

Q1 (Oct 2015-Dec 2015) Program Report Card: CBITS

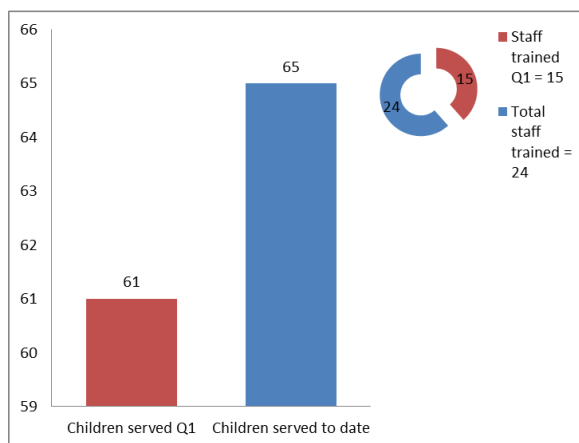
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success. Improve school-based mental health services for Connecticut children by providing trauma-focused, evidence-based treatment that is adaptive, effective and appropriate for the diverse needs of Connecticut children. Work with CBITS trainers, provider agencies, school-based health centers, and the Department of Children and Families to successfully and effectively implement and sustain CBITS.

Contribution to the Result: Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is an evidence-based, trauma-focused school-based treatment for children. The Child Health and Development Institute (CHDI) has partnered with DCF, local provider agencies and schools, school-based health centers, and CBITS trainers to disseminate CBITS across the state. As of Q1, CBITS is available in four school districts.

Year	DCF Funding	Total Funding
Fiscal Year 2015		

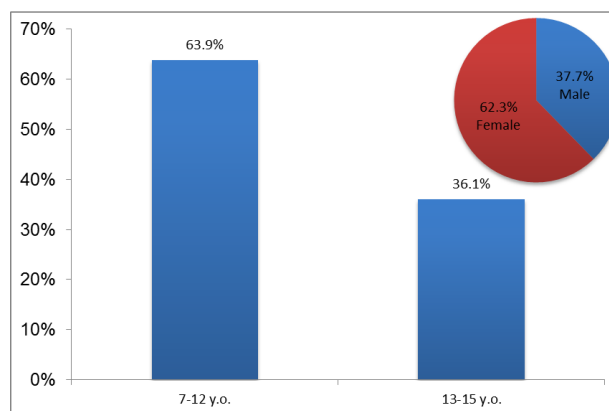
Partners: CBITS Trainers, Child Health and Development Institute of Connecticut, Community Provider Agencies, School-Based Health Centers, School Districts, Department of Children and Families

Who did we serve?



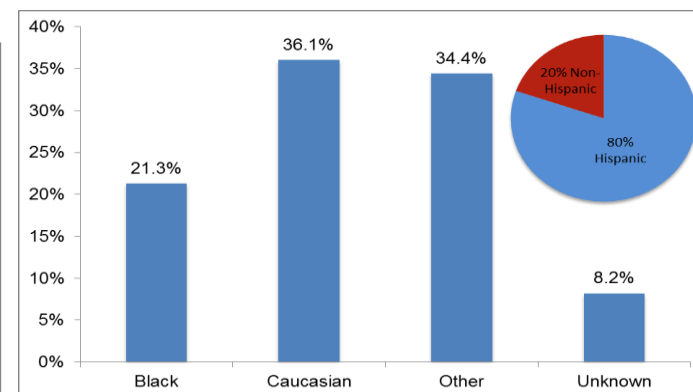
Story behind the baseline: CBITS began in Spring 2015 with 1 agency providing CBITS. At the close of Q1 there were 2 agencies providing CBITS. To date, 24 total staff have been trained in CBITS, 15 of those in Q1. In Q1, there were 3 active CBITS clinicians who served 61 children and families.

Who did we serve?



Story behind the baseline: The intended age range for CBITS is 7-18 years old. In Q1, the majority of children receiving CBITS were between the ages of 7 and 12. More females than males were served in Q1.

Who did we serve?

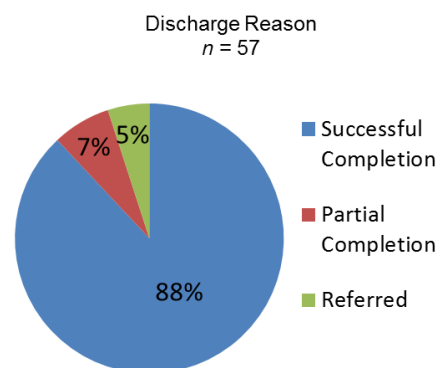


Story behind the baseline: Children served by CBITS are ethnically and racially diverse. The proportion of African-American and Hispanic children served by CBITS is significantly higher than the percentage of these children in the general population in Connecticut. While 34.4% of children identified their race as 'Other', most of these children also identified as Hispanic.

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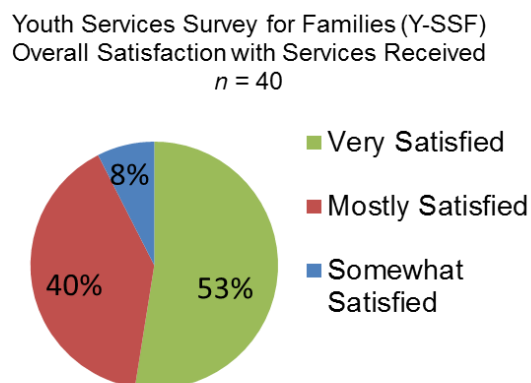
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How well did we serve?



Story behind the baseline: Successful completion here is defined by the clinicians overall assessment of the case at discharge. Children completed CBITS successfully at very high rates. A small amount of children were referred to other services (e.g. higher level of care) or only partially completed and discontinued services for another reason (e.g. family moved, family dropped out) after treatment began.

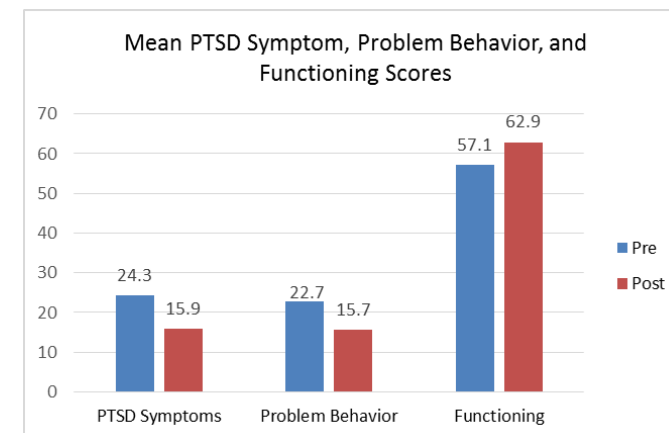
How well did we serve?



Story behind the baseline:

Caregiver satisfaction with CBITS treatment was high as indicated by responses to "Overall, I am satisfied with the services my child received". Nearly all (93%) of caregivers reported being "mostly" or "very" satisfied with their child's treatment.

Is anyone better off?



Story behind the baseline: There were 51 children whose cases closed in Q1 and had intake and discharge assessments to compare. Significant reductions in symptoms were seen for PTSD (CPSS) and Problem Severity (Ohio Scales), and an overall increase was seen for Child Functioning (Ohio Scales) for cases that were assessed at both intake and discharge. There was a 37% reduction in PTSD symptoms and a 31% reduction in behavior problems from pre to post assessment, indicating significant improvements.