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BIENNIAL
REPORT

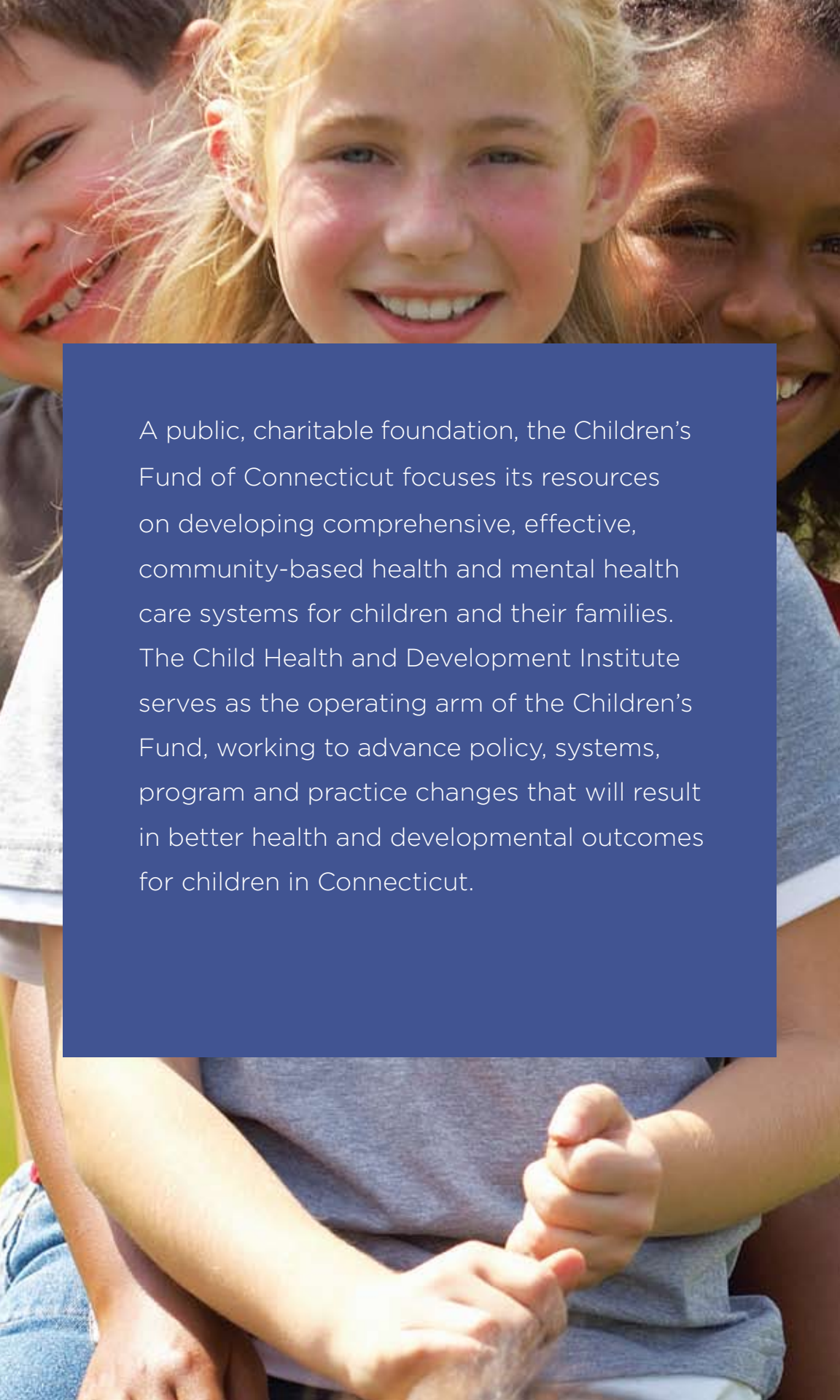
10 Years of Advancing the Health
of Connecticut's Children



Children's Fund
of Connecticut, Inc.



Child Health and
Development Institute
of Connecticut, Inc.



DEAR FRIENDS

A public, charitable foundation, the Children's Fund of Connecticut 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.

With this biennial for fiscal years 2008 and 2009, the Children's Fund and the Child Health and Development Institute are celebrating ten years of investments in advancing the health of Connecticut's children. We are taking this opportunity both to reflect on what has been accomplished and to look ahead to all that remains to be done.

In the past decade we have seen significant progress in the growth of our own organization and in our efforts to advance the quality of child health systems. Since our founding, we have endeavored to influence policy and systems change across multiple fronts at the state and community levels. Our contribution to this progress is the result of our investment in research and analysis that is reflected in a series of publications as well as in education and training of providers across an array of child serving systems. This evidence-based approach has helped deliver policy and regulatory reforms, system transformation, and shaped practice and program improvements and innovations.

The volume and variety of our activities has increased dramatically over the ten years. As this report illustrates, our efforts have broadened and deepened and we have had a positive impact across a progressively wider array of activities and practices. We know, however, that the hard work of systems transformation is inherently collaborative and has been accomplished through our productive partnerships with a large network of people and organizations.

The results of our efforts have touched the lives of thousands of children. Children in Connecticut are more likely to experience holistic and integrated primary care in a 'medical home'. Our behavioral health systems have undergone major transformation with more children treated in their own homes and communities with services such as Multisystemic Therapy and Trauma-Focused Cognitive Behavioral Therapy. Child care programs have greater access to health and mental health consultation. Communities are creating comprehensive plans that fully integrate health into their efforts to assure that pre-school age children are ready for school success by kindergarten.

We are both proud and humble as we celebrate the accomplishments of the past ten years. Looking ahead, we have established the following set of goals that will guide our investments over the next 3-5 years:

1. Promote and enhance comprehensive, quality health care services for all children
2. Promote and enhance comprehensive, community-based, quality mental health care for all children and families
3. Advance the integration of health and mental health at the policy, systems and practice levels
4. Strengthen the linkage between child health/child mental health systems with other child serving systems
5. Identify and develop innovations in child health service delivery to inform policy, systems and practice in Connecticut

We remain committed to continue to bring a long range, objective, knowledge-based perspective and to dedicate resources to advancing and sustaining changes in policy, systems and practice development that improve child, family and community well-being.

All the best,

Judith C. Meyers
President & CEO

Keith Stevenson
Chair, Children's
Fund of Connecticut

Fred Volkmar
Chair, Child Health and
Development Institute

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BIENNIAL
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Unlocking Doors:
Multisystemic Therapy
Connecticut's High-
& Youth

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04/2005
Transforming State
Data into a Research

Caring for
Connecticut's
Children
A HANDBOOK FOR
PARENTS AND CAREGIVERS
OF YOUNG CHILDREN
2005

EPIC

years

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BIENNIAL
REPORT

TIMELINE

1998-1999 - CHDI created by Children's Fund of CT and begins operations

2001 - CT Center for Effective Practice created as division of CHDI

- CT Community KidCare Curriculum developed and delivered
- Medication Administration Training developed
- Training in child development delivered to over 4,000 child care providers

- Delivering and Financing Behavioral Health Services for Children
- Too Young to Count
- IMPACT Series created: 1st report - Psychotropic Medication in Young Children

1999/2001

2004 - CHDI becomes a subsidiary of the Children's Fund

- Support for MST model development in CT
- EPIC (Educating Practices In the Community) created
- Early Childhood DataCONNECTIONS initiative formed
- Promoting Health and Learning community-based initiative
- Mental health consultation to child care initiative

- Close to Home
- IMPACT: Promoting Healthy Children & Families: Health Problems of Infancy & Early Childhood
- IMPACT: Promoting Healthy Children and Families: Child Nutrition
- IMPACT: Linking Women's Health and Children's Health

2002/2004

- EPIC Medical Home modules designed and delivered
- Statewide MST implementation
- HOME Project (Care Coordination) initiated
- Behavioral health and primary care demonstration funded at CCMC
- ECCP developed - statewide mental health consultation to child care
- Eat Smart/Grow Healthy Funding Partnership created

- Multidisciplinary Consultation and ECE
- Not Just Child's Play
- Attachment & Recovery
- CT Community KidCare - Family Satisfaction
- Caring for CT's Children - English/Spanish

2004/2005

2007 - Established CHDI Senior Fellows Program

- Funded evaluation of ECCP with positive results/Expansion of ECCP model and delivery
- Integration of health into ECE Cabinet deliberations regarding School Readiness; reflected in goals, priorities, strategies
- Universal developmental screening in primary care according to AAP Guidelines
- Pay for Performance for Developmental Screening in Pediatrics

- EPIC training in 60+ practices
- 4 demonstration sites funded for bh/pc integration
- Multidisciplinary training for consultants to ECE developed/delivered
- Medication Administration training for ECE providers
- Became Coordinating Center for dissemination of TF-CBT
- Care Coordinators trained in Community-based Wraparound approach
- Support for Child FIRST model for young children in Bridgeport

- Endangered Youth
- Rising Tide - Emergency Department use for children's mental health care
- DataCONNECTIONS reports
- Medical Home: Model of Continuous Coordinated Care
- Care Coordination in the Pediatric Setting
- Behavioral Health Services in Pediatric Primary Care
- KidCare 1st Annual Evaluation
- EMPS Model Enhancement
- IMPACT: Reducing Behavior Problems in Early Care and Education Programs

2006/2007

- Practice-based Care Coordination for Children with special health care needs delivered through community providers
- Expansion of family support regional networks for children with special health care needs
- Enhanced care clinics required to partner with primary care providers
- Emergency Mobile Psychiatric Services redesigned (EMPS)
- Funded research on health and safety in early care settings informs policy and systems changes
- Medicaid reimbursement policies support developmental screenings in primary care
- Medicaid reimbursement policies support oral health screening and fluoride treatment in primary care

- EPIC: 9 modules and 50+ presentations
- Child FIRST funded for statewide replication
- System-wide support for evidence-based practices (MST, TF-CBT, IICAPS)
- HOME Expansion
- CCEP Performance Improvement Center for EMPS
- CCEP Coordinating Center for statewide delivery of TF-CBT
- Community-based Wraparound initiative
- Community grants for health/mental health integration and school readiness
- Statewide system of training for ECCs to assist primary care providers
- Development of competency-based endorsement for infant mental health

- Extended Day Treatment Model of Care
- Unlocking Doors: MST Evaluation
- IMPACT: Maternal Depression
- CT Juvenile Justice System Guide (English/Spanish)
- IMPACT: Insuring Our Kids' Future
- IMPACT: Promoting Early Health and Learning
- A Framework for Child Health Services
- KidCare 2nd Annual Evaluation

2008/2009

key

- Policy Impact
- Practice & Systems Change
- Publications
- Milestones

IMPACT

As our timeline illustrates, the Children's Fund and CHDI have been active on a number of fronts. An assessment of our progress after ten years is based on a set of simple yet powerful "impact questions" that we ask ourselves in order to determine if indeed we are making a difference. First, of course, are we reaching a sufficient number of children and families? Second, are practices trained and staffed to implement our evidence-based recommendations? Third, are legislative and systemic supports in place to sustain the necessary changes on a widespread basis? Recognizing that much of what has been accomplished depends on many other players, the listing below provides an indication of the ways in which our work is making a difference.

Does our work touch the lives of a sufficient number of children and families?

- Developmental screenings for children in pediatrics has increased from fewer than 1,500 in 2007 to more than 10,000 in 2009.
- The number of children ages 1 to 3 who received dental services from a primary health care provider increased from 0 in 2007/08 to more than 1,500 in 2008/09 following dissemination of the EPIC oral health module.
- 1,200 families in six primary care sites in Hartford are receiving care coordination services through the HOME project.
- More than 3,000 children had their mental health needs addressed in four primary care sites as a demonstration of how integrated care can work.
- The state has implemented best practice recommendations for an array of behavioral health services including intensive in-home, extended day treatment, therapeutic support, emergency mobile psychiatric services and outpatient services affecting more than 20,000 children each year.

Are child health and mental health practices trained and staffed to implement our evidence-based recommendations?

- More than 600 child health providers in 110 practices throughout Connecticut have been trained to conduct developmental and oral health screenings in their practices.
- Three primary care sites are testing mid-level assessment models to shorten the time period between screening and intervention for children with, or at risk for, developmental and behavioral problems.
- CT has more than 30 Multisystemic Therapy teams (more than any other state) providing this evidence-based intensive in-home treatment, serving 1,000 children yearly with demonstrated results.
- 216 providers have been trained in Trauma-Focused Cognitive Behavior Therapy, serving 854 children in the latest evidence-based approach to identifying and treating children exposed to traumatic events. Preliminary results suggest that this has led to a 43% reduction in PTSD symptoms.
- In conjunction with a redesign of the Emergency Mobile Psychiatric Services, more than 100 crisis response clinicians have received standardized training and overall service quality has been improved.
- 20 state-funded mental health consultants regularly provide support, education and consultation to early childhood educators and caregivers to meet the social/emotional needs of children birth to five. More than 12,000 children and 4,000 teachers have been served since 2003, with reductions in suspensions and expulsions from early care and education programs.

Are legislative and systemic supports in place to sustain the necessary changes on a widespread basis?

- Changes in Medicaid reimbursement policies support developmental screening and oral health preventive interventions in pediatric primary care.
- 38 Enhanced Care Clinics, specially designated community-based mental health and substance abuse clinics, are now required to develop formal relationships with primary care practices to facilitate collaborative care and the efficient exchange of information, which improves access to and quality of mental health services.
- The state-run Emergency Mobile Psychiatric Services have been redesigned. There has been a 22% increase in call volume and the rate of mobility (conducting assessments in families' homes and communities as opposed to in clinics) increased from 50% to 89% statewide.
- 23 communities are now actively integrating health into their comprehensive, community-based approach to assure children are ready for school by age 5.
- Child FIRST, a community-based model to meet the mental health needs of young children at high risk and their families was developed in Bridgeport and is now being replicated in 5 other cities in CT.

FINANCIAL DETAILS

The Children's Fund of Connecticut, Inc. Consolidated Statements of Financial Position September 30, 2009 and 2008

	2009	2008
Total Assets	\$31,583,013	\$28,730,643
Total Liabilities	\$414,982	\$324,219
Total Net Assets	\$31,168,031	\$28,406,424
Total Liabilities & Net Assets	\$31,583,013	\$28,730,643

The Children's Fund of Connecticut, Inc. Consolidated Statements of Activities September 30, 2009 and 2008

CHANGES IN UNRESTRICTED NET ASSETS	2009	2008
Total Operating Support & Net Revenue	\$170,876	\$1,524,229
Less Total Expenses	\$2,635,609	\$2,417,169
Unrealized gain (loss) on investments	\$2,231,155	\$(4,673,934)
Decrease in unrestricted net assets	\$(233,578)	\$(5,566,874)
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	2009	2008
Increase (decrease) in temporarily restricted net assets	\$2,995,185	\$(143,224)
Change in Net Assets	\$2,761,607	\$(5,710,098)
Net Assets, Beginning of Year	\$28,406,424	\$34,116,522
Net Assets, End of Year	\$31,168,031	\$28,406,424

ACCESS FINANCIAL DETAILS ONLINE:

www.chdi.org/biennial/financials

FY 2008/2009 PUBLICATIONS

IMPACT: Addressing Maternal Depression: Opportunities in the Pediatric Setting (May 2008)

CT Behavioral Health Partnership: Second Annual Evaluation (Calendar Year 2007) (February 2009)

CT Behavioral Health Partnership: First Annual Evaluation (Calendar Year 2006) (December 2007)

IMPACT: Insuring Our Kids' Future: The Importance of Health Insurance to Utilization of Pediatric Health Services (October 2008)

A Framework for Child Health Services: Supporting the Healthy Development and School Readiness of Connecticut's Children (March 2009)

Emergency Mobile Psychiatric Services (EMPS): Recommendations for Model Enhancement (January 2008)

IMPACT: Promoting Early Health and Learning: A Profile of Two Connecticut Communities (February 2009)

The Connecticut Juvenile Justice System: A Guide for Youth and Families (English & Spanish) (April 2008)

Unlocking Doors: Multisystemic Therapy for Connecticut's High-Risk Children & Youth (May 2008)



08

09

BIENNIAL
REPORT

**FY 2008/2009
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