settings. We were instrumental in securing funding through the Community Mental Health Strategic Investment Fund for this purpose and provided consultation on the design and development of that program. Advanced Behavioral Health was awarded funding to develop and implement a statewide pilot program, the Early Childhood Consultation Partnership (ECCP), which they continue to administer to this day.

2003

With CFC funds matched by DCF, and CHDI's advocacy efforts, support for ECCP was secured for two more years.

2004-2007

With CFC funds, CHDI supported a rigorous evaluation of ECCP, conducted by Walter Gilliam at the Yale Child Study Center.

2007

CHDI released the findings of the evaluation through an IMPACT (Reducing Behavior Problems in Early Care and Education Programs: An Evaluation of Connecticut's Early Childhood Consultation Partnership) and a forum held at the State Capitol.

56 Endorsed in Infant Mental Health

CHDI supported the development of a statewide infant and early childhood mental health endorsement system. To date, 56 professionals have earned endorsement.

3. Rolled Out Across Connecticut

2005-2008

ECCP expanded with an increase in state funding for an ongoing evaluation.

2012

The State Department of Education contracted with DCF for ECCP to provide outreach and engagement services to family daycare providers and infant/toddler teachers.

2015

Connecticut's Office of Early Childhood-National Preschool Expansion Grant provided funds to increase ECCP capacity to serve School Readiness Classrooms in selected towns in Connecticut.

4. Created Infrastructure to Maintain Changes

CHDI, with CFC support, has played an important role in helping Connecticut build a competency-based, trained workforce to ensure that professionals working with infants, toddlers, and their families are knowledgeable and skilled in promoting social-emotional development and addressing mental health concerns. This work has been done in partnership with the Connecticut Office of Early Childhood (OEC) and the Connecticut Association for Infant Mental Health (CT-AIMH).

2010

CT-AIMH, with support from CFC and others, purchased a license from the Michigan AIMH to be able to offer the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® in Connecticut.

2013

CHDI added an early childhood mental health component to KidsMentalHealthInfo.com, a CHDI developed and maintained website, that includes online training resources for health and early care and education providers specific to infant and early childhood mental health and maternal depression.

2014

CHDI developed an Infant Mental Health EPIC module to train child health sites across Connecticut in promoting socio-emotional development as part of child health services. Close to 200 providers have participated.

2008-2018

CHDI, with funds from CFC, has provided close to $100,000 to CT-AIMH to build a system to support a competency-based early childhood workforce. This effort is based on the CT-AIMH Endorsement®. The Endorsement recognizes and documents the development of infant and family professionals in the promotion and practice of infant or early childhood mental health. Through this effort, the number of professionals endorsed in Connecticut has grown to 56, and covers professionals across many disciplines and in key child-serving systems including Birth to Three, Home Visiting, child welfare, and early care and education.

2018

CHDI, with CFC funding, provided a grant to expand the endorsement to cover those serving children three to five. This will result in more of the state's child-serving programs and systems being able to support and advance the social and emotional development of children beginning in their earliest years.

2016-2021

Through a federal grant award, CHDI will train more than 1,000 Early Care and Education Providers on early childhood trauma.

5. Embedded in State System

Since its creation in 2002, ECCP® has served approximately 25,000 children, supported by sustained state funding and the addition of federal grants since 2007, and is now one of the nation's leading early childhood mental health consultation programs. ECCP® partners with 11 Connecticut non-profit child behavioral health agencies for approximately 24 masters level Early Childhood Mental Health Consultants to provide statewide coverage of program and services. Three randomized control studies demonstrate its positive effect on providers and children in their care. The Infant Mental Health Endorsement is now also very much part of key state systems, with the Office of Early Childhood and DCF supporting training in Infant Mental Health for staff in Birth to Three, Home Visiting, Head Start and Child Welfare and 56 professionals have earned their endorsement.

Key Components of Success

Over the past two decades, we've learned what it takes to be successful in improving health care systems and creating lasting change and better outcomes for children. We've identified the following five basic premises as essential to the work we've done.

Mission Driven 01

Our core mission has remained constant over time, focusing on improving Connecticut's health and mental health care systems through changes in policy, systems, and practice. Although the focus evolved over time and the work broadened and deepened, we have stayed true to our identity and purpose, recognizing that systems change is a complex and lengthy process. We have been fortunate to have a board that has understood this and been patient and supportive of the long-term nature of achieving sustainable reforms.

Knowledge-Based 02

CHDI produces high quality, objective, knowledge-based work. We rely on scientific research and practice-based evidence to shape our work, without being driven by ideology or partisanship. As a result, many groups working to shape policy and systems and to change practice recognize CHDI as a trusted, independent voice.

Unique Structure 03

The partnership between CHDI and the Children's Fund has served CHDI well. The Children's Fund has provided annual core funding that has given CHDI the ability to leverage these dollars many times over (close to a 1:6 ratio). By bringing money to the table, we can forge funding partnerships with others to multiply our effects. Furthermore, this partnership has allowed us to remain free of many of the constraints of larger bureaucracies, giving CHDI maximum flexibility, nimbleness, and responsiveness to the changing landscape. Additionally, maintaining low administrative overhead has contributed to CHDI's success when seeking federal, state, and other grant support and contracts.

Strategic Partnerships 04

Partnering with organizations and individuals has been vital to our success. CHDI has worked with more than 100 national, state, and local organizations and individual consultants over the past 20 years. We engage academic, provider, government, advocacy, and other organizations in our work and deploy our resources to contribute to and leverage those of partnering organizations. Our most active partnerships have been with Connecticut Children's Medical Center, Yale University, the University of Connecticut and the state agencies that oversee child-serving systems.

CT Children's Medical Center: Our relationship with CT Children's, largely through the Office of Community Child Health, has provided a learning laboratory where we have been able to pilot test many of the practice changes in pediatric primary care. Our expertise in research and policy coupled with their expertise in community pediatric practice has allowed us to move initiatives along the continuum from knowledge development to demonstration to taking to scale. (CFC is a supporting organization of CT Children's.)

Academic Institutions: We enlisted faculty across many disciplines at Yale, UConn, and the University of Hartford as treatment designers, evaluators, trainers, researchers, curriculum developers, and technical assistance providers. Leveraging academic relationships has allowed us to support, incubate, disseminate, and evaluate promising and evidence-based practices.

State Agencies: We could not have accomplished nearly as much as we have without our partnerships with the state's forward-thinking child serving agencies, including including those agencies that oversee social services, public health, juvenile justice, early childhood, education, and juvenile justice. They are driven by the same vision and goals as we are, to improve the health and well-being of children in our state, and have committed resources to make this happen. CHDI serves as a catalyst to help move reforms along and nimbly address bureaucratic and other hurdles. State agency partners help us reach practitioners at a system level to test and disseminate innovations. CHDI has frequently helped state agencies write grants resulting in substantial federal funding and technical assistance opportunities for Connecticut in areas of shared interest.

Investing in Communications 05

As we grew, we recognized the role of communications in advancing our work. For many years we were referred to as "Connecticut's best kept secret." Making our work more visible and the impacts more tangible and accessible allowed us to engage a wider range of influencers and partners capable of helping us achieve our vision and mission. We developed more accessible publications, enhanced our website, created new videos, and increased our media, email, and social media outreach. We also published our work in peer-reviewed journals.

Lessons Learned

CHDI is a unique entity that has grown and thrived over the past two decades and we have learned a number of lessons along the way. We share these lessons in the hope that they may be useful to others pursuing similar ends, so that our learnings may help them achieve success and avoid some of the pitfalls we have experienced.

01 Systems, Policy, and Practice are Intertwined

To advance sustainable practice reform, it was essential for CHDI to simultaneously work on policy and systems change. Providers cannot be expected to change their practice if they do not have the policy and system supports or the community resources that enable them to adopt these changes. Supports include: payments from public and private insurance for health promotion prevention and early identification services; training in the use of tools; best practices; and the changing policies and regulations that support them.

02 Avoid Mission Creep

Every five years or so we reassessed the alignment of our work with our mission. This helped avoid taking on more in response to requests or funding opportunities or being reluctant to let go of an initiative when our role was no longer essential. At such times, working with our board, we clarified our boundaries and set criteria for what to take on and, just as important, what to let go. A long-term, mission-driven agenda helped us to stay the course. We were less effective when spread too thin and learned to define an endpoint when:

- An initiative has achieved sustainability by becoming embedded in state practice and there are mechanisms in place to monitor and assure fidelity, quality, and outcomes.
- The policy change being sought was achieved.
- A new organization has emerged or spun off from CHDI with the ability to independently maintain the work on its own.

03 Assessing Impact is Difficult but Vital

Developing metrics and mechanisms to better document the impact made in key initiatives was vital to our success in advancing sustainable change. Although this was one of our more difficult challenges, we increasingly appreciated the importance of doing so, not only as a means of accountability to our board, but to be able to track our progress and determine the effectiveness of our work. At times, it was challenging to establish these benchmarks, indicators, and results in the context of broad, long-term systems and policy changes, and it was difficult to attribute success to the work of CHDI alone. Nevertheless, we learned that, as the common saying goes, "the perfect was the enemy of the good" and it was best to start somewhere and refine our measurement approaches over time. We found that establishing SMART goals (specific, measurable, attainable, relevant, and time-bound) was most helpful.

04 Anticipate Change

Change is a constant when working in the policy environment. There will always be ups and downs in the economy, changes in political leadership and key players in the executive and legislative branches, and unanticipated crises. The key was learning to anticipate these likelihoods and be poised to respond to the opportunities these situations presented. CHDI was able to weather these occurrences by being nimble and flexible and by having sound financial scenario planning in anticipation of changes in funding. Our ability to maintain a long-term focus also helped yield "ready to go" resources when a need or opportunity arose.

05 Cultural competence is an important core value that is critical to success

Cultural, linguistic, and racial/ethnic competency became increasingly core to our work as data indicated inequities in the system that could not nor should not be ignored. It was critical to ensure that our work was reflective of diversity of race, ethnicity, gender, and culture of the children and families most affected by the systems in which we worked. We developed and implemented a cultural competency plan beginning in 2008 that is regularly monitored and revised by a standing Cultural Competency and Workplace Climate Committee that addresses both internal organizational concerns as well as the external work we do. We have regular trainings, have built this competency into performance reviews, and assess and support staff on their progress.

06 Families play a crucial role

Recognizing that family advocacy organizations play an important role in advocating for and implementing policy and systems change, CHDI has provided CFC funding for, and worked in close alliance with, a number of such organizations. We helped incubate two family organizations, the Family Support Network and Hands and Voices, to become independent entities and have provided grant support and technical assistance to several others in the early childhood, mental health, and juvenile justice arenas. We have added peer support roles in implementing evidence-based practices such as Trauma-Focused Cognitive Behavioral Therapy, and actively engage with family advocacy organizations in much of our work.

07 Investing in and maintaining a healthy organizational culture and climate is fundamental

We intentionally invested in building a purpose-driven and supportive work environment. This was easier when our staff was small, but as we grew to more than 30 employees it became even more important. The first step was hiring great people who fit with our system-level focus and then doing everything possible to support them in their work so that they stayed. We established a "culture of excellence" by setting high expectations for the quality of our work, providing consistent supervision and performance reviews, rewarding good work, and engaging all staff in planning and implementing a team-oriented workplace.

08 Be strategic in building internal capacity

The initial expectation was that CHDI would remain small and partner with academic institutions to carry out the work. Although this was appealing in theory, it proved to be challenging in a policy environment where the turnaround time was shorter and the communication needs different than many academics are accustomed to. Over time, we expanded our own staff with this expertise. This allowed for expeditious turnaround and was often more cost effective and efficient. We continued to use many national and state consultants and worked closely with our academic partners but learned to balance internal capacity building with outside expertise.

09 Being at the table is a worthwhile investment of time and resources

The participation of CHDI staff in as many as 50 national, state, and local committees, commissions, and councils in any given year has been key to accomplishing our goals. Although time-consuming, our presence has helped create long-term relationships and myriad opportunities to inform, advise, and influence policies and practices that advanced effective community-based child health systems. This was evident in such results as: health and socio-emotional development being included in state and local school readiness efforts; advancing trauma-informed, evidence-based mental health practices for children; influencing juvenile justice reform efforts; and embedding prevention and early identification in healthcare practice in the state's health reform agenda.

Looking Ahead

After many years of leadership, CHDI's founding President and CEO, Judith Meyers, passed the torch to Jeffrey Vanderploeg in October 2017. Under his direction, working with an incredible team of staff, board members, and partners across the state, CHDI will continue to advance the mission for which it was created. The unique structure that brings together the resources of the Children's Fund, Connecticut Children's Medical Center, other academic institutions, state agencies, and others partners and will ensure that CHDI delivers meaningful change and measurable results well into the future. Just as many of our earlier efforts are now fully embedded in how the state does its work, we envision that CHDI will provide ongoing leadership in a changing health care landscape, and will identify and spread new innovations that promote optimal health and mental health outcomes for children.

The delivery of **children's health care** has evolved over the past 20 years, shaped by the medical home model of care. Building on the knowledge and innovations we have helped bring to the pediatric primary care system, we envision playing a significant role in the next wave of payment and practice reforms. Value-based payment and population health models are likely to drive changes in the way that pediatric practices participate in the health care system. Pediatricians will increasingly work in multi-disciplinary teams that include nursing, social work, community health workers, and other professionals. They will also need to collaborate more closely with educators, behavioral health, social services, and other child-serving systems. CHDI is well-positioned to shape effective policies and practice models, and help pediatric primary care practices implement them.

In the area of **mental health**, there is a pressing need to better integrate the financing and delivery of behavioral health services in both the public and private sectors, making care more accessible and affordable for families. Despite the significant spread of evidence-based interventions in the state, there are still too many children who cannot access the most

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effective care. CHDI will continue to help contribute to reforms in policy and systems to ensure evidence-based practices are sustained, but we also can do more to ensure that these services are delivered in settings such as schools and pediatric offices, where they are likely to be accessed by those most in need.

Our **early childhood** initiatives have reinforced the importance of promoting social-emotional competencies, ensuring that the early childhood workforce has the skills and capacity to support families in fostering optimal development, identify children with developmental and behavioral concerns, and link them to services at the earliest possible point. In the area of promoting healthy weight, CHDI can make a difference by advancing policies and practices that support optimal nutrition and responsive feeding practices from birth. Additionally, we are helping pediatric providers identify and address risk factors at the earliest possible point, before unhealthy weight becomes a concern.

CHDI has the capacity to be flexible, resilient and responsive to the changing landscape. We look forward to the new opportunities that will allow us to make progress toward our mission: that all children in Connecticut will have access to, and benefit from, a comprehensive, effective, community-based health and mental health care system. We look to our board and our partners to guide us as we continue to make progress toward that vision by being bold, innovative, knowledge-driven, and steadfast in our commitment to creating sustainable change that improves the health of children and families.

Children's Fund
of Connecticut, Inc.

A supporting organization of
Connecticut Children's Medical Center

Child Health and
Development Institute
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View our digital report at www.CHDI.org.