

Trauma-Focused Cognitive Behavioral Therapy Coordinating Center Program Report Card SFY 2017 Q2 (10/1/2016-12/31/2016)

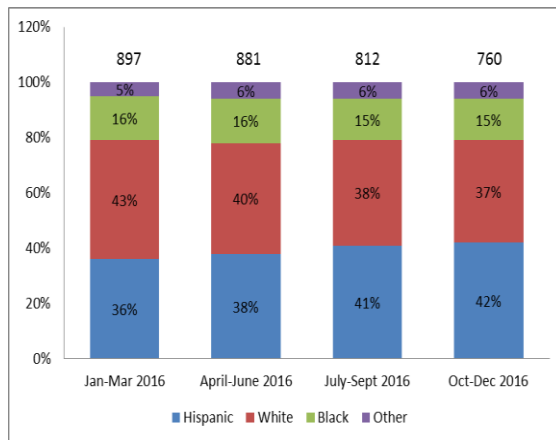
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments, and ready for future success. Improve mental health outpatient services for Connecticut children by implementing evidence-based treatment for children who have experienced trauma such as physical abuse, 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, 39 Community Provider Agencies

Who did we serve?



* White and Black categories are specifically non-Hispanic.

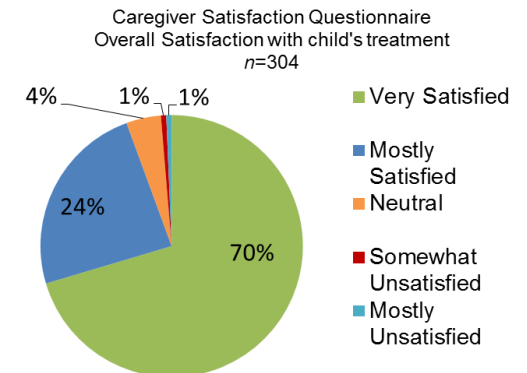
Story behind the baseline: In this quarter there were 39 agencies providing TF-CBT, 8 of these are private practices. Combined, these agencies served 760 children and families. 1726 children and families have been served this calendar year through December. 25 new clinicians were trained this quarter.

Who did we serve?

Racial breakout remained consistent across the past year. In this quarter, 32% of children receiving TF-CBT were being served by DCF. There were significant differences in race/ethnicity between the two groups, with the DCF-involved group having a higher percentage of Black Non-Hispanic children (20% vs. 12%) and a lower percentage of Hispanic children (33% vs. 46%). 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.

Trend ◀▶ Flat/ No Trend

How well did we serve?



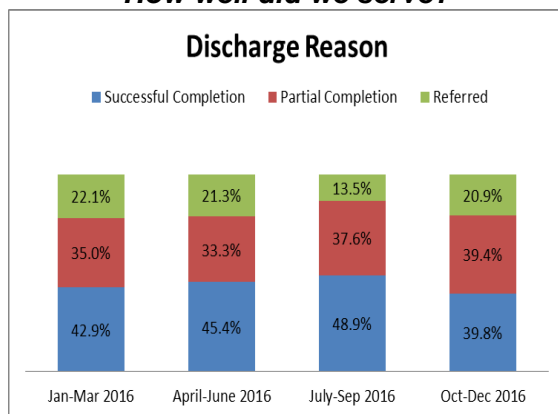
Story behind the baseline:

Caregiver satisfaction with TF-CBT treatment is high. 94% report being mostly or very satisfied in response to the question "Overall, I am satisfied with my child's treatment", which is comparable with the previous quarter (95%).

Trend ◀▶ Flat/ No Trend

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How well did we serve?

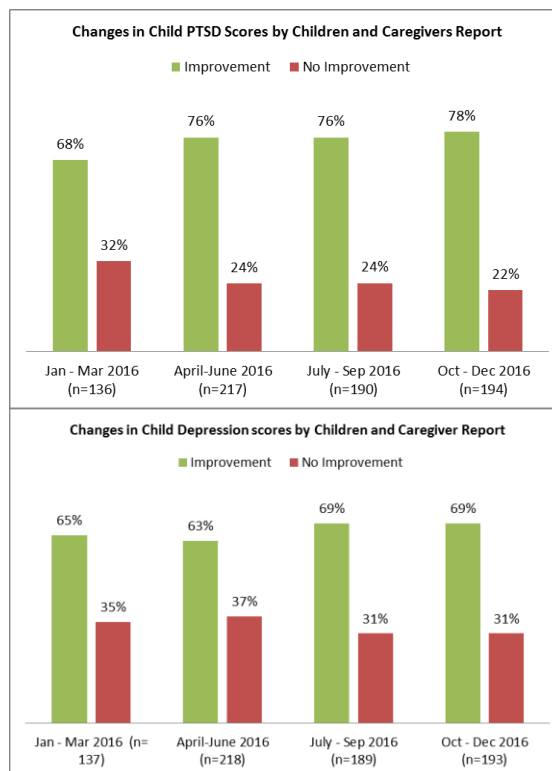


Story behind the baseline:

In the period of Sep to Dec 2016, 249 children concluded their TF-CBT treatment. 40% successfully completed, 39% partially completed, and 21% were referred to other care. Compared to the previous quarter the percentage of children successfully completed decreased from 49%, and there was an increase in those referred to other care from 14%. The percentage that partially completed stayed about the same (38%). Consistent with previous quarters, there were no significant differences between racial groups on reason for discharge. In this quarter the rate of successful discharge by racial/ethnic groups were: Hispanic (37%), White (42%), and Black (48%).

Trend ◀▶ **Flat/ No Trend**

Is anyone better off?



Story behind the baseline: Overall, significant reductions in child PTSD symptoms were seen for both the caregiver and child reports on the CPSS. Seventy-eight percent had improvement as measured by the child and/or caregiver report, an increase from 76% last quarter. There were also significant reductions in child depressive symptoms for both child and caregiver reports on the SMFQ. On average 69% had improvement as measured by the caregiver and/or child SMFQ. There were no significant

differences between racial groups on PTSD or depressive symptom reduction, which is consistent with findings in the previous quarter.

Trend ▲ **Yes**

Actions to Turn the Curve:

- Continue quarterly consultation with sites with an increased focus on penetration rate and number of children served.
- Continue to provide consultation around use of data to measure outcomes and symptom reduction

Data Development Agenda:

- Continue to examine data by DCF-Involved and Not DCF-Involved breakdowns to understand how the groups are similar or different.
- Pursue building reports in EBP Tracker, the online data collection system, to more efficiently provide clinicians and agencies with real time and outcome data.