

July-September 2016 Program Report Card: Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Coordinating Center

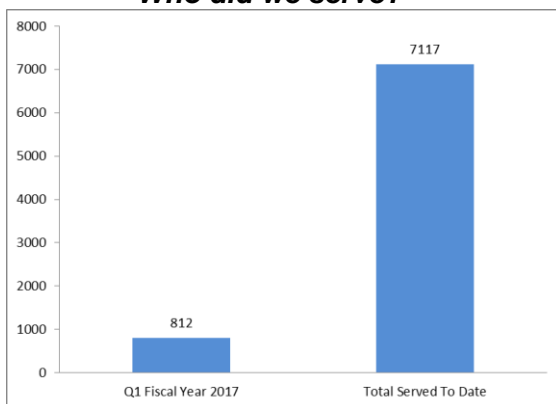
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments, and ready for future success. Improve mental health outpatient services for Connecticut children by implementing evidence-based treatment for children who have experienced trauma such as physical abuse, sexual abuse, witnessing violence and other distressing events. Provide evidence-based treatment that is adaptive, effective and appropriate for the diverse needs of Connecticut children. Provide clinicians and outpatient agencies with robust training and ongoing support to successfully and effectively implement and sustain TF-CBT.

Contribution to the Result: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based, trauma-focused outpatient treatment for children 3-18 years old. With support from DCF and CSSD, the Child Health and Development Institute (CHDI) has maintained a TF-CBT Coordinating Center to disseminate and sustain TF-CBT across the state. CHDI provides ongoing training, data reporting, quality assurance, administration of financial incentives to provider agencies, and credentialing of clinicians.

Year	DCF Funding	CSSD Funding	Total Funding
Fiscal Year 2017	1,000,000.00	100,000.00	1,100,000.00

Partners: Child Health and Development Institute of Connecticut (CHDI), DCF, CSSD, 35 Community Provider Agencies

Who did we serve?



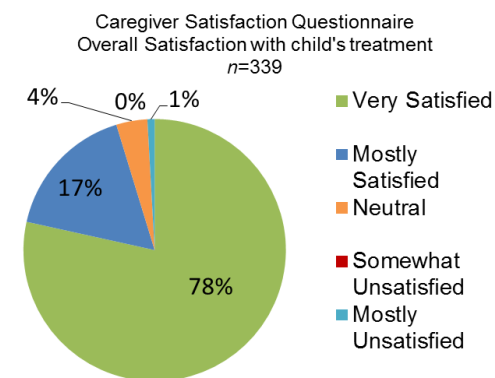
Story behind the baseline: In this quarter there were 39 agencies providing TF-CBT. Combined, these agencies served 812 children and families, which is an increase from 706 served in the first quarter of FY16. Thirty-three percent of children served were DCF-involved. 21 clinicians were trained this quarter. To date a total of 7,117 children and families have been served.

Trend: ▲ Yes

Who did we serve?

In the period of July to September 2016, less than 1% of children were under 3 y.o. 8% were 3-6 y.o., 43% were 7-12 y.o., 25% were 13-15 y.o., and 23% were 16-19 y.o. These numbers are consistent with the age breakdown in previous quarters. The children served this quarter were 40% Hispanic, 38% White Non-Hispanic, 15% Black Non-Hispanic, and 6% Other Non-Hispanic. The children served were 60% female and 40% male. For the children served in this quarter, females had significantly higher scores on measures of both depression and PTSD symptoms at intake. There were no differences in symptoms at baseline between racial and ethnic groups which was consistent with last quarter.

How well did we serve?



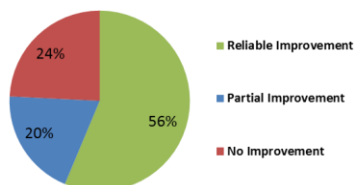
Story behind the baseline:

Caregiver satisfaction with TF-CBT treatment is high. 95% report being mostly or very satisfied in response to the question "Overall, I am satisfied with my child's treatment", which is consistent with the previous quarter (95%).

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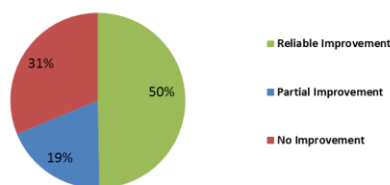
Is anyone better off?

Changes in Child PTSD Scores by Children and Caregivers Report
n = 190



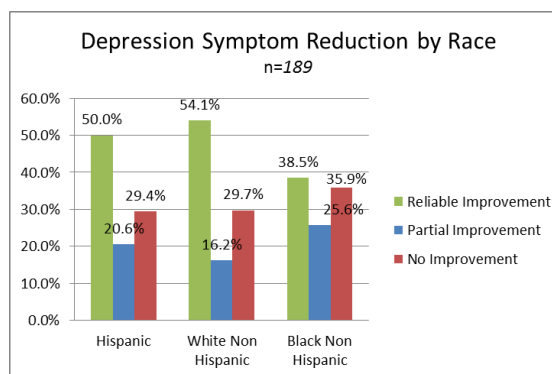
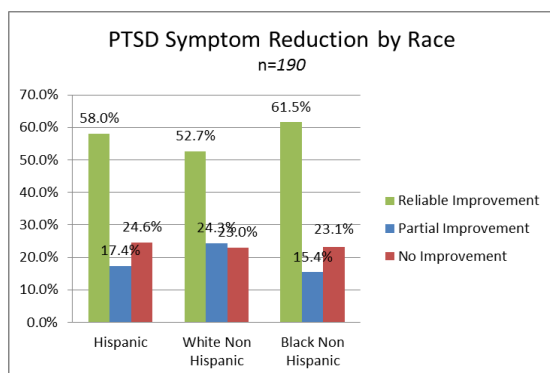
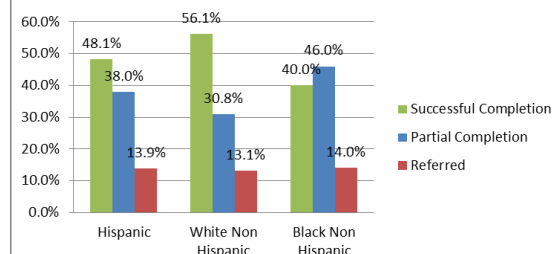
Is anyone better off?

Changes in Child Depression Scores by Children and Caregivers Report
N=189



How well did we serve?

Discharge Reason by Race
n=282



Story behind the baseline:

In the period July to September 2016, 282 children concluded their TF-CBT treatment. 49% successfully completed, 38% partially completed and 14% were referred to other care. For children who were referred, 47% were referred to a higher level of care, 29% were referred to a non-EBP within the agency, .5% were referred to a different EBP within the agency, and 18% were referred to a different agency. There were no significant differences between racial groups on reason for discharge.

Story behind the baseline:

Overall, significant reductions in child PTSD symptoms were seen for both the caregiver and child reports on the CPSS. Seventy-six percent had improvement as measured by the child and/or caregiver report. There were no significant differences between racial groups in this quarter.

Trend ▲Yes

Story behind the baseline:

Overall, significant reductions in child depressive symptoms were seen for both child and caregiver reports on the SMFQ. On average 69% had improvement as measured by the caregiver and/or child reports. There were no significant differences between racial groups in this quarter.

Trend ▲Yes

Trend: ▲Yes

Data Development Agenda:

- Continue to examine data by racial and ethnic breakdowns to understand how groups may differ in initial symptom severity, symptom improvement, and other outcomes
- Pursue improvement to EBP Tracker, the online data collection system, to allow providers to enter more efficiently and give clinicians easier access to data on treatment use and outcomes.