Connecticut
CBITS/Bounce Back
Coordinating Center

Welcome Packet
& Application

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Connecticut CBITS/BB Coordinating Center

Introduction

We are pleased to invite you to become a partner within the Connecticut (CT) Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back (BB) Network! A main goal of our team is to collaborate with and support your efforts to provide evidence-based treatment to children who have been exposed to trauma and are reporting traumatic stress. The CT CBITS/BB Initiative is funded by the Department of Children and Families (DCF), which partners with the Child Health and Development Institute of Connecticut (CHDI) and Sharon Hoover (a CBITS Developer) to support implementation. The CT CBITS/BB Initiative is comprised of a growing number of community and school-based partners that serve students in Kindergarten through Grade Twelve. Participating providers and schools receive all training and consultation at no charge and are eligible for performance-based sustainability funding to support their CBITS/BB program. Our shared goals are to **improve access to CBITS/BB** for Connecticut's children, to improve the **quality of CBITS/BB** provided, and to ensure **optimal outcomes for children and families affected by trauma**. More about the Connecticut CBITS/BB initiative is available at: https://www.chdi.org/our-work/mental-health/evidence-based-practices/c-bits/

Implementation vs. Training

The Coordinating Center supports schools and providers with CBITS/BB implementation, ***but does not provide standalone CBITS/BB training***. This strategy is built around the emerging field of implementation science. Research shows that traditional training approaches, where clinicians attend a one-time training with little or no follow-up support, are largely ineffective for sustaining practice change (Fixsen et al., 2005). Training is a necessary, but not sufficient, component of implementation. Successful implementation also requires organizational support, pre-implementation preparation, leadership support, consultation, accountability, cross-system collaboration, quality assurance, and evaluation. This concept is supported by our experience implementing CBITS/BB and other evidence-based practices in Connecticut since 2007 and our experiences collaborating with colleagues across the country doing similar work.

Therefore, agencies and clinicians interested in joining the CBITS/BB network must commit to participating in all required implementation activities. With limited resources, we must focus support on those agencies and clinicians that are committed to a high-quality and sustainable CBITS/BB implementation.

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

CBITS is a brief, evidence-based, school-based group intervention for children who have been exposed to violence, abuse, and other forms of trauma and are reporting post traumatic symptoms. CBITS is appropriate

for children in grades five through twelve. BB is an adaptation of CBITS for elementary aged children in grades kindergarten through fifth grade. Both CBITS and BB are designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems and to improve functioning, grades and attendance, peer and caregiver support, and coping skills. Research shows that children who received CBITS showed significant reductions in PTSD symptoms from pre- to post-group (Stein et al., 2003).

The CBITS model consists of 10 group sessions (about 1 hour each), 1-3 individual sessions, up to 1-2 caregiver psychoeducational sessions, and 1 teacher education session. BB also consists of 10 group sessions, 2-3 individual sessions, and 1-3 caregiver psychoeducational sessions. CBITS has been successfully implemented across the U.S. as well as abroad, and has been adapted for use with Spanish-speaking populations, low-literacy groups, and children in foster care. Implementation of BB has more recently begun, and has been implemented in several states in the U.S. However, CBITS/BB is not appropriate for all children, nor is it appropriate for all children suffering from exposure to trauma.

Connecticut CBITS/BB Coordinating Center

The Connecticut CBITS/BB Coordinating Center at CHDI provides training, consultation, quality assurance, data reporting, and sustainability funding to existing and new agencies and clinicians within the Connecticut CBITS/BB Network. In addition, we track progress toward CBITS and/or BB Certification for all active clinical team members that are trained through the Initiative. CHDI is a non-profit agency whose mission is to improve the health and mental health of all children and families in CT through model development, program implementation, quality assurance, and improved collaboration across child-serving systems.

Background

CBITS implementation began in FY15 with two school-based health centers in Bridgeport, CT. In FY16, clinicians serving the Bridgeport, New Haven, New London, and Stamford school districts were trained, resulting in 60 groups being implemented.

During FY17, CBITS expanded to the East Hartford, Bristol, Hartford, Norwalk, and Enfield school districts through a state procurement process. Also, recognizing the need for even earlier intervention, DCF and CHDI began disseminating BB to assist younger students experiencing traumatic stress. As a result, a total of 101 CBITS/BB groups were held in nine Connecticut communities.

In FY18, training in both models continued and multiple new districts joined the Initiative. As a result of this expansion, CBITS/BB was implemented in 11 school districts, 2 Regional Educational Service Center districts, and 3 additional communities through outpatient or extended day treatment programs.

In FY19, the Coordinating Center expanded to support a growing network of providers. CBITS was available in 49 different schools and 11 community-based setting across 19 different providers, and BB was available in 44 schools and 10 community-based settings across 18 different provider teams. Currently, we are focused on expanding our reach to any district within the state of CT.

Goals

The overarching goals of the CBITS/BB Coordinating Center are to:

- Improve **access** to CBITS/BB for all Connecticut children who have been exposed to trauma and report at least a moderate amount of post-traumatic stress symptoms
- Achieve high **quality** implementation of CBITS/BB
- Demonstrate improved **child outcomes** for children receiving CBITS/BB

Coordinating Center Activities

The Coordinating Center provides support for implementation, sustainability, and quality assurance of CBITS/BB programs across the state through a number of activities. Remember, the following activities are provided to you *at no cost*:

1. **Readiness Assessment and Selection.** The Coordinating Center works with providers and schools interested in offering CBITS/BB through an initial assessment process to determine readiness and capacity to provide CBITS/BB. The Coordinating Center assists with putting implementation supports into place to improve the likelihood of a successful and sustained implementation, including building a team, developing partnerships with schools, building capacity for use of data, and providing resources and leadership to support the team.

2. **Contracting.** CHDI develops a contract with each CBITS/BB agency or school district which outlines responsibilities for both parties, including availability of sustainability funding. A Business Associates Agreement (BAA) is also required as an additional measure of ensuring the privacy of shared data. A standard contract and BAA is provided by CHDI and executed by both parties (CHDI and partner).

3. **Initial Training.** Prior to implementation, team members attend CBITS and/or BB clinical training, which is provided by National or State sanctioned CBITS/BB trainers. Training activities include clinical training on the CBITS model, experiential learning activities, as well as training on use of standardized assessment measures, data reporting, quality assurance, and other topics as needed. CBITS training is typically two days (totaling 12 hours), and BB training is typically one day (totaling 6 hours). BB includes the same training activities as CBITS trainees, however the experiential learning portions are condensed. Clinical training participants that attend a training in its entirety receive Continuing Education Units through the NASW.

4. **Clinical Consultation.** Following clinical training, teams agree to support clinicians in having the time to participate in a series of clinical consultation calls with a CBITS/BB trainer. These calls are meant to be an additional support outside of team-based supervision. Callers are expected to attend at least 75% of the calls offered (9 out of 12).

5. **Implementation Consultation.** Coordinating Center staff provide site-specific consultation, quality assurance, and technical assistance throughout implementation. This consultation is via phone and

in-person site visits. Each Initiative team agrees to participate in at least 4 site visits annually (on a quarterly basis), however the amount of consultation can increase based upon the implementation phase, current progress, and provider or district needs. Typically, consultation is more frequent during the initial stages of implementation. Additionally, telephonic and email-based consultation is available to all partners at all times.

6. **Data Reporting.** The Coordinating Center manages CBITS/BB data systems that partners use to enter implementation and outcome data. Data requirements are developed to be as minimal as possible, to promote high-quality treatment, and to provide information for quality assurance. Data sharing includes completion of a monthly screening survey as well as data entry within the EBP Tracker system for any child that has been assigned to a group. Initiative team receive training and ongoing support on use of the data systems as well as monthly that are used for multiple purposes: progress monitoring, quality improvement, credentialing, evaluation, and sustainability funding disbursement. CHDI and DCF reserve the right to revoke partnerships if situations arise that involve misuse of data (e.g. falsification of data.). See page 8 for more information on Data Reporting/EBP Tracker.

7. **Certification.** The Coordinating Center has developed a statewide CBITS/BB Certification system intended to support clinicians to attain Connecticut CBITS and/or BB Certified Clinician status. Certification is intended to promote high-quality treatment by recognizing staff that complete basic requirements for implementation of CBITS/BB, including training and delivery of CBITS/BB. Each clinician that achieves CBITS or BB Certification will receive a $100 gift card for the performance period in which they attain certification. Additional details are available in our CBITS/BB Certification documents and our Certification FAQ, which can be furnished upon request.

8. **Annual Conference.** The Coordinating Center plans and hosts an annual evidence-based practice conference each Spring that is free to all providers in the Connecticut CBITS/BB Network. Connecticut EBP provider teams and national EBP trainers facilitate mini-sessions and workshops throughout the day, and Initiative members are encouraged to use this venue to showcase the work they have been doing with CBITS and/or BB.

9. **Financing & Sustainability Funds.** The Coordinating Center administers CBITS/BB Performance-Based (PB) and Training/Coaching/Workforce Development (TCWD) sustainability funds to initiative teams. These funds are intended to partially offset costs associated with training and implementation. At this time, there are no CHDI-enforced restrictions related to how teams choose to use this funding. The statewide pool of sustainability funding for CBITS/BB is split between the two overarching areas, with roughly 80% of the funds being allocated for PB payouts and the remaining percentage of funds being allocated for TCWD activities. More information about current levels and definitions of sustainability funding can be found within the Coordinating Center CBITS/BB Sustainability Funding Plan document. Funding allocations and the ways that performance is measured are subject to change over time.

10. **Train-the-Trainer**. Opportunities to nominate staff to participate in a Site-Based CBITS or BB Train-the-Trainer program are available for teams that have clinicians whom have attained Certification in a model. In partnership with CHDI, those who successfully complete the Train-The-Trainer program

and obtain a Site Based Trainer (SBT) status can provide CBITS/BB training and consultation within their agency, and can support statewide training opportunities. In addition, funding for agencies and SBT's that support training activities is available and furnished through a separate contracting process. Site Based Trainers are offered at least one Trainer-Specific Booster Session per year in order to review skills and discuss training needs or opportunities. More information can be furnished upon request.

11. **CBITS/BB Initiative Leadership Consultation Calls/Meeting Opportunities**. The Coordinating Center invites leadership team members to participate in quarterly statewide consultation calls. The topics vary based on phase of implementation, and topics are created in partnership with team leadership. Also, the Coordinating Center and DCF host quarterly EBP Senior Leader meetings with outpatient provider agency leaders to discuss implementation and systemic or organizational concerns related to CBITS, BB, and other EBPs (e.g. TFCBT, MATCH, ARC). These are great opportunities to discuss barriers, solutions, and innovations with other participating providers throughout the state.

12. **Booster Sessions.** Clinicians, Supervisors, Coordinators, and Senior Leaders are invited to participate in optional booster sessions. These are a unique opportunity for module-focused skill-building, implementation strategies, and sharing innovations with teams from across CT that may be implementing in similar environments (schools, SHBCs, OPCCs, EDTs…). While not mandatory, it is highly recommended that team leadership encourage clinicians to attend these sessions, as they also provide space to reflect on progress, reconnect with self-care priorities, and develop new insights into trauma treatment. Boosters will be offered multiple times per year depending on funding.
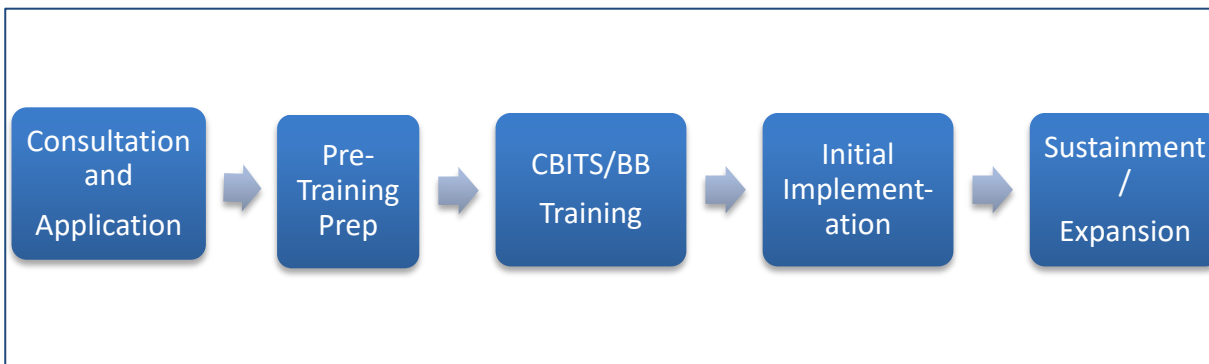
Assessments & Measures

Successful implementation requires use of data for clinical purposes, quality improvement, and evaluation. Standardized assessment measures are used to screen children for appropriateness for CBITS or BB, determine clinical needs, and monitor any progress toward symptom reduction once the group is finished. Data from these measures are also used to determine sustainability funding and clinician certification status. The following assessments are currently required for CBITS/BB implementation:

- Trauma Exposure Checklist (TEC): 17-item measure of exposure to potentially traumatic events (youth completed, pre-group)
- Child Posttraumatic Stress Scale (CPSS-V): 20 item measure of PTSD symptoms (youth completed; pre- and post-group)
- Ohio Scales: 40 item measure of problem behaviors and overall functioning (youth completed; pre- and post-group**post group measure does include 4 additional questions designed to measure satisfaction with treatment)

On a monthly basis, each provider furnishes de-identified aggregated screening and consenting data to capture the preimplementation activities that occurs as children are identified for CBITS/BB. Child level data for CBITS/BB participants is collected by provider/school staff and entered into EBP Tracker, a secure, statewide database for child behavioral health EBPs. Names, school ID number, and other

identifiers <u>are not collected</u> in EBP Tracker. Under HIPAA, the data collected is considered a Limited Data Set. The data sets are available to designated team members to be exported for further analysis. CHDI maintains a contract and Business Associates Agreement with each provider/school in order to ensure all data is protected. CHDI reserves the right to revoke a partnership if situations arise that conflict with contractual or data use agreements (e.g., falsification of data)

What Steps Does It Take to Become a CBITS Initiative Provider?

Consultation and Application → Pre-Training Prep → CBITS/BB Training → Initial Implement-ation → Sustainment / Expansion

The Coordinating Center has developed a cadre of activities designed to prepare individual clinicians and provider/district teams for implementing CBITS/BB. Site visits will be provided by the Coordinating Center; consultation calls are organized by the Consultation Center and offered by Site-Based or National Trainers. Agencies and individuals must complete the following requirements prior to attending the CBITS/BB clinical training. Use the CBITS/BB Readiness Assessment Checklist and the Team Implementation documents to guide your process.

Point Person & Task Table

Agency teams and individuals who are interested in joining the CBITS/BB network must complete the following requirements *prior to registering anyone for training*:

Point Person	Task
Senior Leader	Complete and submit the Initial Application to Participate to the Connecticut CBITS/BB Coordinating Center (available in this packet).
Senior Leader and Coordinator	Identify your CBITS/BB team (agency) on the CBITS Team Members document that is found within the Application to Participate. This includes: --clinicians with advanced degrees (e.g. M.A. or Ph.D.) that can run at least one CBITS/BB group annually with a minimum of four (4) children in each. --A supervisor who will supervise clinicians with their CBITS/BB work and can run at least one CBITS/BB group per year. --A Site Coordinator (usually a clinician or the team supervisor) that facilitates team implementation meetings, monitors data entry, and acts as the liaison to

	CHDI. Typically, persons in this role help schedule site visits and ensure timely data entry into EBP Tracker (by individual clinicians or your designated data entry person, whichever you decide). --A Senior Leader (typically an administrator) who oversees the site that will be implementing CBITS/BB, and who has the authority to make systemic changes necessary to support their team and to develop partnerships with schools. Senior Leaders do not have any obligation to attend training or facilitate groups.
Senior Leader	Create and execute an MOU/MOA or similar document (if your team is not a school or district) between your team and the school(s) or district(s) you will implement in. These documents outline tasks related to referral streams, screening, and any other area you feel is important to clarify. Final copy will be sent to CHDI Coordinating Center upon request. Templates are available on our website.
Coordinator	Establish when you will hold weekly team meetings that begin prior to the clinical training. These meetings tend to focus on addressing implementation concerns, the therapeutic use of CBITS/BB assessments, CBITS/BB clinical skills, review of referrals or children, outreach to caregivers, and self-care.
Senior Leader and Coordinator	Develop implementation plan, including procedures for triage and referral to the CBITS/BB team, screening, and logistics related to groups (such as space, time, etc.). Screening tools are provided by the Coordinating Center.
Senior Leader and Coordinator	Review post-training requirements with clinicians so that they are fully aware of the expectations that CHDI Coordinating Center has for Initiative teams and team members. (see below for specific details related to these requirements)

Once these tasks are complete and you submit your application, a CBITS Initiative Project Coordinator will review it and follow up with you. Prior to or when your application is accepted and you are asked to join our provider network, a Project Coordinator will schedule a meeting with the Senior Leader and Coordinator to discuss the pre-training activities. Once completed, clinicians may register for the next available training. Please be aware, we expect clinicians to be informed of the following post-training requirements:

- Complete an EBP Tracker Enrollment Form so as to be registered on your team roster.
- Ensure that each member will attend the full 2-day CBITS clinical training (or 1 day for BB).
- Participate in post-training consultation calls (75% attendance expectation; 9 out of 12 calls).
- Commit to use client assessment measures and enter data into the EBP Tracker database within the required timeframes (for teams with designated data entry persons, clinicians are not expected to enter data, but will assist designee in obtaining all needed documentation).
- Facilitate at least one CBITS/BB group per year.
- Provide monthly consent/screening data via a brief online survey.

CBITS/BB Resources

Here are some resources that will be helpful as you begin your practice of CBITS/BB:

1. http://cbitsprogram.org
2. http://bouncebackprogram.org
3. https://www.chdi.org/our-work/mental-health/evidence-based-practices/ebp-provider-resources/

CHDI Coordinating Center Contact Information

Diana Perry, PsyD
Senior Project Coordinator
dperry@uchc.edu
Connecticut CBITS/BB Coordinating Center
Child Health and Development Institute (CHDI)
860-679-3327; FAX 860-679-1521

Alice Kraiza, MPH
Project Coordinator
kraiza@uchc.edu
Connecticut CBITS/BB Coordinating Center
Child Health and Development Institute (CHDI)
860-679-2907; FAX 860-679-1521

CHDI COORDINATING CENTER
CBITS and Bounce Back
<u>Application to Participate</u>

Date of Application:		Applicant Name:	
Applicant Email:		Phone:	

Provider Setup					
Provider/Practice Full Legal Name:					
Provider Type:	☐	Behavioral Health Provider	☐ Health Care Provider	☐	SBHC
	☐	Education/School	☐ Private Practice	☐	Other (specify)
Model: CBITS			**Projected Implementation Start Date:**		
Model: Bounce Back			**Projected Implementation Start Date:**		
Provider Administration Street Address (Main Office):			**Phone Number:**		
City:			**State:**	**Zip:**	
Main Office Phone:			**Main Office Fax:**		
Email:			**Website URL:**		

CEO or Superintendent Information (person responsible for executing contracts/agreements)			
First Name:		**Last Name:**	
Title:		**Suffix:**	
Office Phone:		**Email:**	

If preferred, Information for an additional Designated Contact Person (for email updates/outreach) **this person may similarly be CC'd on emails that go to CEO/Superintendent as well**			
Contact Person First Name:		**Contact Person Last Name:**	
Contact Person Phone:		**Contact Person Email:**	
Notes:			

Clinical Site 1			
Site Name:	**Primary Clinical Site?**	❏	Yes
		❏	No

Program Area(s) that provide EBPs at this Site:	❏	Agency-based school
	❏	Community Support
	❏	CSSD
	❏	CYFSC
	❏	DCF
	❏	EDT
	❏	In-Home
	❏	Outpatient/ECC
	❏	Residential
	❏	School-based
	❏	Training only
	❏	Other, specify

Site Street Address:				
City:		**ST:**		**Zip:**
Phone:		**Fax**		

Site DCF Region:	❏	DCF Region 1	❏	DCF Region 4	
	❏	DCF Region 2	❏	DCF Region 5	
	❏	DCF Region 3	❏	DCF Region 6	

Site Court District:	
School District:	

Will referrals be received at this site?	❏	Yes	**Will clinical services be provided at this site?**	❏	Yes
	❏	No		❏	No
Would you like this site listed on the EBP Public Directory?	❏	Yes	**Is this the main administrative office site?**	❏	Yes
	❏	No		❏	No

Notes:

Clinical Site 2 (if applicable)				

Site Name:		Primary Clinical Site?	☐	Yes
			☐	No

Program Area(s) that provide EBPs at this Site:	☐	Agency-based school
	☐	Community Support
	☐	CSSD
	☐	CYFSC
	☐	DCF
	☐	EDT
	☐	In-Home
	☐	Outpatient/ECC
	☐	Residential
	☐	School-based
	☐	Training only
	☐	Other, specify

Site Street Address:	

City:		ST:		Zip:

Phone:		Fax:	

Site DCF Region:	☐	DCF Region 1	☐	DCF Region 4	
	☐	DCF Region 2	☐	DCF Region 5	
	☐	DCF Region 3	☐	DCF Region 6	

Site Court District:	

School District:	

Will referrals be received at this site?	☐	Yes	Will clinical services be provided at this site?	☐	Yes
	☐	No		☐	No

Would you like this site listed on the EBP Public Directory?	☐	Yes
	☐	No

Notes:

Clinical Site 3 (if applicable)				
Site Name:		**Primary Clinical Site?**	❑	Yes
			❑	No
Program Area(s) that provide EBPs at this Site:		❑	Agency-based school	
		❑	Community Support	
		❑	CSSD	
		❑	CYFSC	
		❑	DCF	
		❑	EDT	
		❑	In-Home	
		❑	Outpatient/ECC	
		❑	Residential	
		❑	School-based	
		❑	Training only	
		❑	Other, specify	
Site Street Address:				
City:		**ST**:		**Zip:**
Phone:		**Fax:**		
Site DCF Region:	❑ DCF Region 1	❑	DCF Region 4	
	❑ DCF Region 2	❑	DCF Region 5	
	❑ DCF Region 3	❑	DCF Region 6	
Site Court District:				
School District:				
Will referrals be received at this site?	❑ Yes	**Will clinical services be provided at this site?**	❑	Yes
	❑ No		❑	No
Would you like this site listed on the EBP Public Directory?	❑ Yes			
	❑ No			
Notes:				

Please feel free to copy and paste additional site forms as needed

EBP Team Information			
EBP Team Roles	**Name and Title**	**Contact information**	**EBP Experience**
Senior Leader: Responsible for overseeing CBITS/BB team implementation, must have authority to provide resources to CBITS/BB team & oversee all team members/ external partnerships, etc. No training or group requirement.		**Email:** **Phone:**	
Coordinator: Person that will facilitate/manage implementation, monitor data entry timeliness, and communicate with CHDI and/or Agency Senior Leader. No group requirement.		**Email:** **Phone:**	
Supervisor: Provides clinical supervision of team clinicians; must run 1 group per year.		**Email:** **Phone:**	
Clinical team members: The following members are more hands-on re: implementation of CBITs or Bounce Back!. The team members below tend to have closer connection to daily implementation, thus will provide more detailed information to the Coordinating Center as requested. Also, these members tend to be responsible for data entry and other requirements outlined in this packet. Clinicians with advanced degrees that can run two groups per year. Please indicate if full time, part time or per diem*.			
Name	**Title**	**Role**	**Email**

*Note: If you would like an employee who has experience with other EBPs to join your Team, they must have finished consultation calls for their most recent EBP.

Agency/Practice Information

Approximately how many children are in the entire school/agency where CBITS/BB will be offered?:

Grade K to 5th (age 5 – 10):		Grade 6th to 12th (age 11+):	

If applicant is not a school or school district, please describe your current relationship with the school(s) you would like to deliver groups in, and the extent of current discussions and agreements with the school(s) to participate:

Please describe how children will be screened for eligibility in your school/program? For example, will screening be done school-wide, specific grades/classes, or for targeted populations? Is caregiver consent required, and if so how will it be obtained? Screening requires the use of the brief Trauma Exposure Checklist (TEC) and the Child Posttraumatic Stress Scale (CPSS).

Are there currently other EBPs offered in this school/program? If so, list/describe.

What do you need to address, and what challenges do you anticipate, prior to beginning to offer groups?

Connecticut Coordinating Center CBITS/Bounce Back! Readiness Assessment Checklist	
Task	**Checklist** (please mark once complete)
All team members have read and understand this Welcome Packet.	
Provider/school will contract with CHDI, including a separate Data Use Agreement.	
All clinicians/supervisors will attend the full training and required consultation calls.	
Required data will be submitted, including screening and child assessment data.	
Application complete including identification of all team members.	
We agree that the following must be completed prior to staff attending CBITS/BB Training:	
CBITS/BB implementation team meeting scheduled weekly for all team members.	
Training on required data/assessments including EBP Tracker will be completed with CHDI.	
Pre-implementation site visit with full team will be completed.	
Process for screening children in program/school for trauma will be discussed and approved by all relevant parties (i.e. Initiative team, school personnel…) prior to training	
Supervision plan will be developed for clinical supervision for CBITS clinicians.	
MOU/MOA or Letter of Commitment with school or district will be completed prior to training or prior to implementation	

Attestation

I have read and understand this Welcome Packet, and my agency/school would like to apply for CBITS/Bounce Back! implementation support and membership within the statewide CBITS Initiative. I certify that all of the information I have provided within this application is factual.

_____ _____ _____ _____

Printed Name   **Signature**   **Title**   **Date**

Please submit the completed application (preferably by email) to:

Diana Perry, PsyD	Alice Kraiza, MPH
Senior Project Coordinator	Project Coordinator
dperry@uchc.edu	**kraiza@uchc.edu**
Connecticut CBITS/BB Coordinating Center	Connecticut CBITS/BB Coordinating Center
Child Health and Development Institute (CHDI)	Child Health and Development Institute (CHDI)
860-679-3327; FAX 860-679-1521	860-679-2907; FAX 860-679-1521