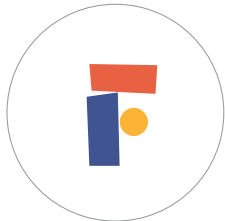


INFORMED PERSPECTIVE: Identifying, Enhancing and Promoting
Effective Child Health and Mental Health Practices



06/07
BIENNIAL REPORT

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► CFC and CHDI

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



Our Vision

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

Our Mission

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.

Our Strategy

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.

Dear Friends,

This biennial report covers the period October 2005 through September 2007. During that time we have deepened the work defined by the strategic plan we completed early in 2005. Capturing the learning during this period, we clarified our vision, mission and strategy, with the results pictured in the column to the left. We expect the results of our work to benefit the healthy growth and development of all children in Connecticut, but with a particular focus on children who are disadvantaged by poverty, racial discrimination, geography, or challenging health conditions.

Together, the Children's Fund and its subsidiary, the Child Health and Development Institute of Connecticut, bring a unique perspective to improving policy, programs and child health practice. Through our resources and relationships with key academic and health care organizations in the state, we seek to identify best practices through research, evaluation, and demonstration projects; enhance health care systems and clinical practice; and promote policy that reflects the best of what science and experience teaches us.

This report highlights a sample of our efforts over this two-year time period but the work is ongoing. While we are beginning to touch the lives of thousands of children, we also understand that the system improvements toward which we aim take a long time to achieve.

Judith C. Meyers, Ph.D.
President & CEO

Peter J. Deckers, M.D.
CHDI Board Chair

Barbara S. McGrath, J.D.
CFC Board Chair



Advancing Health and Mental Health Care

CHDI envisions a health and mental health system that will serve all children in Connecticut, particularly those who have been underserved. The results of our work can be seen in the classroom, the doctor's office, the childcare center, and in other environments where we can instill best practices.

A few examples:

- ▶ **Training teachers in behavioral interventions helps preschool students learn to modify their behavior, prevent expulsion and better prepare children for kindergarten.**
- ▶ **Helping families and providers coordinate children's health care within and beyond the health care system, including connecting children to medical services as well as school and community services, promotes healthy outcomes.**
- ▶ **Changing snack and activity policies and practices in the preschool setting helps children learn healthy behaviors and prevents childhood obesity.**

Our work is better preparing parents and other caregivers, health care providers, policymakers and the larger community to support the healthy development of Connecticut's children.



IDENTIFYING

Seeking Out Best Practices

CHDI actively identifies best practices and promising approaches in pediatric health and mental health care. Our work takes many forms, including research, evaluation, and funding demonstration projects to inform policy development and system changes.



▶ **Case in Point**

“I was worried about one of my students. At 4, Jose was getting more aggressive by the day, knocking over furniture and punching the walls. I needed help to address his behavior if he was going to have a chance of continuing on to kindergarten.”

– A Tolland County preschool teacher who requested Early Childhood Consultation Partnership services (ECCP)



After the preschool teacher requested help in dealing with her student, she met with his mother and an ECCP consultant to consider strategies and behavioral interventions. One example, a “relaxation thermometer,” offered a visual reminder for how Jose could calm himself down.

Using this and several other techniques, he displayed a greater sense of predictability, self-control, and decision-making ability. His teacher and his mother report far less aggressive behavior and a successful transition into preschool.

Early Childhood Consultation Partnership (ECCP)

This example of Jose and his teacher was one of the success stories featured in our May 2007 report of an evaluation of ECCP. The partnership is a system of early childhood mental health consultation for early care and education programs throughout Connecticut. Both the start-up of the program and the evaluation were funded by the Children's Fund. Based on the positive findings, Connecticut's Department of Children and Families (DCF) has doubled the size of ECCP and is funding an evaluation of an expanded program model. ECCP benefits over 2,000 children each year.

Extended Day Treatment (EDT)

Extended Day Treatment is an intermediate level of care provided to children with mental health problems who do not require intensive treatment such as hospitalization, but who need more intensive services than traditional outpatient programs can provide. These services have been provided in an inconsistent manner with little attention to a specific model of intervention. DCF contracted with the Connecticut Center for Effective Practice, a division of CHDI, to develop a more standardized model for EDT services and provide recommendations for improvements in service implementation and delivery.

These recommendations are being used to enhance a vital component in the mental health service array for children in Connecticut, which is available to more than 1,000 children in need of this level of service each year.

Behavioral Health and Primary Care Demonstration Projects

We know that if we intervene early when children have emotional or behavioral problems, they have a better chance of growing up healthy, succeeding in school, and avoiding intensive mental health crises later in life. CHDI's Behavioral Health and Primary Care Initiative has funded four primary care pediatric sites to screen young children for mental health concerns and ensure that they receive mental health services when needed. Bridgeport Hospital, Fair Haven Community Health Center, Pediatric Associates of Bristol, and Saint Mary's Hospital all are working to develop ways to promote children's mental health by making direct connections between primary health care settings and local mental health services. This directly benefits over 1,500 children in these four practices.

Innovation Fund Grants: Taking a Fresh Approach

Children's Fund Innovation Grants support projects that have the potential to make sustained improvements in child health and mental health practice. Here are two examples:

Our funding supports Middlesex Hospital's "Fit for Kids" program. A nutritionist trains pediatric providers to encourage healthy eating in families and monitor weight in young children. She also supports families with nutrition education and interventions when needed.

Parent Management Training (PMT) is a treatment for behavior problems in children and adolescents but many families do not complete the 8-session program, a common concern in mental health clinics. Yale Child Study Center will implement parent support sessions to help families stay in counseling and evaluate both the effectiveness of targeted parent engagement and PMT.

ENHANCING

Working Toward a Better System

CHDI seeks to enhance health and mental health care delivery for children. We do this by influencing health policy, strengthening health systems, and informing clinical practice.





► **Case in Point**

“It was frustrating trying to get appointments for my daughter, Sara, to help with her speech and language problems. There were so many different numbers to call and not everyone accepted Medicaid.”

– *A mother who participated in Project HOME to get services for her 4-year-old daughter.*



A Care Coordinator from Project HOME worked with the family to develop a plan for the child’s care and met with the local school district’s preschool special education staff to arrange twice-weekly speech therapy. As it turned out, Sara also needed dental work in order for speech services to be effective. The Care Coordinator located a local dentist who was willing and available to treat children enrolled in Medicaid. Working with this family has increased their utilization of health services to appropriate levels as well as ensured that their child receives other needed services outside of the health system.

Project HOME

Primary and preventive health care services are important to children's growth and development. They provide families with opportunities to learn about maintaining healthy lifestyles and they allow child health professionals to identify concerns when they first arise and link children to early intervention services. Project HOME in Hartford, with funding from the Children's Fund and others, is committed to ensuring that children receive all of their primary and preventive care as well as other services that they need. HOME provided care coordination services to more than 500 children and families in 2007.

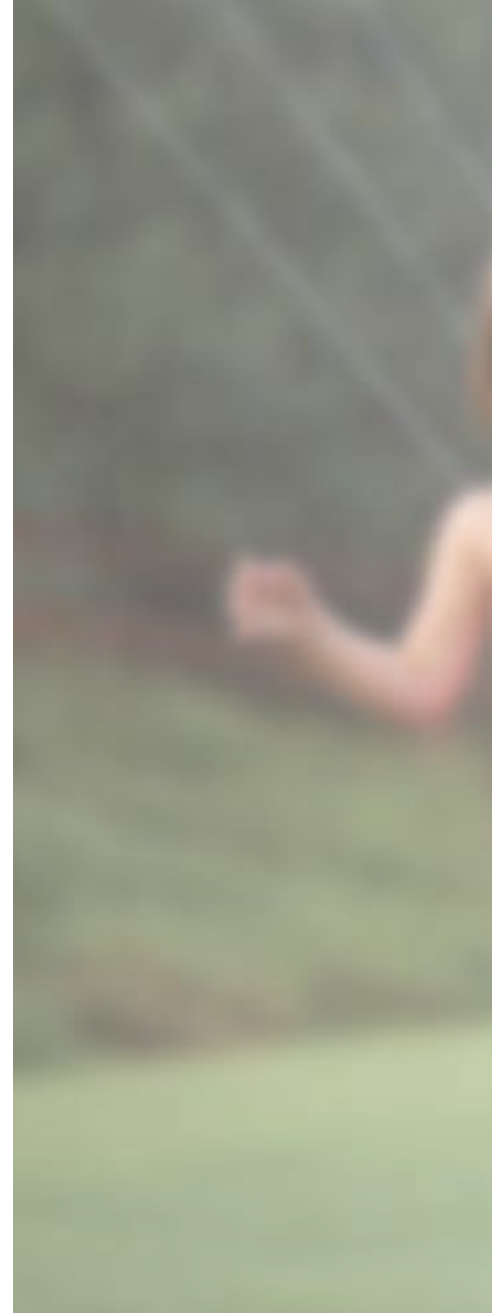
Educating Practices in the Community (EPIC)

Physicians and other child health care providers are in a unique position to interact with families early in the lives of their children. Bringing timely information and training to health care professionals is of the utmost importance for identifying young children with emerging health or developmental concerns. CHDI's EPIC program brings the most current information on child health services to pediatric and family medicine practices throughout Connecticut. Over the past two years, trainers visited more than 60 pediatric health care sites

with information on infant oral health, child abuse prevention, developmental monitoring, and mental health services. We are looking to expand the program to meet a statewide need.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

A large gap exists between evidence-based treatments for children suffering from trauma exposure and what is typically practiced in community clinics. Changing clinical practice to adopt and sustain evidence-based treatments is inherently challenging because of training time, costs, and the complexity of changing systems. The Connecticut TF-CBT Learning Collaborative is a three-year DCF-funded project at CCEP that provides outpatient clinics with one year of intensive training while addressing organizational barriers to change. During the course of this work we expect that as many as 1,000 children suffering from trauma exposure who are served by participating agencies will benefit, with improvements in their daily lives at home and at school.





PROMOTING

Sharing What We Have Learned

CHDI promotes the healthy physical and socio-emotional development of children. We do this by bringing providers and caregivers information and support in the many settings where children grow and learn. We also bring significant issues in the health and mental health delivery system to the attention of policy makers and the public.



▶ **Case in Point**

“It used to be a struggle getting my son to eat a healthy diet. The menu at preschool was full of junky snacks that made it harder to get him to eat well at home.”

– Eat Smart Grow Healthy Parent



After the Eat Smart Grow Healthy initiative added fruits, vegetables and other more nutritious options to the menu at early care and education centers, parents noticed an improvement in their children’s diets.

As part of the Opportunity Knocks preventive dental program, a dentist visited a preschool, showed the children how to brush their teeth and handed out toothbrushes and toothpaste. One child returned home and, his family observes, now rushes to brush his teeth after eating a sugary snack.

Early Health and Learning

In order for children to succeed in school, they need to be healthy. Early Health and Learning, funded by the Children's Fund, the Connecticut Health Foundation and the Graustein Memorial Fund, has worked to bring health topics and health promotion into early care and education centers and preschools. Middletown and Southeast Connecticut received funds for four years to develop and implement a health agenda for their communities' youngest children. As part of this effort, Eat Smart Grow Healthy in Southeast Connecticut changed snack and physical activity policies in 11 preschools to begin the fight against childhood obesity. Opportunity Knocks in Middletown provided more than 500 dental screenings and preventive dental services to preschool children and successfully connected almost 100 of those children to dentists for more extensive dental services.

Universal Developmental Monitoring

Identifying children's developmental risks early allows providers to link them to intervention services when they will be most effective. Healthcare providers identify children with developmental delays during discussions with families at every well child visit, as well

as through screening with a standardized tool at certain ages. CHDI worked with the Connecticut Department of Social Services to promote payment for pediatric providers when they use standard screening tests to detect developmental concerns for children before their third birthday, according to policy guidelines from the American Academy of Pediatrics. CHDI also used EPIC to train more than 40 pediatric and family medicine practices using standardized screening tools.

Use of Emergency Departments for Mental Health Care

Connecticut's hospital emergency departments (EDs) have been experiencing an increasing number of children coming through their doors for mental health treatment, reaching crisis proportions in some places. To bring attention to the issue and help work on solutions, CHDI undertook a study of the nature and extent of the problem for children enrolled in HUSKY and for all hospital EDs throughout the state. We also held a statewide forum at the State Capitol and widely disseminated two reports. This work helped contribute to the opening of a 6-bed crisis unit at the Institute of Living, as an alternative to children languishing in the Connecticut Children's Medical Center ED.

School Readiness: A Comprehensive Approach

CHDI works to establish a comprehensive early childhood system that supports healthy development and optimizes school readiness. The organization has spearheaded efforts to develop the child health services component of the system, working with other funders, academics, Connecticut's Early Childhood Education Cabinet, and community leaders.

Toward this end, CHDI has convened key stakeholders to assess child health programs and services, identify gaps in the current set of services along with strategies to address them, and emphasized the critical importance of care coordination and service integration across systems. CHDI has developed a framework that will help guide state planning and inform the design of local blueprints for child services.



GRANTS



Grants and Project Related Contracts	2007	2006
Child Health and Development Institute of Connecticut, Inc. Support for the operations and programs of CHDI to enhance the pediatric primary care system through the following: support comprehensive, quality care (“medical home”), outreach and care coordination, integration of behavioral health in primary care, health and mental health care in settings where children are served, and support and sustain effective mental health and juvenile justice practices in the treatment of children with severe emotional, behavioral and addictive disorders	\$ 767,230	\$657,781
INNOVATION GRANTS	2007	2006
Middlesex Hospital Fit for Kids program to develop and evaluate a child obesity prevention/intervention program	\$100,000 over two years	
Yale University – Child Study Center Moving Science to Practice in Children’s Mental Health Services in Connecticut - program to develop a model of engagement and treatment for children with psychiatric disorders	\$ 125,000 over two years	
BEHAVIORAL HEALTH & PRIMARY CARE	2007	2006
Bridgeport Hospital Integrate behavioral health services at Bridgeport Hospital-Pediatric Primary Care Center	\$ 30,000	
Fair Haven Community Health Clinic Integrate behavioral health services at the Fair Haven Community Health Clinic-Pediatric Primary Care Center	\$ 30,000	
Pediatric Associates, LLC Integrate behavioral health services at Pediatric Associates, LLC – Bristol	\$ 30,000	

Grants and Project Related Contracts	2007	2006
Saint Mary's Hospital Integrate behavioral health services at Saint Mary's Hospital-Pediatric Primary Care Center	\$ 30,000	
Holt, Wexler & Farnam, LLP Evaluate initiative to integrate behavioral health services into primary care settings	\$ 30,000	
INTEGRATING HEALTH & MENTAL HEALTH CARE IN EARLY CARE AND EDUCATION SETTINGS	2007	2006
Connecticut Nurses' Association Analysis of the Healthy Child Care Connecticut Multidisciplinary Child Care Consultation training		\$ 3,000
The Consultation Center Evaluation of Promoting Health and Learning Project	\$ 8,000	
LEARN Promoting Health and Learning Project (Eat Smart Grow Healthy) to connect efforts to improve the health of children from birth through eight years in southeastern Connecticut to school readiness efforts		\$ 50,000
Middlesex Hospital Promoting Health and Learning Project (Opportunity Knocks) to connect efforts to improve the health of children from birth through eight years in Middletown to community school readiness efforts		\$ 50,000
Yale University – Child Study Center Evaluation of the Early Childhood Consultation Partnership in Connecticut		\$100,000
Yale University – Child Study Center Development of Preschool Mental Health Climate Scale		\$ 50,000

Grants and Project Related Contracts	2007	2006
DISCRETIONARY GRANTS	2007	2006
Bridgeport Hospital Foundation Child FIRST Community Partnership	\$ 10,000	\$ 10,000
Connecticut Children's Medical Center Co-sponsor of the Andrulonis Child Mental Health Lecture Series	\$ 5,000	
CPTV Campaign for prevention programs and policies		\$ 5,000
Education Connection Support travel expenses of three families from CT to attend the national Family Voices conference in Washington, D.C.	\$ 2,000	
True Colors, Inc. Conference addressing sexual minority youth and family services in Connecticut	\$ 2,500	
United Way of Connecticut Connecticut Association for Infant Mental Health Conference		\$ 1,500
United Way of Eastern Fairfield County Implementation of the Leadership in Action Program in Bridgeport	\$ 5,000	
Welcoming Light, Inc. New England Minority Health Conference	\$ 1,000	
Yale University – Child Study Center Best Practices Speaker Series		\$ 5,000
Various	\$ 6,000	\$ 1,765
TOTAL GRANTS PAID	\$1,181,730	\$934,046

The Children's Fund of Connecticut, Inc.
Consolidated Statements of Financial Position

September 30, 2007 and 2006

Assets	2007	2006
Cash and cash equivalents	\$ 1,520,860	\$ 15,767,766*
Investments	32,388,638	15,004,691
Grants receivable	484,238	30,646
Other receivables	668	1,118
Prepaid expenses	4,306	4,201
Security deposit	5,493	5,493
Furniture, equipment and leasehold improvements, net of accumulated depreciation of \$49,575 and \$45,227 in 2007 and 2006, respectively	33,260	26,744

TOTAL ASSETS	\$34,437,463	\$30,840,659
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Liabilities and Net Assets	2007	2006
LIABILITIES:		
Grants payable	\$ 200,000	\$ 215,916
Accounts payable	58,177	90,031
Accrued expenses	62,764	49,527
Deferred income	-	1,279
TOTAL LIABILITIES	\$ 320,941	\$ 356,753
NET ASSETS		
Unrestricted	33,707,782	30,409,158
Temporarily restricted	408,740	74,748
Permanently restricted	-	-
TOTAL NET ASSETS	\$ 34,116,522	\$ 30,483,906
TOTAL LIABILITIES AND NET ASSETS	\$34,437,463	\$ 30,840,659

The Children's Fund of Connecticut, Inc. Consolidated Statements of Activities

Years ended September 30, 2007 and 2006

Changes in Unrestricted Net Assets: Operating Support and Revenue	2007	2006
Government grants	\$ 422,636	\$ 355,277
Other grants	17,837	22,165
Contributions	31,250	4,660
Investment income, net	1,569,538	2,306,968
Interest income	13,604	9,454
Net assets released from restriction	175,287	206,444
TOTAL OPERATING SUPPORT AND REVENUE	\$ 2,230,152	\$ 2,904,968
Expenses	2007	2006
Program expenses	\$ 1,664,578	\$ 1,312,458
General and administrative expenses	266,502	292,850
TOTAL EXPENSES	\$ 1,931,080	\$ 1,605,308
Increase in unrestricted net assets from operations	\$ 299,072	\$ 1,299,660
Unrealized gain (loss) on investments	2,999,552	103,752
Increase in unrestricted net assets	\$ 3,298,624	\$ 1,403,412
Changes in Temporarily Restricted Net Assets	2007	2006
Grants received	\$ -	\$ 37,758
Contributions	509,279	23,300
Net assets released from restriction	(175,287)	(206,444)
Increase (decrease) in temporarily restricted net assets	\$ 333,992	\$ (145,386)
CHANGE IN NET ASSETS	\$ 3,632,616	\$ 1,258,026
NET ASSETS, BEGINNING OF YEAR	\$30,483,906	\$ 29,225,880
NET ASSETS, END OF YEAR	\$ 34,116,522	\$30,483,906

*The Children's Fund of Connecticut was in the process of implementing a Socially Responsible Investment (SRI) policy near the end of fiscal year 2006 that required the liquidation of all investments and the subsequent purchase of alternative investments that complied with the SRI policy. This resulted in a relatively large cash balance and corresponding small investment balance at the end of 2006.



STAFF & BOARD

Staff in 2006 and 2007

Greg Brown
Communications Manager

Robert Franks
*Director, Connecticut Center
for Effective Practice*

Lisa Honigfeld
Senior Associate for Health

Paulette James
Administrative Assistant

Jason Lang
Program Associate for Mental Health

Cindy Langer
Office Manager

Judith Meyers
President and CEO

Faith Parker
Administrative Assistant

Jennifer Schroeder
Program Associate for Mental Health

Paul Suter
Chief Financial Officer

Jeff Vanderploeg
Associate Research Scientist

Susan Vater
EPIC Training Coordinator

Susan Wilson
*Director, Early Childhood
DataCONNECTIONs*

CHDI/CFC Board Members in 2006 and 2007

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Peter Deckers
Paul Dworkin
Peter Eio
Fernando Ferrer
Brian Forsyth
Martin Gavin
Kevin Kelly
Robert Killian
Edward Lewis
Barbara McGrath
Judith Meyers
Keith Stevenson
Ann Taylor
Fred Volkmar
Joseph Woolston
Elaine Zimmerman

FY 06-07 Publications

Shaping Young Lives: A Profile of Connecticut's Early Care and Education Workforce
(November 2005)

Connecticut Community KidCare Evaluation:
A Report on Family Satisfaction.
Report Three (November 2005)

Endangered Youth: A Report on Suicide Among Adolescents Involved with the Child Welfare and Juvenile Justice Systems (January 2006)

Laying the Foundation for a Ready State:
The Early Childhood DataCONNECTIONS Project
(March 2006)

Caring for Children Who Have Been Impacted by Substance Abuse (April 2006)

Medical Home: Model of Continuous, Coordinated Care for Connecticut's Children (July 2006)

Behavioral Health Services in Pediatric Primary Care: Meeting the Needs in Connecticut
(September 2006)

A Development Plan for Early Care and Education Data and Research Systems (November 2006)

A Rising Tide: Use of Emergency Departments for Mental Health Care for Connecticut's Children.
Report One (January 2007)

Developing a Therapeutic Support Service
(January 2007)

EPIC Module Development Guidelines
(January 2007)

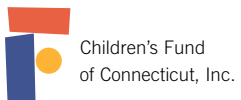
Care Coordination in the Pediatric Setting:
Linking Children and Families to Services
(February 2007)

IMPACT: How Primary Care Providers Respond to Children's Mental Health Needs: Strategies and Barriers (April 2007)

A Rising Tide: Use of Emergency Departments for Mental Health Care for Connecticut's Children.
Report Two (May 2007)

IMPACT: Reducing Behavior Problems in Early Care and Education Programs: An Evaluation of Connecticut's Early Childhood Consultation Partnership (May 2007)

Extended Day Treatment: Defining a Model of Care in Connecticut (June 2007)



For additional copies of this report,
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www.chdi.org

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