

Q2 (Jan 2016-Mar 2016) Program Report Card: CBITS

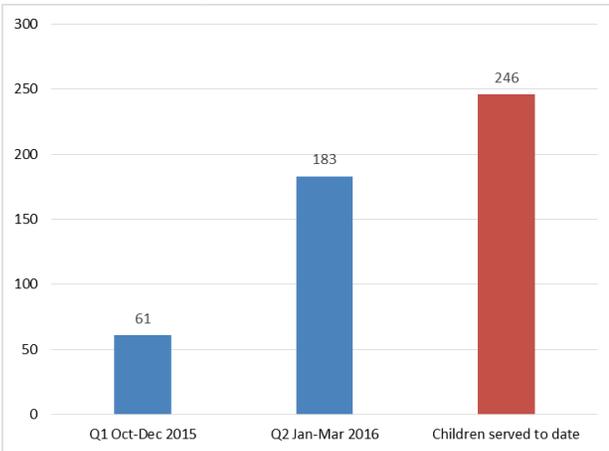
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success. Improve school-based mental health services for Connecticut children by providing trauma-focused, evidence-based treatment that is adaptive, effective and appropriate 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 2016		

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?

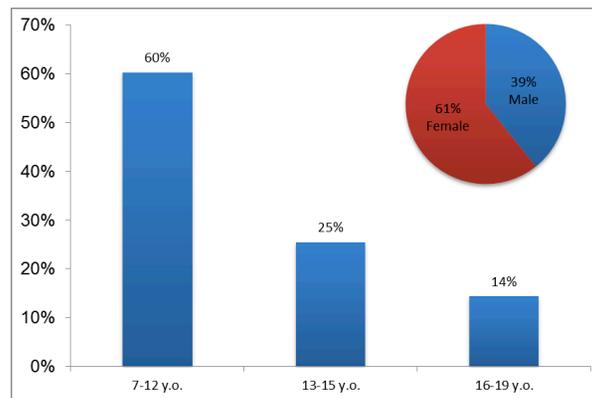


Story behind the baseline: CBITS began in Spring 2015 with 1 agency providing CBITS and 4 children served. At the close of Q2 (Jan-Mar 2016) there were 5 agencies providing CBITS and 17 active CBITS clinicians who served 183 children and families. There were 11 closed cases and 172 active cases during Q2*.

*Some children were seen over multiple quarters

Trend ▲ Yes

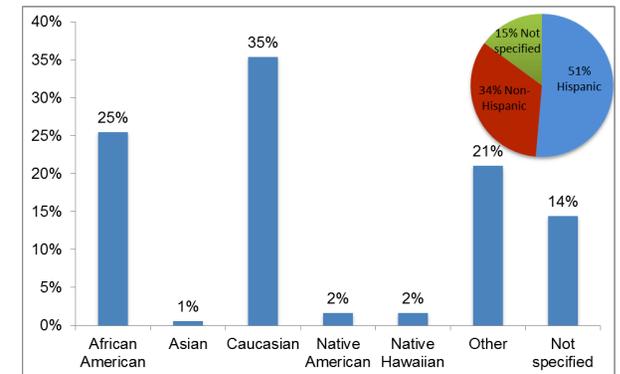
Who did we serve?



Story behind the baseline: The intended age range for CBITS is 7-18 years old. In Q2, the majority of children receiving CBITS were between the ages of 7 and 12. More females than males were served in Q2.

Trend: No Trend

Who did we serve?



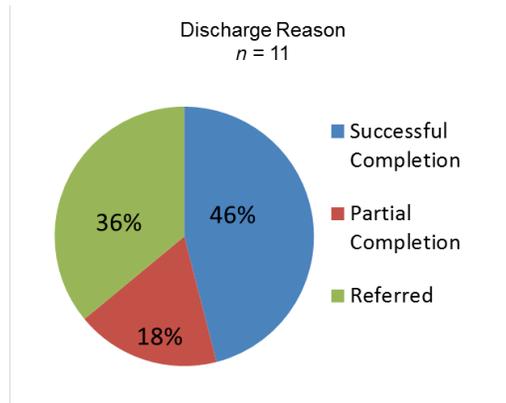
Story behind the baseline: Children served by CBITS are ethnically and racially diverse. The proportion of African-American and Hispanic children served by CBITS is significantly higher than the percentage of these children in the general population in Connecticut. While 21% of children identified their race as 'Other', most of these children also identified as Hispanic.

Trend: No Trend

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How well did we serve?

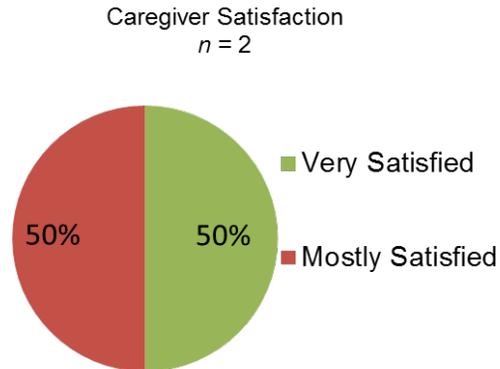


Story behind the baseline: Successful completion is defined by the clinician's overall assessment of the child's progress at discharge. CBITS groups typically run during a school semester, so few children completed CBITS in this quarter.

Children completed CBITS successfully at high rates. Some 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.

Trend: No Trend

How well did we serve?



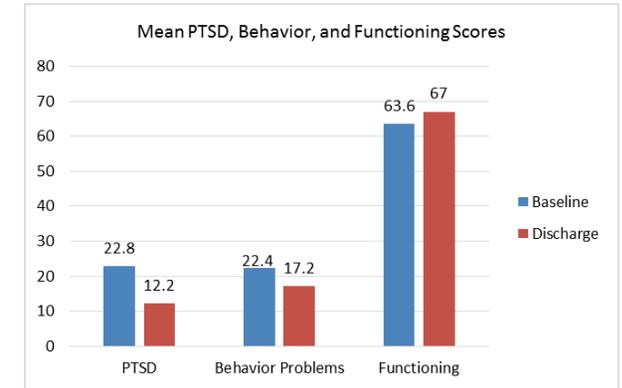
Story behind the baseline:

CBITS groups typically run during a school semester, so few children completed in this quarter.

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

Trend: No Trend

Is anyone better off?



Story behind the baseline: Five children completing CBITS had intake and discharge assessments. Significant reductions in symptoms were seen for PTSD (as measured by the Child PTSD Symptom Scale) and Problem Severity (as measured by the 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 47% reduction in PTSD symptoms, a 23% reduction in behavior problems, and a 5% improvement in functioning from pre to post assessment, indicating significant improvements.

Trend ▲ Yes