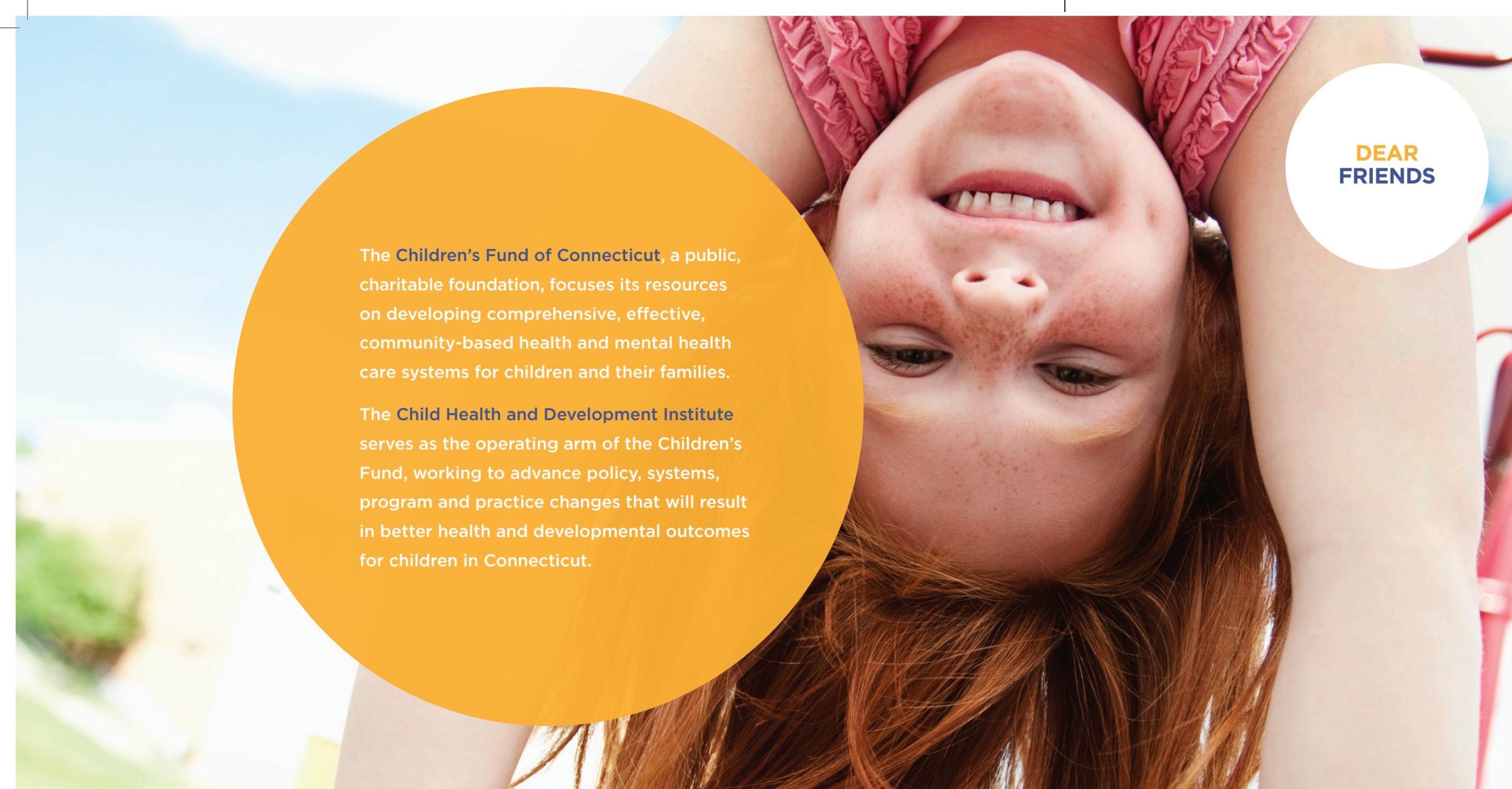




**INNOVATION**  
***ACTION***  
**IMPACT**

**Improving Children's  
Health and Well Being**



DEAR  
FRIENDS

The **Children's Fund of Connecticut**, a public, charitable foundation, focuses its resources on developing comprehensive, effective, community-based health and mental health care systems for children and their families.

The **Child Health and Development Institute** serves as the operating arm of the Children's Fund, working to advance policy, systems, program and practice changes that will result in better health and developmental outcomes for children in Connecticut.

Welcome to the FY 2010 & FY 2011 biennial report for the Children's Fund of Connecticut and its subsidiary, the Child Health and Development Institute (CHDI). We are two organizations that together drive changes to improve the health, mental health and early care systems for children in Connecticut.

We do this by recognizing problems, identifying and testing innovative solutions, and working with partners to embed positive change at the state and local levels. In essence, CHDI and the Children's Fund are organizations that turn innovation into action...with the ultimate goal of making a difference in the lives of Connecticut's children.

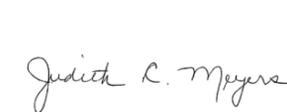
Our efforts are working. For example:

- In the area of health, we advanced key components of **pediatric medical homes** in Connecticut including developmental screening, care coordination, co-management of primary and specialty care and mid-level assessment.
- In mental health, we played a key role in expanding two **evidenced-based child mental health treatments** throughout Connecticut, including trauma-focused cognitive behavioral therapy, using the Learning Collaborative method and Child FIRST.
- In early care systems, we helped **communities integrate health and mental health** in their school readiness plans with funding and technical assistance.

This report also highlights our innovations to watch - what's in the works that we anticipate will lead to further systems and practice improvements in the health and mental health care for children.

Our work is accomplished through the support and in partnership with many others, including our board members, staff, state agency leaders, universities, children's hospitals, legislators, other funders, advocates and community members. We express our deepest appreciation to our partners who make it all possible.

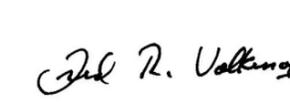
Warm Regards,



**Judith Meyers**  
President & CEO



**Keith Stevenson**  
Chair of the Board  
Children's Fund of CT



**Fred Volkmar**  
Chair of the Board  
Child Health and  
Development Institute



**VISION**  
**MISSION**  
**STRATEGY**

**All children in Connecticut will have access to and benefit from a comprehensive, effective, community-based health and mental health care system.**

**We advance and inform improvements in primary and preventive pediatric health and mental health care programs, practice, and policy in Connecticut, with particular focus on disadvantaged or underserved children and their families.**

**We identify, demonstrate, support, and promote effective health and mental health care innovations and improvements, working closely with providers, policymakers, academic institutions, and state agencies.**

**GOALS**

- Promote and enhance comprehensive, quality health care services for all children
- Promote and enhance comprehensive, community-based, quality mental health care for all children and families
- Advance the integration of health and mental health at the policy, systems and practice levels
- Strengthen the link between child health/child mental health systems and other child serving systems
- Foster innovations in child health service delivery to inform policy, systems and practice in Connecticut



**CHDI has led a range of innovations to support the transformation to the medical home model of care in Connecticut.**

- Universal developmental screening in pediatric primary care
  - Mid-level assessment as an immediate follow up to screening
- Co-management between primary care and subspecialty services
- Models of care coordination to ensure linkages to services

## Innovation

## Action

**CHDI collaborated with partners to promote medical home as the optimal health care delivery system for children and led innovations in support of this transformation.**

- TRAINING (EPIC)
- QUALITY IMPROVEMENT
- INFLUENCING POLICY
- PARTNERSHIPS

### CHDI activities include:

- Training primary care practices (EPIC program) in developmental and behavioral health screening, care coordination and family-centered care.
- Engaging pediatricians in quality improvement maintenance of certification activities.
- Bringing child health concerns to major policy initiatives, such as Medicaid's Person Centered Medical Home program.
- Working with payors, state agencies, medical providers, academic institutions and family organizations to transform pediatric primary care.

## NEED

**To support children's healthy development, pediatric primary care providers are adopting a medical home model of care.** When children's health and developmental problems are unaddressed, they suffer life-long adverse consequences. The medical home model of care ensures early identification of problems and successful linkages to needed services.



**Pediatric primary care can make a much greater contribution to children's healthy development.**

## MEDICAL HOME

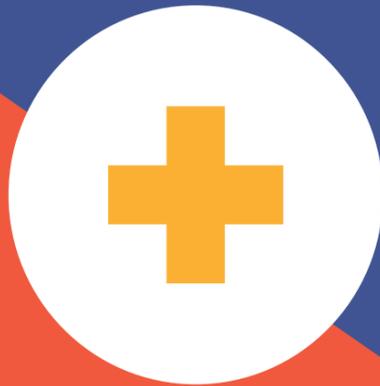
## Transforming Pediatric Primary Care



**An enhanced system of primary care is linking at-risk children to health, mental health and developmental services earlier, resulting in life-long benefits.**

## IMPACT

**CHDI has helped nearly two-thirds of Connecticut's pediatric practices with change strategies to enhance primary care and support their transition to a medical home.** Since 2008, Connecticut has seen a seven fold increase in the number of children who are screened for developmental and behavioral health issues. Pediatric medical homes coordinate care for these children, thereby improving their outcomes.

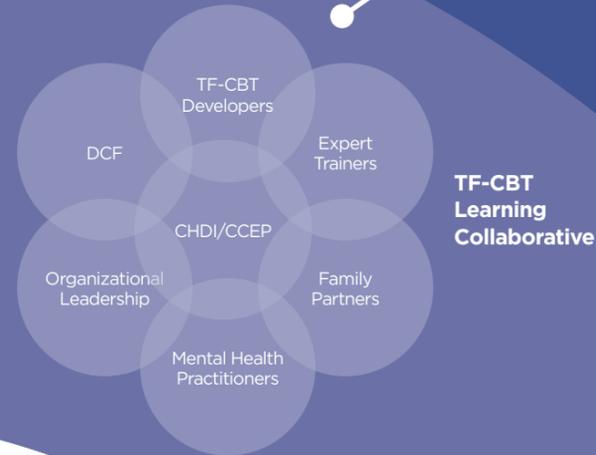
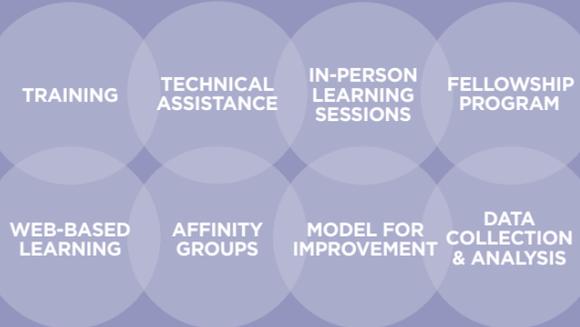


Knowing the challenges of identifying and disseminating a statewide evidenced-based treatment, the Department of Children and Families (DCF) turned to CHDI for their expertise in putting research into practice. CHDI helped DCF select the evidence-based Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as the most effective treatment, and the Learning Collaborative methodology, as an effective approach for replicating evidenced-based practice models.

## Innovation

## Action

### Learning Collaborative Approach



CHDI successfully adapted the Learning Collaborative methodology to disseminate TF-CBT to 16 provider agencies and trained over 250 mental health professionals in just three years. Over the next five years a second Learning Collaborative will be used to spread TF-CBT to 12 more Connecticut communities and expand a second trauma-focused evidenced-based treatment to eight communities.

## NEED

Stakeholders in Connecticut recognized the growing public health concern of children suffering from trauma-related problems. Many children experiencing traumatic stress reactions are not identified and treated, which can lead to life-long health and mental health problems. Families in Connecticut need improved access to effective treatments for child traumatic stress.



**Children in Connecticut are exposed to trauma at alarming rates with limited access to effective screening and treatment.**

## LEARNING COLLABORATIVE APPROACH

## Implementing Evidence-based Treatment for Traumatized Children



**Children and families across Connecticut have increased access to effective trauma-focused treatment.**

## IMPACT

As a result of this initiative, traumatized children across Connecticut are getting better. Ongoing outcome evaluation shows highly significant reductions in post-traumatic stress and depression symptoms for children completing TF-CBT treatment. Learning Collaboratives are now being used by CHDI in other initiatives to improve the quality of care across the state.

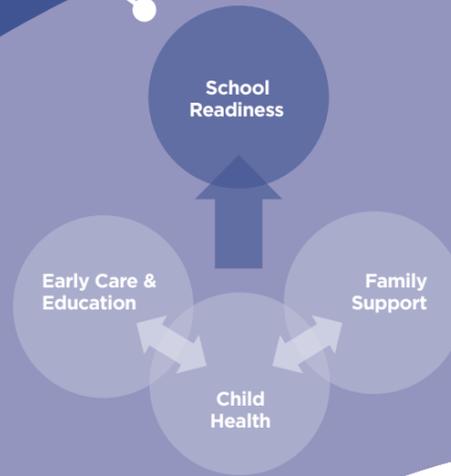


CHDI provided a statewide Framework ensuring child health services are a high priority for both the state and local communities. The Framework was based on our understanding that children fare best when parents, family support programs, child health providers and those who work in early care and education join together to fully address the needs of children from birth.

## Innovation

## Action

Through a public-private partnership, CHDI funded communities to integrate health and mental health into their comprehensive early childhood plans. CHDI's Community Tool Kit, a companion publication to the Framework, further helped communities determine major child health issues, identify and collect health data, engage child health providers in planning and implementation, and successfully include child health strategies in comprehensive state and community school readiness plans.



## NEED

For children to succeed in school and in life, attention to their earliest years of development from birth if not before, is essential. This includes their cognitive development as well as their health and social-emotional development. Too often, state and community efforts to ensure children are ready for school pay insufficient attention to this full range of needs.



**Communities can do more to support children's healthy social, emotional and physical development from birth.**

**A FRAMEWORK FOR CHILD HEALTH SERVICES IN CT**

**Promoting Child Health as an Integral Part of School Readiness**



**Children's health is now a priority for state and local school readiness agendas.**

## IMPACT

CHDI's Community Tool Kit and statewide Framework provide a lasting blueprint for early child health services integrated within a comprehensive state system. As a result, many communities have integrated health into their early childhood efforts, addressing key concerns such as promoting healthy births, screening for developmental delays, addressing behavioral health concerns, and preventing obesity, all important components to ensure children thrive.



**INNOVATIONS  
TO  
WATCH**

## HEALTH

### Mid-Level Assessment

In July 2009, CHDI provided funding to three organizations to test the feasibility and implications of Mid-Level Developmental Assessment (MLDA) in Connecticut as a strategy to promote early intervention for developmental problems.

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**CHDI found that MLDA shows considerable promise for improving early identification of children with delays and connecting them to helpful services.**

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MLDA also can ensure efficient use of scarce specialist resources and save dollars, as fewer extensive evaluations are needed. CHDI will target MLDA for future policy reform and system building.

### Pediatric Psychopharmacology

CHDI is working with three teams of pediatric and psychiatric providers on an innovation designed to increase the capacity of primary care practitioners to manage children with mild to moderate behavioral health concerns. The teams are developing a screening, treatment and ongoing assessment tool kit for primary care providers to use in treating children with anxiety and mild depression. A demonstration pilot project is planned for the coming year.

### Community-Oriented Programs Partnership

CHDI is partnering with Connecticut Children's Medical Center's Office of Community Child Health (OCCH) to develop innovative community-oriented pediatric programs. Through this partnership, CHDI and OCCH will also guide, evaluate and help sustain effective pediatric health innovations.

## MENTAL HEALTH

### School-Based Diversion Initiative

The School-Based Diversion Initiative (SBDI) trains teachers and staff to recognize behavioral health needs as part of an overall plan to prevent and reduce school arrests.

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**Arrest rates have dropped significantly in SBDI's 13 schools, providing positive outcomes for at-risk students and long-term cost-savings for the state.**

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CHDI is the coordinating center for SBDI, which is supported by the Department of Children and Families (DCF) and the Court Support Services Division of the Judicial Branch. The program is scheduled to expand to additional high-risk urban school districts next year.

### Child FIRST

Child FIRST is a nationally recognized evidenced-based program developed in Connecticut for at-risk families with young children. Child FIRST is shown to decrease emotional disturbances, developmental and learning problems, and child abuse and neglect. CHDI supported the statewide dissemination of the evidenced-based Child FIRST model to ten communities using the Learning Collaborative approach and plans to expand five more over the next few years.

### Performance Improvement Centers (PIC)

The PIC model of quality improvement, developed by CHDI in collaboration with DCF, successfully improved service delivery and patient outcomes for Emergency Mobile Psychiatric Services. PIC innovations are now being used to improve the delivery of Trauma-Focused Cognitive Behavioral Therapy in Connecticut.

## EARLY CARE SYSTEMS

### Infant Mental Health Competencies

Development during infancy affects children's mental health for years to come. It is crucial, therefore, that those who care for young children have the necessary knowledge and skills to encourage optimal healthy development and address early signs of risks, delays and emotional disorders.

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**CHDI is supporting the Connecticut Association of Infant Mental Health in building a system for Connecticut to support a competency-based early child workforce.**

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This effort is based on the Endorsement for Culturally Sensitive Relationship Focused Practice Promoting Infant Mental Health®. Through this effort, the number of professionals endorsed in Connecticut is expected to greatly expand over the next five years.

### Medication Administration

After identifying medication administration safety issues in childcare settings as an area of concern, CHDI awarded a grant to the Yale School of Nursing to support and enhance training and systems development for health consultants throughout the state to train childcare providers on this topic. A 2009 IMPACT: "Ensuring Health & Safety in Connecticut's Early Care & Education Programs" provides a list of recommendations for state policy to improve the safety of early care programs, some of which have been successfully implemented. CHDI is working with key partners to advance the remaining recommendations.

## PUBLICATIONS

### IMPACT Series

Mid-Level Developmental and Behavioral Assessments: Between Screening and Evaluation *(May 2012)*

The Performance Improvement Center: A Promising Approach for Improving Service Quality and Outcomes *(March 2012)*

Using Academic Detailing to Change Child Health Service Delivery in Connecticut: CHDI's EPIC Program *(Oct. 2011)*

Pediatric Psychopharmacology: Improving Care Through Co-Management *(Sept. 2011)*

### Other

A Framework for Child Health Services Tool Kit *(July 2011)*

Strengthening the Foundation: Analysis of Connecticut's Outpatient Mental Health System for Children *(June 2010)*

Statewide Implementation of Best Practices: The Connecticut TF-CBT Learning Collaborative *(July 2011)*

Integrating Behavioral Health & Primary Care: Making it Work in Four Practices in Connecticut *(March 2010)*

Ensuring Health & Safety in Connecticut's Early Care & Education Programs: An Analysis of Department of Public Health Child Care Licensing Specialists' Reports of Unannounced Inspections *(Dec. 2009)*

The Intensive In-Home Services Decision Tree *(Oct. 2009)*

Series of Issue Briefs on a Range of Topics

## FINANCIAL DETAILS

### The Children's Fund of Connecticut, Inc. Consolidated Statement of Financial Position September 30, 2011 and 2010

	2011	2010
Total Assets	\$29,130,818	\$32,107,112
Total Liabilities	240,146	864,579
Total Net Assets	28,890,672	31,242,533
Total Liabilities & Net Assets	\$29,130,818	\$32,107,112

### The Children's Fund of Connecticut, Inc. Consolidated Statement of Activities September 30, 2011 and 2010

	2011	2010
CHANGES IN UNRESTRICTED NET ASSETS		
Total Operating Support & Net Revenue	\$5,004,631	\$4,612,609
Less Total Expenses	4,437,616	4,478,361
Unrealized gain (loss) on investments	(2,510,301)	1,495,091
Increase (decrease) in unrestricted net assets	(1,943,286)	1,629,339
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS		
Decrease in temporarily restricted net assets	(408,575)	(1,554,837)
Change in Net Assets	(2,351,861)	74,502
Net Assets, Beginning of the Year	31,242,533	31,168,031
Net Assets, End of Year	\$28,890,672	\$31,242,533



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STAFF**

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\*rotated off board 5/11

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*Medical Home Coordinator*  
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