

## Trauma-Focused Cognitive Behavioral Therapy Coordinating Center Program Report Card SFY 2019 Q3 (01/01/2019-03/31/2019)

**Quality of Life Result:** All Connecticut children will be healthy, safe, living in stable environments, and ready for future success. Improve mental health outpatient services for Connecticut children by implementing evidence-based treatment for children who have experienced trauma such as physical abuse, sexual abuse, witnessing violence and other distressing events. Provide evidence-based treatment that is adaptive, effective and appropriate for the diverse needs of Connecticut children. Provide clinicians and outpatient agencies with robust training and ongoing support to successfully and effectively implement and sustain TF-CBT.

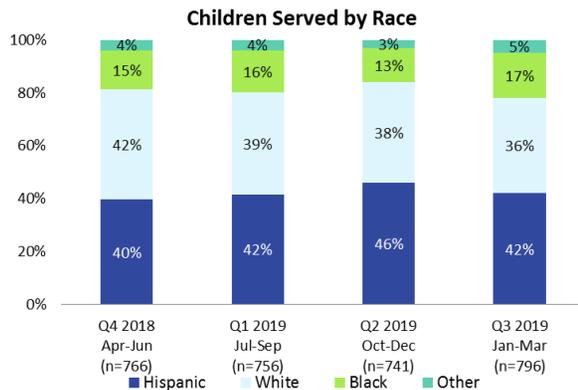
**Contribution to the Result:** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based, trauma-focused outpatient treatment for children from 3-18 years old. With support from DCF and CSSD, the Child Health and Development Institute (CHDI) has maintained a TF-CBT Coordinating Center to disseminate and sustain TF-CBT across the state. CHDI provides ongoing training, data reporting, quality assurance, administration of sustainability funds to provider agencies, and credentialing of clinicians.

Program Funding	State Funding		Total Funding
	DCF Funding	CSSD Funding	
SFY 2019	\$1,000,000.00	\$100,000.00	\$1,100,000.00

**Partners:** Child Health and Development Institute of Connecticut (CHDI), DCF, CSSD, 42 Community Provider Agencies & Private Practices

### Who did we serve?

**Story behind the baseline:** In this quarter there were 42 agencies providing TF-CBT, 9 of the current agencies are private practices. Combined, these agencies served 796 children and families in the 3<sup>rd</sup> quarter of fiscal year 2019. 16 TF-CBT clinicians received clinical training in this quarter.



\*White, Black, and 'Other' categories are specifically non-Hispanic.

**Trend** ◀▶ Flat/ No Trend

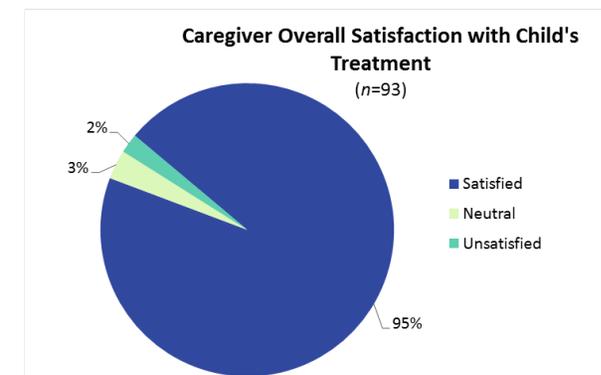
### Who did we serve?

**Story behind the baseline:** In this quarter, 35% of children receiving TF-CBT were being served by DCF. There were no significant differences in race/ethnicity between the two groups. The DCF-involved group had a higher percentage of Black Non-Hispanic children (20% vs. 14%), and a slightly higher percentage of Hispanic children (43% vs. 40%), and a lower % of White Non-Hispanic children (33% vs 44%).

For the children served in this quarter, females had significantly higher scores on measures of depression symptoms at intake, while there was no significant difference between sexes on PTSD symptoms at intake. This is slightly different than the previous quarter in which females were significantly higher on both. There were no significant differences in PTSD or depression symptoms at baseline between racial and ethnic groups.

**Trend** ◀▶ Flat/ No Trend

### How well did we serve?



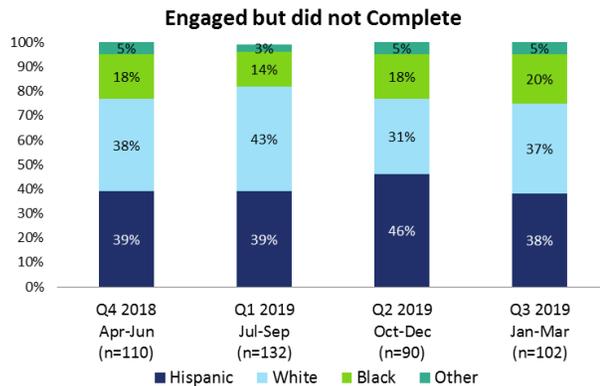
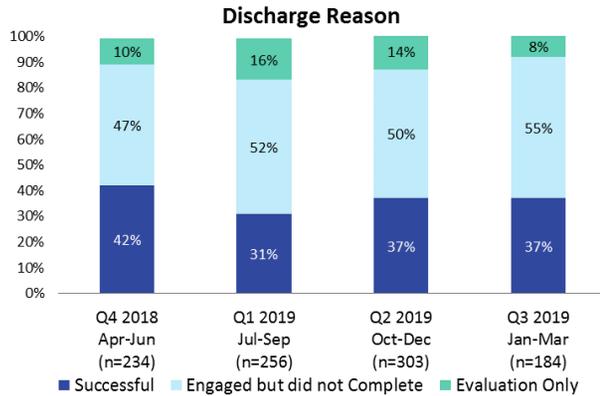
\*Ohio Satisfaction (n=28) does not have a neutral option.

### Story behind the baseline:

Caregiver satisfaction with TF-CBT treatment is high. 95% report being mostly or very satisfied in response to the question "Overall, I am satisfied with my child's treatment."

**Trend:** ▲ Yes

## How well did we serve?

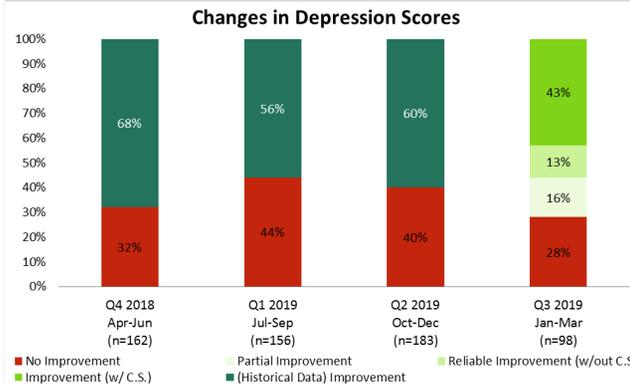
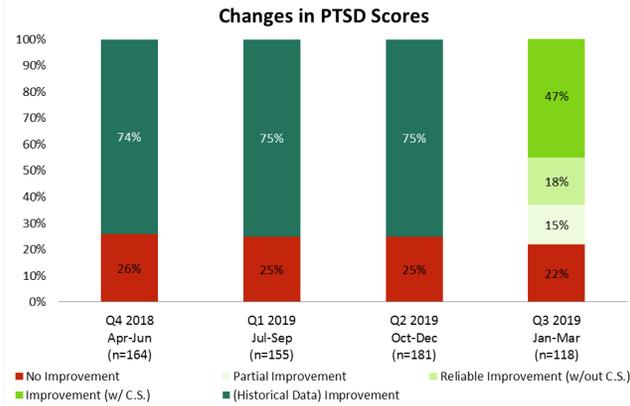


\*White, Black, and 'Other' categories are specifically non-Hispanic.

**Story behind the baseline:** Discharged clients fall into 1 of 3 categories: successful (as determined by clinician report), engaged but did not complete (had at least 4 sessions), and evaluation only (3 or fewer sessions). Overall rates of discharge are similar to the previous quarter. There was no significant difference between rates of successful discharges across racial/ethnic groups. Of children who discharged in the quarter, 37% of Hispanic children successfully completed, compared to 43% of White children, 19% of Black children, and 29% of other children. While this difference in overall rate is notable and worth monitoring, the difference among groups was not statistically significant, likely due to the small numbers of children in some categories. There was no significant difference across racial/ethnic groups of those who engaged but did not complete.

**Trend: ▲ Yes**

**Is anyone better off?**



**Story behind the baseline:** Overall, significant reductions in child PTSD symptoms were seen for both the caregiver and child reports, with 78% overall improvement. There were also significant reductions in child depressive symptoms for both child and caregiver reports on the SMFQ. 72% had improvement as measured by the caregiver and/or child SMFQ. There were no significant differences between racial groups on PTSD or depressive symptom reduction, which is consistent with findings in the previous quarter.

A majority of children demonstrated improvements in functioning (64%) and problem severity (65%) symptoms (as measured by the Child or Caregiver Ohio scales) this quarter.

**Trend: ▲ Yes**

**Actions to Turn the Curve**

- Provide training around the new flexible assessment schedule. Include consultation around selection of appropriate measures.
- Provide increased training and support in the use of clinical measures to improve outcomes measurement and analysis.
- Provide increased training and support in the use of data driven decision making to improve treatment outcomes.

## Data Development Agenda

- Provide training for agencies around using reports to focus on Quality Improvement indicators across time, relative to statewide trends, and in context with other EBP models.
- Implemented a more streamlined assessment schedule and continue to provide guidance around selecting appropriate monitoring measures.
- Working with developers to integrate EBP Tracker and PIE and gain clinician feedback throughout the process to work toward a transition with limited disruptions and increased efficiency for clinicians.