

Connecticut CBITS/Bounce Back Coordinating Center

Welcome Packet & Application revised March 2018



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Connecticut CBITS/BB Coordinating Center

Introduction

We are pleased to invite you to the Connecticut Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back (BB) Network! We are excited to collaborate with and support your efforts to provide evidence-based treatment to children and families who are suffering from traumatic stress. The Connecticut CBITS/BB initiative is funded by the Connecticut Department of Children and Families (DCF), which partners with the Child Health and Development Institute of Connecticut (CHDI) and Sharon Hoover (a CBITS Developer) to support implementation. The Connecticut CBITS/BB network includes a growing number of community and school-based providers that offer CBITS/BB. Participating providers and schools receive all training and consultation at no charge and are eligible for performance-based sustainability funding to support their CBITS/BB program. Our shared goals are to **improve access to CBITS/BB** for Connecticut's children, to improve the **quality of CBITS/BB** provided, and to ensure **optimal outcomes for children and families affected by trauma**. More about the Connecticut CBITS/BB initiative is available at <https://www.chdi.org/our-work/mental-health/evidence-based-practices/c-bits/>

Implementation vs. Training

The Coordinating Center supports schools and providers with CBITS/BB implementation, **but does not provide standalone CBITS/BB training**. This strategy is built around the emerging field of implementation science. Research shows that traditional training approaches, where clinicians attend a one-time training with little or no follow-up support, are largely ineffective for sustaining practice change (Fixsen et al., 2005). Training is a necessary, but not sufficient, component of implementation. Successful implementation also requires organizational support, pre-implementation preparation, leadership support, consultation, accountability, cross-system collaboration, quality assurance, and evaluation. This concept is supported by our experience implementing CBITS/BB and other evidence-based practices in Connecticut since 2007 and our experiences collaborating with colleagues across the country doing similar work.

Therefore, agencies and clinicians interested in joining the CBITS/BB network must commit to participating in all required implementation activities. With limited resources, we must focus support on those agencies and clinicians that are committed to a high-quality and sustainable CBITS/BB implementation.

Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back (CBITS/BB)

CBITS is a brief, evidence-based, school-based group intervention for children suffering from exposure to violence, abuse, and other forms of trauma, and is appropriate for children in grades five through twelve. BB is an adaptation of CBITS for elementary aged children in grades kindergarten through fifth grade. Both CBITS and BB are designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems and to improve functioning, grades and attendance, peer and parent support, and coping skills. Research shows that children who received CBITS showed significant reductions in PTSD symptoms from pre- to post-group (Stein et al., 2003).

The CBITS model consists of 10 group sessions (about 1 hour each), 1-3 individual sessions, up to 1-2 parent psychoeducational sessions, and 1 teacher education session. BB also consists of 10 group sessions, 2-3 individual sessions, and 1-3 parent psychoeducational sessions. CBITS has been successfully implemented across the U.S. as well as abroad, and has been adapted for use with Spanish-speaking populations, low-literacy groups, and children in foster care. Implementation of BB has more recently begun, and has been implemented in several states in the U.S. However, CBITS/BB is not appropriate for all children, nor is it appropriate for all children suffering from exposure to trauma.

Connecticut CBITS/BB Coordinating Center

The Connecticut CBITS/BB Coordinating Center at CHDI provides training, consultation, quality assurance, data reporting, and sustainability funding to existing and new agencies and clinicians within the Connecticut CBITS/BB Network. In addition, for all clinicians trained through the Initiative, we offer a biannual review of credentialing progress toward CBITS and/or BB Certification. CHDI is a non-profit agency whose mission is to improve the health and mental health of all children in Connecticut through model development, program implementation, quality assurance, and improved collaboration across child-serving systems.

Background

CBITS implementation began in Spring 2015 with two school-based health centers in Bridgeport, CT. Beginning in July 2015, dissemination of CBITS expanded to include the New Haven, New London, and Stamford school districts. In July 2016, CBITS expanded to the East Hartford, Bristol, Hartford, Norwalk, and Enfield school districts again through a state procurement process. In September 2016, most existing CBITS providers began to implement BB. Currently, we are focused on expanding our reach to any district within the state of CT.

Goals

The overarching goals of the CBITS/BB Coordinating Center are to:

- Improve **access** to CBITS/BB for Connecticut children suffering from trauma
- Achieve high **quality** implementation of CBITS/BB
- Demonstrate improved **child outcomes** for children receiving CBITS/BB

Coordinating Center Activities

The Coordinating Center provides support for implementation, sustainability, and quality assurance of CBITS/BB programs across the state through a number of activities. Remember, the following activities are provided to you ***at no cost***:

- 1. Readiness Assessment and Selection.** The Coordinating Center works with providers and schools interested in offering CBITS/BB through an initial assessment process to determine readiness and capacity to provide CBITS/BB. The Coordinating Center assists with putting implementation supports into place to improve the likelihood of a successful and sustained implementation, including building a team, developing partnerships with schools, building capacity for use of data, and providing resources and leadership to support the team.
- 2. Contracting.** CHDI develops a contract with each CBITS agency or school district which outlines responsibilities for both parties, including availability of sustainability funding. A Data Use Agreement is also required; a standard agreement will be provided by CHDI.
- 3. Initial Training.** Initial implementation includes CBITS training, provided by National or State sanctioned CBITS trainers; CBITS training is typically two days. Training activities include clinical training on the CBITS model, experiential learning activities, as well as training on use of standardized assessment measures, data reporting, quality assurance, and other topics, as needed. BB training is typically one day, and it includes the same training activated as the CBITS training, the difference being that attendees receive a condensed experiential learning portion.
- 4. Clinical Consultation.** Following clinical training, clinicians participate in a series of clinical consultation calls with a CBITS/BB trainer for ongoing clinical support during initial implementation (typically 8 calls).
- 5. Fidelity Review.** Clinicians submit audio recordings for all ten sessions of the first CBITS/BB group they run after attending a training. Sanctioned National or State trainers randomly review two of these submissions, and provide written feedback about fidelity to clinicians. Audio recordings are uploaded to a secure server.
- 6. Implementation Consultation.** Coordinating Center staff provide site-specific consultation, quality assurance, and technical assistance throughout implementation. This consultation is via phone and in-person site visits. The amount and type of consultation provided is generally based upon the implementation phase, current progress, and provider or district needs. Typically, consultation is more frequent during the initial stages of implementation.

- 7. Data Reporting.** The Coordinating Center manages CBITS/BB data systems that providers use to enter implementation and outcome data. Data requirements are developed to be as minimal as possible to promote high-quality treatment and to provide information for quality assurance. The Coordinating Center provides training and ongoing support on use of the data systems and provides monthly reports to all clinicians and agencies about their provision of CBITS/BB. These reports are used for multiple purposes: quality improvement, credentialing, evaluation, and sustainability funding disbursement.
- 8. Certification.** The Coordinating Center has developed a statewide CBITS/BB Certification system intended to support clinicians to become credentialed as a Connecticut CBITS/BB Certified Clinician. Certification is intended to promote high-quality treatment by recognizing staff that complete basic requirements for implementation of CBITS/BB, including training and delivery of CBITS/BB. Additional detail on this process is available in our CBITS/BB Certification documents.
- 9. Annual Conference.** The Coordinating Center plans and hosts an annual evidence-based practice conference each Spring that is free to all providers in the Connecticut CBITS/BB Network. Connecticut EBP providers and national EBP trainers facilitate workshops throughout the day, and Initiative members are always encouraged to use this venue as a way to showcase the work they have been doing with CBITS and/or BB.
- 10. Financing & Sustainability Funds.** The Coordinating Center will administer CBITS/BB performance-based sustainability funds to provider agencies. These funds are intended to partially offset the costs associated with providing an evidence-based treatment. The statewide pool of sustainability funds is shared based on provider performance. The way that performance is measured is subject to change over time.
- 11. Train-the-Trainer.** Opportunities to have staff trained as Site CBITS/BB Trainers are also available. Staff who successfully complete the Train-The-Trainer (TOT) program can provide CBITS/BB training and consultation in their agency and for other agencies that are a part of the CT CBITS Initiative network of providers. TOTs will also be offered at least one opportunity per year to come together and discuss changes to presentation slides and curricula. More information can be found within our TSA Trainer Guidelines document.
- 12. Senior Leader Meetings.** The Coordinating Center and DCF host quarterly EBP Senior Leader meetings with agency leaders to discuss implementation and systemic or organizational concerns related to CBITS, BB, and other EBPs. This is a great opportunity to discuss barriers, solutions, and innovations with other participating providers throughout the state.
- 13. Learning Sessions.** Clinicians, supervisors, and senior leaders who are part of your CBITS team will be invited to participate in optional learning sessions. These gatherings will be offered multiple times per year. They are an opportunity for module-focused skill-building on CBITS components, implementation strategies, and sharing innovations with teams from across the state that may be implementing groups in similar environments (schools, SHBCs, OPCCs, EDTs...). While not mandatory, it is highly recommended that team leadership encourage clinicians to attend these sessions, as they also provide

space to reflect on progress, reconnect with self-care priorities, and develop new insights into trauma treatment.

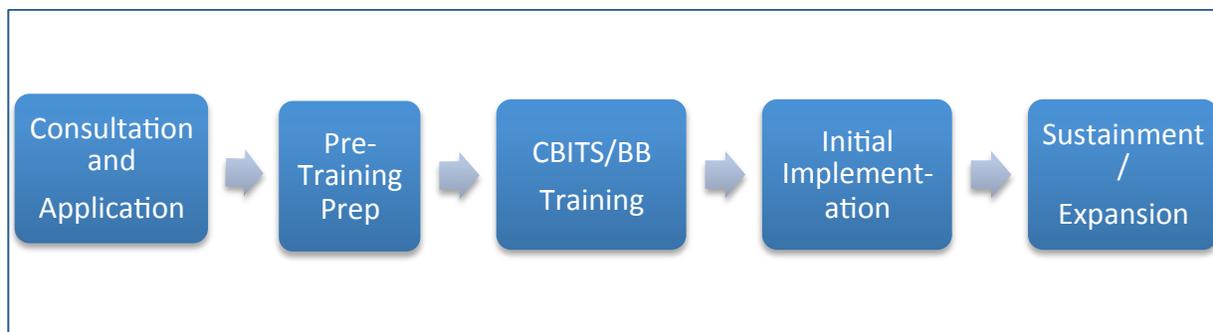
Assessments & Data

Successful implementation requires use of data for clinical purposes, quality improvement, and evaluation. Standardized assessment measures are used to screen children for appropriateness for CBITS, determining clinical needs, and to monitor progress after completing the group. Data from these assessments are also used to determine sustainability funding for agencies/schools based on performance. The following assessments are currently used and required for CBITS implementation:

- Trauma Exposure Checklist (TEC): 17 item measure of exposure to potentially traumatic events (youth completed)
- Child Posttraumatic Stress Scale (CPSS): 17 item measure of PTSD symptoms (youth completed; pre- and post-group)
- Ohio Scales: 40 item measure of problem behaviors and overall functioning (youth completed; pre- and post-group)
- Youth Services Survey for Families (YSS-F): 26 items measuring treatment satisfaction (parent completed; post-group only)

On a monthly basis, each provider furnishes de-identified aggregated screening data. However, child level data collected by the provider/school staff and are entered into EBP Tracker, a secure, statewide database for child behavioral health EBPs. Names, school ID number, and other identifiers are not collected in EBP Tracker. Under HIPAA, the data collected are considered a Limited Data Set. The data sets are available to designated team members, and can be exported easily for further analysis. CHDI maintains a contract and Data Use Agreement with each provider/school in order to ensure all data is protected.

What Steps Does It Take To Become a CBITS Initiative Provider?



The Coordinating Center has developed activities designed to prepare individual clinicians and provider/district teams for implementing CBITS/BB. Site visits and consultation calls will be

provided by the Coordinating Center. Agencies and individuals must complete the following requirements prior to attending the CBITS/BB clinical training. Use the CBITS/BB Readiness Assessment Checklist and the Team Implementation documents to guide your process.

Agency teams and individuals who are interested in joining the CBITS/BB network must complete the following requirements prior to registering anyone for training:

Point Person	Task
Senior Leader	Complete and submit the Initial Application to Participate to the Connecticut CBITS/BB Coordinating Center (available in this packet).
Senior Leader and Coordinator Senior Leader and Coordinator (cont.)	Identify your CBITS/BB team (agency) on the CBITS Team Members document that is found within the Application to Participate. <ol style="list-style-type: none"> 1. Clinicians (preferably at least 2) with advanced degrees (Master’s, Ph.D., etc.) that can run at least two CBITS/BB groups per year with a minimum of three children in each. 2. At least one supervisor who will supervise clinicians with their CBITS/BB cases and can run at least 1 CBITS/BB group per year. 3. A Site Coordinator (usually a clinician or the team supervisor) that facilitates team implementation meetings, monitors data entry, and act as the liaison to CHDI. Typically, persons in this role help schedule site visits and ensure timely data entry into EBP Tracker (by individual clinicians or your designated data entry person, whichever you decide). 4. A Senior Leader (typically an administrator) who oversees the program area that will be implementing CBITS/BB, and who has the authority to make systemic changes necessary to support their team and to develop partnerships with schools. Senior Leaders do not have any obligation to attend training or facilitate groups.
Senior Leader	Have a signed MOU/MOA/letter of commitment between the provider and the school district to allow for trauma screening and CBITS/BB to be implemented within the school(s), sent to the Coordinating Center prior to training. Templates are available on our website (see below for link).
Coordinator	Establish when you will hold weekly team meetings that begin prior to the clinical training. These meetings tend to focus on addressing implementation concerns, the therapeutic use of CBITS/BB assessments, CBITS/BB clinical skills, review of referrals or children, outreach to parents, and self-care.
Senior Leader and Coordinator	Develop implementation plan, including procedures for triage and referral to the CBITS/BB team, screening, and logistics related to

	groups (such as space, time, etc). Screening tools are provided by the Coordinating Center.
Senior Leader and Coordinator	Review post-training requirements with clinicians so that they are fully aware of the expectations that CHDI Coordinating Center has for clinicians and providers within the CBITS Initiative. (see below for specific details related to these requirements)

Once these tasks are complete and you submit your application, the CBITS Initiative Project Coordinator will review it and follow up with you about any additional questions. If your application is accepted and you are asked to join our provider network, the Project Coordinator will schedule a meeting with the Senior Leader and Coordinator to discuss the pre-training activities. Once completed, clinicians may register for the next available training. Please be aware, we expect clinicians to be informed of the following post-training requirements:

- Complete an EBP Tracker Enrollment Form so as to be registered on your team roster.
- Ensure that each member will attend the full 2 day CBITS clinical training (1 day for BB)
- Participate in post-training bimonthly consultation calls (75% attendance)
- Commit to use all client assessment and progress measures and enter data into the EBP Tracker database within the required timeframes
- Provide monthly consent/screening data via a brief online survey.
- Upload audio recordings of their first CBITS/BB group (all 10 sessions) to a secure website, to be reviewed and rated by CBITS/BB trainers. Staff trained in both models will need to upload recordings for each model (10 sessions CBITS; 10 sessions BB).
- Pursue Connecticut CBITS/BB Certification for each clinician on the team

CBITS/BB Resources

Here are some resources that will be helpful to you as you begin your practice of CBITS/BB:

1. <http://cbitsprogram.org>
2. <http://bouncebackprogram.org>
3. <https://www.chdi.org/our-work/mental-health/evidence-based-practices/ebp-provider-resources/>

For further information, or to begin the application process, please contact:

Diana Perry, PsyD
Project Coordinator
dperry@uchc.edu
Connecticut CBITS/BB Coordinating Center
Child Health and Development Institute (CHDI)
860 679-3327; FAX 860 679-1521

CONNECTICUT CBITS/BB COORDINATING CENTER

APPLICATION TO PARTICIPATE

Date of Application: _____

Provider/School Name: _____

Person completing this application:

Name Role Email

Provider Type: Behavioral Health Provider Health Care Provider
 School Private Practice SBHC Other: _____

Provider Administration Address: Please check the box if this is the Primary Site

Street: _____

City: _____ State: _____ Zip code: _____

Main Office Telephone #: _____ Main Office Fax #: _____

Website URL: _____

Additional Provider Locations: *(agency locations where CBITS/BB will be provided)*

Street Address: _____

City: _____ State: _____ Zip code: _____

Main Office Telephone #: _____ Main Office Fax #: _____

Please identify the provider location where CBITS/BB referrals will be received:

Street Address: _____ Main Phone: _____

City: _____ State: _____ Zip code: _____

School Contact Person (If applicant is not a school, who is the main point of contact at the school for CBITS?)

First Name: _____ Last Name: _____

Title/Role: _____

Email: _____ Telephone number: _____

Program Setting(s) by site where CBITS/BB will be implemented: *(Please print city of site below)*

School (not SBHC): _____

School Based Health Center (SBHC): _____

Outpatient Mental Health Clinic: _____

Private Practice: _____

Residential Facility: _____

EDT: _____

Other, specify: _____

Approximately how many children are in the entire school/agency where CBITS/BB will be offered:

Grade K to 5th (age 5 – 10): _____ Grade 6th to 12th (age 11+): _____

If applicant is not a school or school district, please describe your current relationship with the school(s) you would like to deliver CBITS in, and the extent of current discussions and agreements with the school(s) to participate:

Please describe how children will be screened for eligibility in your school/program? For example, will screening be done schoolwide, specific grades/classes, or for targeted populations? Is parental consent required, and if so how will it be obtained? Screening requires the use of the brief Trauma Exposure Checklist (TEC) and the Child Posttraumatic Stress Scale (CPSS).

Are there currently other EBPs offered in this school/program? If so, list/describe

What do you need to address, and what challenges do you anticipate, prior to beginning to offer CBITS?

CBITS/BB TEAM MEMBERS

CBITS/BB Team Senior Leader (Person responsible for entire CBITS/BB implementation, must have authority to provide resources to the CBITS/BB team, oversee all team members, external partnerships, etc. Not required to be trained in or deliver CBITS/BB).

First Name: _____ Last Name: _____

Role in Organization/ EBP experience: _____

Email: _____ Telephone number: _____

CEO Information (for contracting purposes only; not expected to participate in day-to-day activities):

CEO First Name: _____ CEO Last Name: _____

CEO Title: _____ CEO Suffix: _____

CEO Office Phone: _____ CEO Email: _____

The Senior Leader and CEO are focused on supporting the implementation in a more global way (finalizing consent forms or other documentation, executing contracts, obtaining agreements with schools/other stakeholders, implementing policy and protocol changes than enable successful implementation, etc).

Additional Team Members: The following members are more hands-on re: implementation of CBITs or Bounce Back!. The team members below tend to have closer connection to daily implementation, thus will provide more detailed information to the Coordinating Center as requested. Also, these members are responsible for data entry and other requirements outlined in this packet.

Team Role	Name, & Agency Role	FT, PT, or Per Diem?	Contact information (email & phone)	EBP Experience? (list)
Coordinator: Person that will facilitate/manage implementation, monitor data entry timeliness, and communicate with CHDI or Agency Senior Leader. No group requirement				
Supervisor(s): Who will provide clinical supervision of team clinicians; must run 1 group per year.				
Clinicians: With advanced degrees that can run two groups per year. Please indicate if full time, part time or per diem				

(*please note: if you would like an employee who has experience with other EBPs to join your Team, they must have finished consultation calls for their most recent EBP)**

Connecticut CBITS/BB Coordinating Center
Readiness Assessment Checklist

- All team members have read and understand this Welcome Packet
- Organization/school will contract with CHDI, including Data Use Agreement
- MOU/MOA/letter of commitment with school district for trauma screening and CBITS/BB delivery is included (if applicant is not a school) or will be provided prior to training
- All clinicians/supervisors will attend the full training and all consultation calls
- Required data will be entered, including screening and child assessment data
- Application complete including identification of all team members

We agree that the following must be completed prior to staff attending CBITS/BB Training:

- CBITS/BB implementation team meeting scheduled weekly for all team members
- Training on required data/assessments including EBP Tracker will be completed with CHDI
- Pre-implementation site visit with full team will be completed
- Process for recording and uploading audio recordings for fidelity will be complete
- Process for screening children in program/school for trauma will be approved and instituted prior to CBITS training
- Supervision plan will be developed for clinical supervision for CBITS clinicians

I have read and understand this Welcome Packet, and my agency/school would like to apply for CBITS/BB implementation support.

Name	Title	Date
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Please submit the completed application (preferably email) to:

Diana Perry, PsyD
Project Coordinator

dperry@uchc.edu

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Child Health and Development Institute (CHDI)
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