

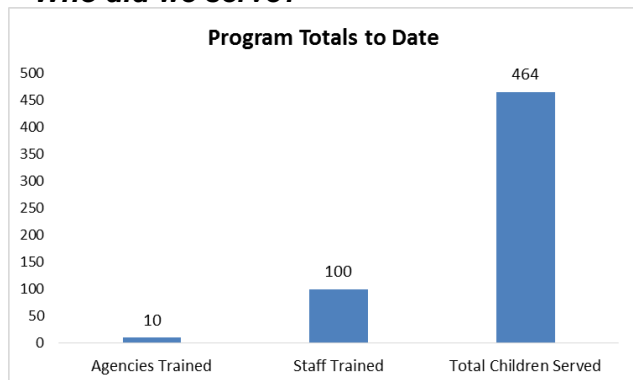
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back Program Report Card SFY 2017 Q2 (10/1/2016-12/31/2016)

Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and 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

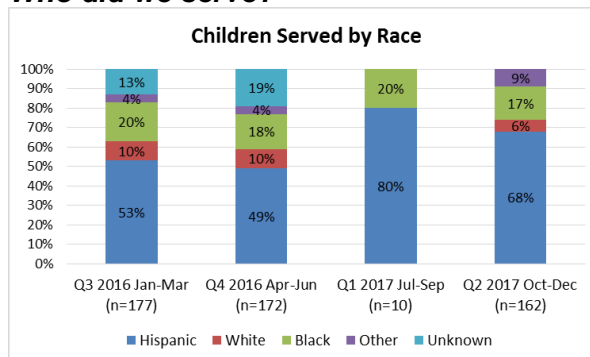
Who did we serve?



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 45 clinicians from 9 agencies. Together, CBITS/BB clinicians have served a total of 464 children.

Trend ◀▶ Flat/No Trend

Who did we serve?



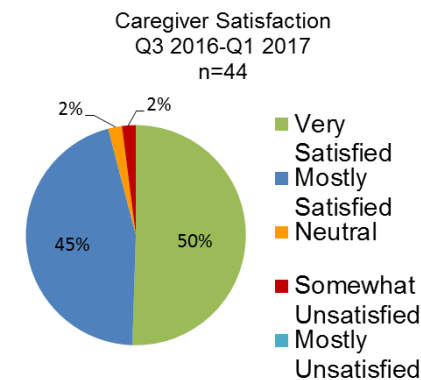
*White and Black categories are specifically non-Hispanic

Story behind the baseline:

The number of children served during Q2 2017 was slightly lower than Q3 and Q4 2016. 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 Children served by CBITS/BB are ethnically and racially diverse. The proportion of African-American and Hispanic children served by CBITS/BB in Q2 2017 as well as in previous quarters is significantly higher than the percentage of these children in the general population in Connecticut. The majority of children served in Q2 2017 were female (60%) between the ages of 11 and 14 (46%).

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How well did we serve?

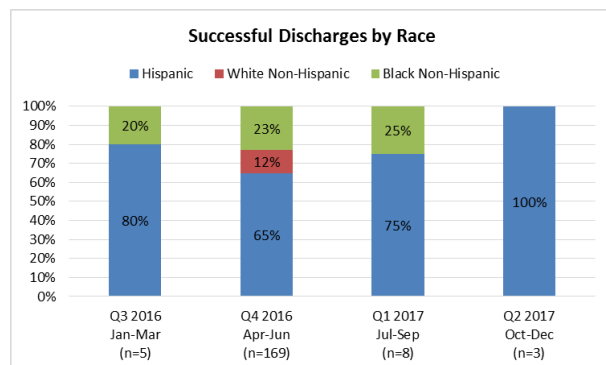


Story behind the baseline:

Caregiver satisfaction was measured using the Youth Services Survey for Families (Y-SSF). Caregiver satisfaction with CBITS treatment was high across the last three quarters as indicated by responses to "Overall, I am satisfied with the services my child received". There was no caregiver satisfaction data available for Q2 2017.

Trend: ▶ Flat/No Trend

How well did we serve?

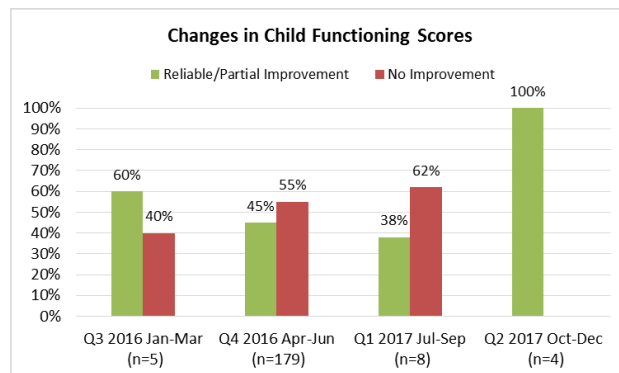
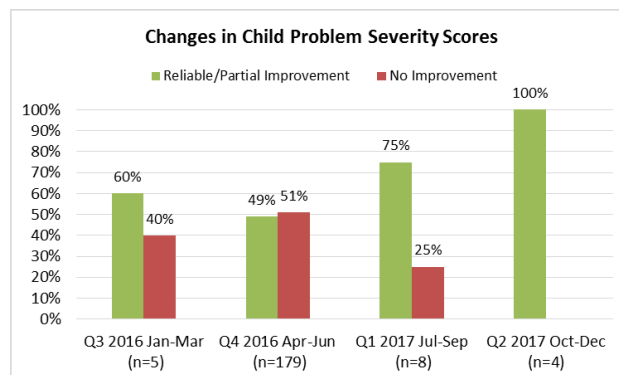


Story behind the baseline:

CBITS groups typically run during a school semester, so few children completed during Q3 2016, 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 (56%, 94%, and 80%, successfully completed treatment in Q3, Q4, Q1, 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.

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Is anyone better off?

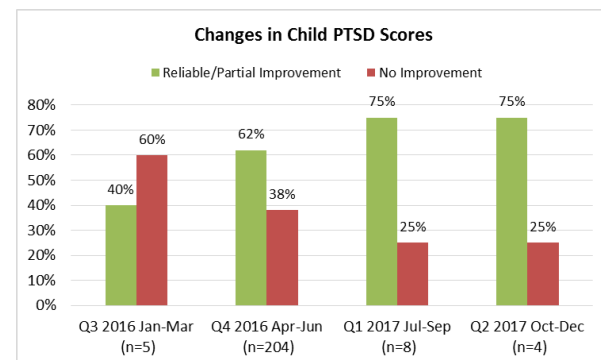


Story behind the baseline:

The majority of children showed reliable or partial improvement in problem severity symptoms across quarters (as measured by the Ohio Scales), with the exception of Q4 2016, where the percentage of children who showed no improvement was slightly higher than those who showed improvement. For functioning, more children showed reliable or partial improvement in Q3 2016 and Q2 2017, compared to Q4 2016 and Q1 2017, where the majority showed no improvement. It should be noted that in three 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:

Most children showed reliable or partial improvement in PTSD symptoms across quarters (as measured by the Child PTSD Symptom Scale), with the exception of Q3 2016, where the majority of children showed no improvement. It should be noted that in three 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.