

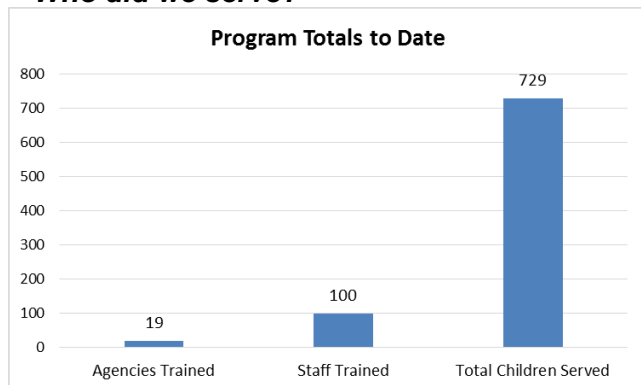
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back Program Report Card SFY 2017 Q3 (1/1/2017-3/31/2017)

Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success. Improve school-based mental health services for Connecticut children by providing trauma-focused, evidence-based treatment that is adaptive, effective and appropriate for the diverse needs of Connecticut children. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back (BB) are evidence-based, trauma-focused school-based treatments for children. DCF has partnered with local provider agencies and schools, school-based health centers, and CBITS/BB trainers to disseminate CBITS/BB across the state. CBITS is currently available in 10 different school districts throughout CT, and BB is available in 7 school districts.

DCF Funding SFY 2017

\$1,114,263

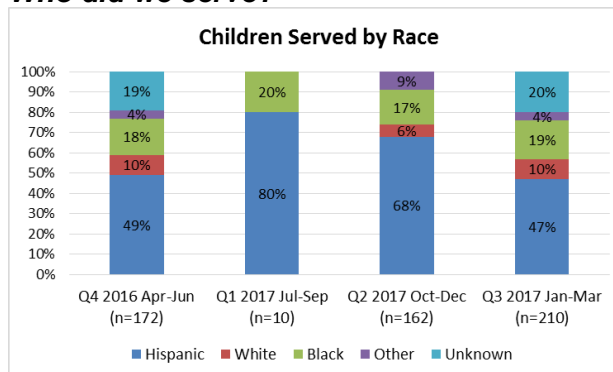
Who did we serve?



Story behind the baseline: CBITS began full implementation in early 2015, while BB began in Fall 2016, and the initiative is currently in year three of implementation. The first Learning Community (CBITS only) was made up of 24 clinicians from 5 agencies. The second Learning Community (CBITS and BB) is currently in progress and is made up of 30 clinicians from 9 agencies. Together, CBITS/BB clinicians have served a total of 729 children.

Trend ▲ Yes

Who did we serve?



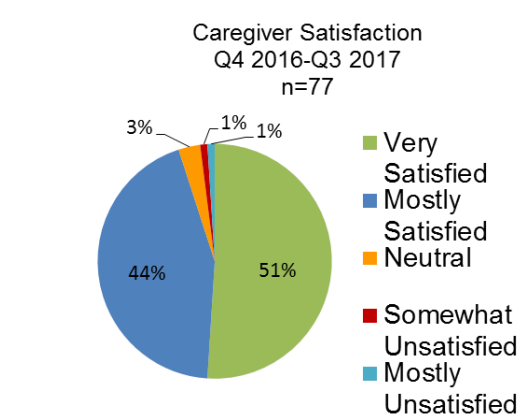
*White and Black categories are specifically non-Hispanic

Story behind the baseline:

The number of children served remained steady across Q4 2016, Q2 2017, and Q3 2017. The drop in the number of children served in Q1 2017 can be attributed to the summer break (although two groups did run for children in a summer school program). The number of children served by CBITS/BB are ethnically and racially diverse. The proportion of African-American and Hispanic children served by CBITS/BB in Q3 2017 as well as in previous quarters is significantly higher than the percentage of these children in the general population in Connecticut. The number of males and females served in Q3 2017 was almost equal (51% female, 49% male), and the majority were between the ages of 11 and 14 (40%).

Trend: ◀▶ Flat/No Trend

How well did we serve?

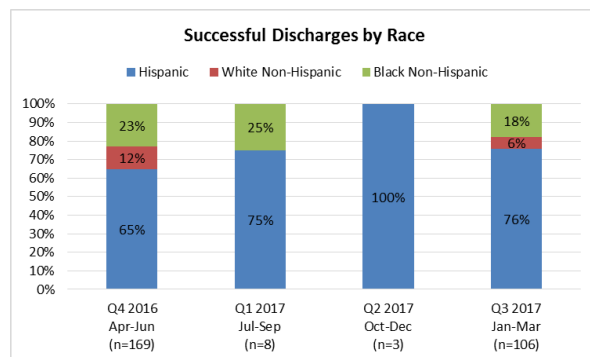


Story behind the baseline:

Caregiver satisfaction was measured using the Youth Services Survey for Families (Y-SSF). Caregiver satisfaction with CBITS treatment was high across the last four quarters as indicated by responses to "Overall, I am satisfied with the services my child received".

Trend: ◀▶ Flat/No Trend

How well did we serve?

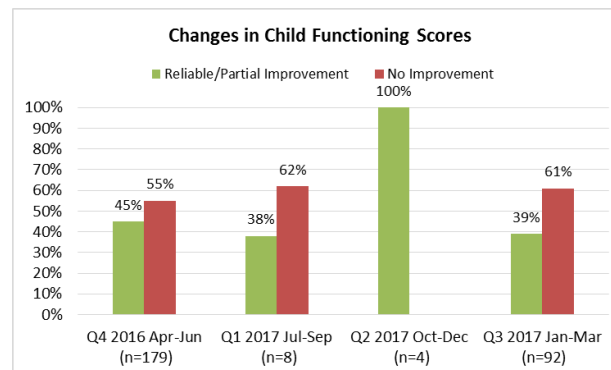
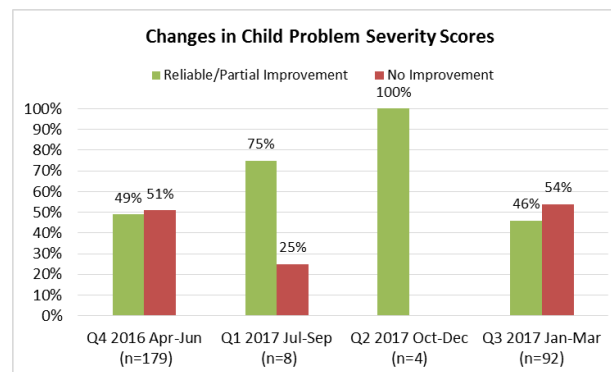


Story behind the baseline:

CBITS groups typically run during a school semester, so few children completed during Q1 2017 and Q2 2017. Implementation also does not typically begin directly after training, as clinicians need to send out consent forms to caregivers and screen children to determine group eligibility before groups can begin. Children completed CBITS successfully at high rates across three of the four quarters (94%, 80%, and 90% successfully completed treatment in Q4, Q1, and Q3, respectively). In Q2 2017, 33% successfully completed treatment, however there were very few children discharged in this quarter. There were no significant differences between racial groups on successful discharges.

Trend: ◀▶ Flat/No Trend

Is anyone better off?

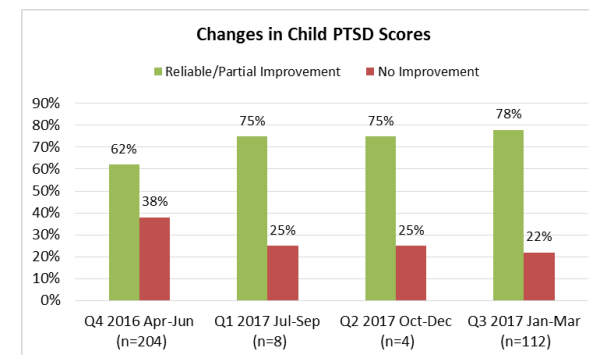


Story behind the baseline:

While the majority of children showed reliable or partial improvement in problem severity symptoms in Q1 and Q2, (as measured by the Ohio Scales), in Q3 2017 there were slightly more children who showed no improvement. For functioning, the overall trend is that more children are showing no improvement than reliable/partial improvement. It should be noted that in two out of the four quarters, very few children completed treatment due to the way CBITS/BB groups are typically run during a school semester.

Trend: ◀▶ Flat/No Trend

Is anyone better off?



Story behind the baseline:

The percentage of children who showed reliable or partial improvement in PTSD symptoms (as measured by the Child PTSD Symptom Scale) has been consistent across quarters. It should be noted that in two out of the four quarters, very few children completed treatment due to the way CBITS/BB groups are typically run during a school semester.

Trend: ◀▶ Flat/No Trend

Actions to Turn the Curve:

- Continue sharing data and outcomes with providers and stakeholders, both in person and through reports, to emphasize the positive impact of CBITS.

Data Development Agenda:

- Continue regularly following up with sites regarding the timely entry of data into EBP Tracker and examining data by RCI and racial group breakdowns.