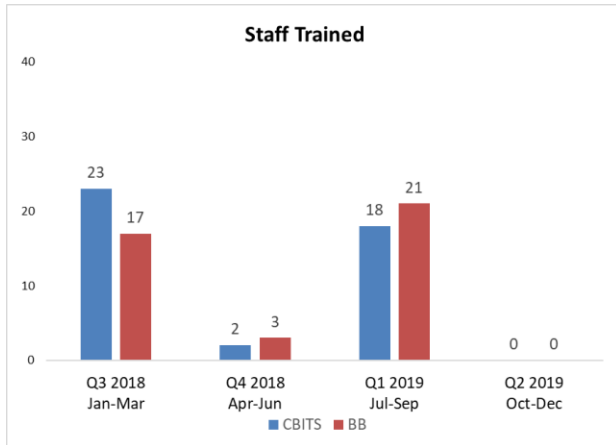


# Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back Program Report Card SFY 2019 Q2 (10/1/2018 – 12/31/2018)

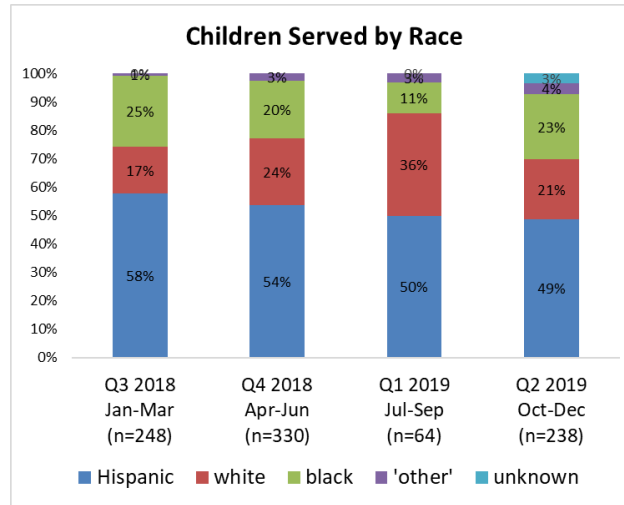
*Quality of Life Result:* All Connecticut children will be healthy, safe, living in stable environments and be ready for future success. Improve school-based mental health services for Connecticut children by providing trauma-focused, evidence-based treatment that is adaptive, effective and appropriate 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 25 different school districts and 9 clinics/EDTs throughout CT, and BB is available in 19 school districts and 9 clinics/EDTs.

<b>DCF Funding SFY 2018 - 2022</b>	<b>\$2,605,820</b>
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### Who did we serve?



### Who did we serve?



\*white and black categories are specifically non-Hispanic

### How well did we serve?

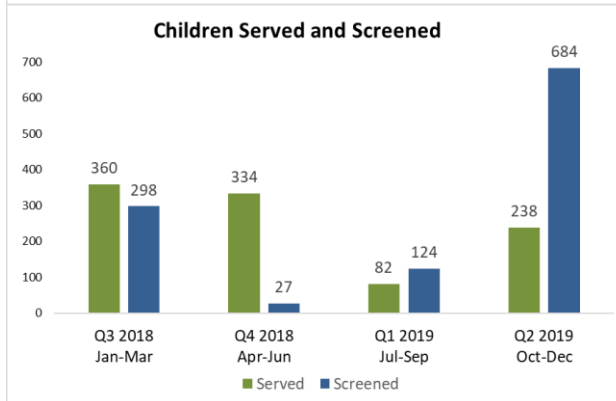
No data available.

#### Story behind the baseline:

Caregiver satisfaction was measured using the Youth Services Survey for Families (Y-SSF). Caregiver satisfaction with CBITS/BB treatment was high across the previous quarter as indicated by responses to "Overall, I am satisfied with the services my child received." No satisfaction data were available this quarter due to the small number of children discharged (n= 6).

**Trend: ◀▶ Flat/ No Trend**

### Children Served and Screened



**Story behind the baseline:** Over twice as many children were served this quarter (238) compared to Q2FY2018 (105).

**Trend ▲ Yes**

#### Story behind the baseline:

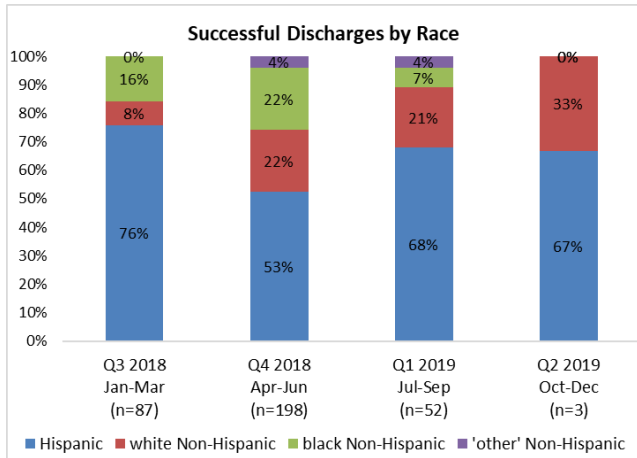
The proportion of Hispanic children served by CBITS/BB is higher than the percentage of children in other race/ethnicity categories. Males and females were served at similar rates (56% female, 44% male). A small percentage identified as 'other' sex. The majority of children served were between the ages of 6 and 15 (97%).

**Trend: ▲ Yes**

**Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend**

# Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back Program Report Card

## How well did we serve?



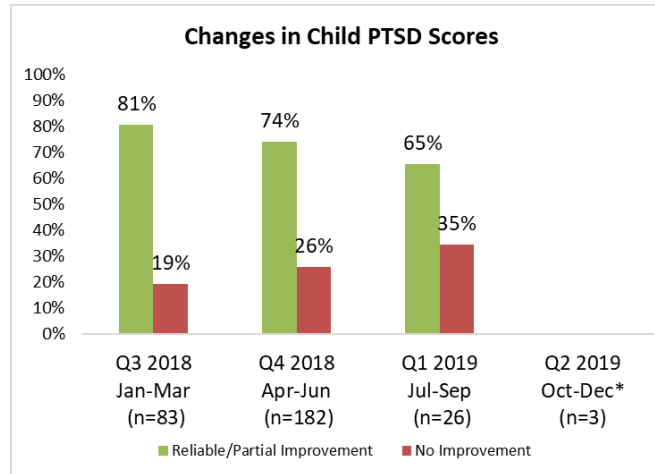
### Story behind the baseline:

50% of children discharged in Q1 were discharged successfully. Due to the small number of children (n=6) discharged this quarter, no trends are available.

Historically in Q2 every year for CBITS, the number of successfully discharged children by race is a small number, therefore, not indicative of any trend.

**Trend:** ◀▶ Flat/ No Trend

## Is anyone better off?



\*number with available data too small to report

### Story behind the baseline:

The percentage of children who showed reliable or partial improvement in PTSD symptoms is measured by the Child PTSD Symptom Scale. Due to the small number of children discharged this quarter with available data (n=3) PTSD outcome data are not reported.

It should be noted that in Q2 very few children complete treatment due to the way CBITS/BB groups are typically run during a school year.

**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/BB.
- Transition from the use of the YSS-F to a 4-item satisfaction screener embedded within the Post-test OHIO in an attempt to increase the number of responses received regarding satisfaction with treatment.

## Data Development Agenda:

- Continue regularly following up with sites regarding solutions to common implementation barriers, the timely entry of data into EBP Tracker. Examine data by RCI and racial group breakdowns.