

Our Behavioral Health Work: **COMPREHENSIVE SCHOOL MENTAL HEALTH**

CHDI helps schools promote healthy development and identify and treat behavioral health concerns so students can reach their full potential.

Schools play an important role in identifying youth in need of help and linking them to school- and community-based services. CHDI applies research-based strategies and practices to guide schools in effectively and equitably addressing the trauma and behavioral health needs of students.



CURRENT INITIATIVES

School-Based Diversion Initiative (SBDI)

The School-Based Diversion Initiative (SBDI) is a model co-developed by CHDI that reduces exclusionary discipline and juvenile justice involvement among youth with behavioral health needs. Since 2009, CHDI has partnered with the State of Connecticut to implement the model in 65 schools. Nationally, CHDI has helped districts in over six states adapt and adopt the SBDI model, as well as guided implementation and supported quality improvement for participating schools.

Comprehensive School Mental Health

CHDI is helping several school districts develop comprehensive school mental health systems through Connecticut's Project AWARE initiative, state-funded collaborations, and partnerships with local districts. Utilizing a multi-tiered system of support for addressing the behavioral health needs of students, CHDI provides training, technical assistance, implementation, and quality improvement to participating schools.

School Health Assessment and Performance Evaluation (SHAPE) System

CHDI is helping schools and districts in Connecticut use the online SHAPE tool to assess needs and strengths, prioritize resources, and develop strategies and plans to guide and support student mental health. The initiative is a collaborative statewide partnership between CHDI, the State of Connecticut, and the National Center for School Mental Health at the University of Maryland (host of the SHAPE tool).

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back

CBITS and Bounce Back are school-based group interventions shown to reduce PTSD and depression symptoms in children who have experienced trauma. CHDI is partnering with the State, provider agencies, school systems, and school-based health centers to disseminate CBITS and BounceBack across Connecticut.

**CHDI provides consultation to schools on comprehensive school mental health and diversion strategies.*

Our Behavioral Health Work: **SYSTEM DEVELOPMENT AND INTEGRATION**

CHDI strengthens and integrates systems so they are more equitable and improve children's behavioral health and well-being

CHDI fuels collaboration across government, provider, school, community, research, and family partners to identify system challenges and advance research-based solutions that improve care and ensure equitable outcomes for children, youth, and families.



CURRENT INITIATIVES

Behavioral Health Plan for Children

CHDI led the development of the State of Connecticut's Behavioral Health Plan for Children in 2013 through a collaborative process and plays an ongoing role in the implementation of the plan. The plan provides a blueprint for meeting children's mental, emotional, and behavioral health needs.

Connecting Children and Families to Care

Connecting to Care is a partnership to improve children's behavioral health by building an accessible, equitable, and coordinated system or "network of care." CHDI serves as the Coordinating Center for the initiative, which is funded through a federal system of care grant.

Behavioral Health Workforce Development

CHDI is working with the State of Connecticut to convene stakeholders and develop recommendations for strengthening and sustaining the children's behavioral health workforce. CHDI is also developing a comprehensive training platform to support children's behavioral health providers.

**CHDI is also strengthening school, child welfare, early care and education, and other child-serving systems through our Trauma-Informed Care and Comprehensive School Mental Health initiatives.*

Our Behavioral Health Work: EVIDENCE-BASED & BEST PRACTICES

CHDI improves the quality of children's mental health care by identifying and disseminating evidence-based treatments and best practices, as well as supporting their delivery in real-world settings.

CHDI has helped a network of more than 65 community-based agencies and schools provide evidence-based and trauma-informed treatment to more than 20,000 children and youth across Connecticut. These interventions have helped reduce racial and ethnic disparities in treatment and improve outcomes compared to "usual care."



CURRENT INITIATIVES

Evidence-Based Treatments (EBTs) and Practices (EBPs)

CHDI uses implementation science and a Learning Collaborative approach to disseminate children's mental health EBTs. Since 2007, we have disseminated eleven EBTs and EBPs across Connecticut and are currently supporting the implementation, sustainability, and quality improvement of:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Bounce Back
- Adolescent Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) and (SBIRT)
- Multidimensional Family Therapy for Transitional Aged Youth (MDFT-TAY)
- Attachment, Regulation, and Competency (ARC)

Mobile Crisis Services

CHDI has helped Connecticut develop a nationally recognized youth mobile crisis system through our role as the State's Mobile Crisis Performance Improvement Center. CHDI is also working nationally to assist several other states in developing effective mobile crisis systems through a partnership with the Innovations Institute using a Learning Collaborative approach and through ongoing consultation with SAMHSA's National TA Network for Children's Behavioral Health.

Care Coordination

CHDI has helped disseminate the Wraparound model of Care Coordination in Connecticut and helps monitor and improve model fidelity through our role as Care Coordination Performance Improvement Center. CHDI also provides Care Coordination training tailored for outpatient staff who work with youth with substance use concerns.

**CHDI is also disseminating best practices to support the behavioral health needs of students through our Comprehensive School Mental Health initiatives.*

Our Behavioral Health Work: **QUALITY IMPROVEMENT & MEASUREMENT-BASED CARE**

CHDI offers quality improvement and measurement-based care activities resulting in improved behavioral health practices, access, and outcomes.

CHDI uses data, reporting, standardized training, and technical assistance to ensure that practices are delivered as intended and are benefiting children, youth, and families. We work directly with providers to examine their services, improve them where necessary, and promote the best possible outcomes.



CURRENT INITIATIVES

Performance Improvement Centers: Mobile Crisis and Care Coordination

CHDI helped develop the Performance Improvement Center (PIC) model in Connecticut, a quality improvement framework that promotes access to care, service quality, model fidelity, and positive behavioral health outcomes. CHDI operates Connecticut's Mobile Crisis Intervention Services PIC and Care Coordination PIC and conducts quality improvement activities to support SBDI and several evidence-based treatments.

Outpatient Psychiatric Clinics for Children (OPCC)

Connecticut's OPCC network consists of 22 DCF-licensed, community-based behavioral health facilities that provide mental health services to youth under 18 years of age and their families. CHDI is funded by the State of Connecticut to provide continuous quality improvement, including data analysis and reporting, consultation about data collection using standardized measures, and workforce development for providers.

Evidence-Based Practice Tracker (EBP Tracker)

CHDI helped develop a measurement feedback and monitoring system (EBP Tracker) to ensure the evidence-based practices we disseminate and support are working as intended. EBP Tracker securely collects data to measure and report on children's mental health treatment outcomes and is integrated into DCF's Provider Information Exchange (PIE) system linking with broader outpatient information. More than 30 agencies and over 300 clinicians in Connecticut use EBP Tracker to improve the quality of care for children.

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Building on the National (CLAS) Standards, the Connecting Children and Families to Care initiative (CONNECT) offers technical assistance and training to help child-serving organizations (including Connecticut's OPCC network) develop Health Equity Plans. CHDI serves as the statewide Coordinating Center for CONNECT.

Our Behavioral Health Work: **TRAUMA-INFORMED CARE**

CHDI is improving the early identification of children suffering from traumatic stress, increasing the number of children receiving evidence-based trauma treatment, and helping child-serving systems become trauma-informed.

CHDI has made great strides in helping Connecticut and other states address childhood trauma. Since 2007, CHDI has collaborated with state and federal agencies, provider organizations, and families to disseminate effective trauma treatment and advance trauma-informed care across child welfare, behavioral health, pediatrics, juvenile justice, education, and early childhood systems.



RELATED INITIATIVES

Trauma ScreenTIME

Trauma ScreenTIME is a five-year initiative to improve child trauma screening across child-serving systems nationwide through a set of online training courses. ScreenTIME is part of the National Child Traumatic Stress Network (NCTSN) and is funded through a federal (SAMHSA) grant to CHDI.

Evidence-Based Trauma Treatments (EBTs)

CHDI is disseminating or supporting the implementation of EBTs for child trauma across Connecticut, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Bounce Back, and others. Since 2007, we have disseminated eight EBTs across Connecticut and trained hundreds of clinicians serving thousands of children each year. These interventions have reduced racial and ethnic disparities in treatment and improved outcomes compared to “usual care.”

Child Trauma Screen (CTS)

CHDI, Connecticut DCF, and Yale developed a brief trauma screening measure for children, which is used by staff across child-serving settings to identify children who may be suffering from trauma exposure and need additional assessment or treatment. The CTS is available at no cost and is being used nationally.

Trauma-Sensitive Practices in Early Childhood

CHDI is developing an online training series for early childhood intervention practitioners to implement trauma-informed and healing practices in their programs.