

Trauma-Focused Cognitive Behavioral Therapy Coordinating Center Program Report Card SFY 2019 Q1 (7/1/2018-9/30/2018)

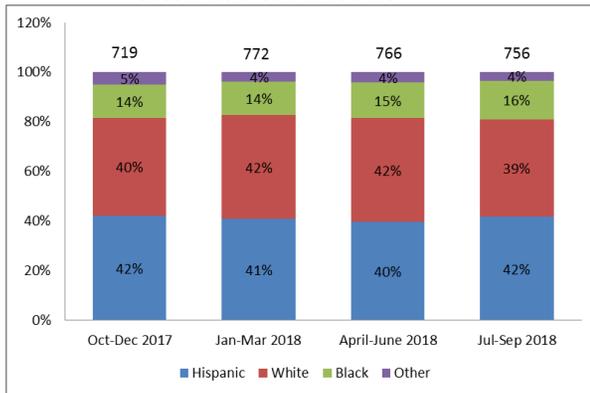
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments, and ready for future success. Improve mental health outpatient services for Connecticut children by implementing evidence-based treatment for children who have experienced trauma such as physical abuse, 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 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.

Year	DCF Funding	CSSD Funding	Total Funding
Fiscal Year 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

Who did we serve?



*White and Black categories are specifically non-Hispanic.

Story behind the baseline: In this quarter there were 44 agencies providing TF-CBT, 12 of the current agencies are private practices. Combined, these agencies served 756 children and families in the 1st quarter of fiscal year 2019. 20 TF-CBT clinicians received clinical training in this quarter.

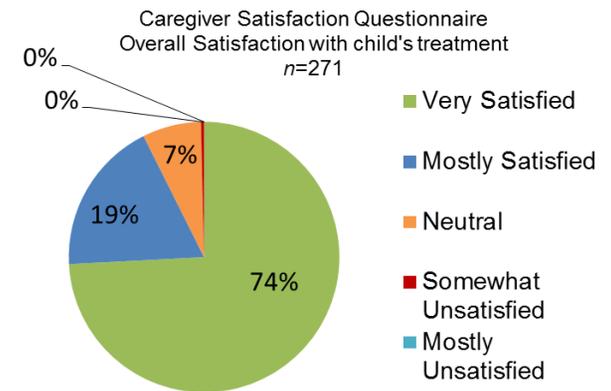
Trend ▲ Yes

Who did we serve?

In this quarter, 36% of children receiving TF-CBT were being served by DCF. There were significant differences in race/ethnicity between the two groups. The DCF-involved group had a lower percentage of Black Non-Hispanic children (20% vs. 13%), and a lower percentage of Hispanic children (39% vs. 43%), a lower % of White Non-Hispanic Children (37% vs 41%). For the children served in this quarter, females had significantly higher scores on measures of depression symptoms and PTSD symptoms at intake. 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?



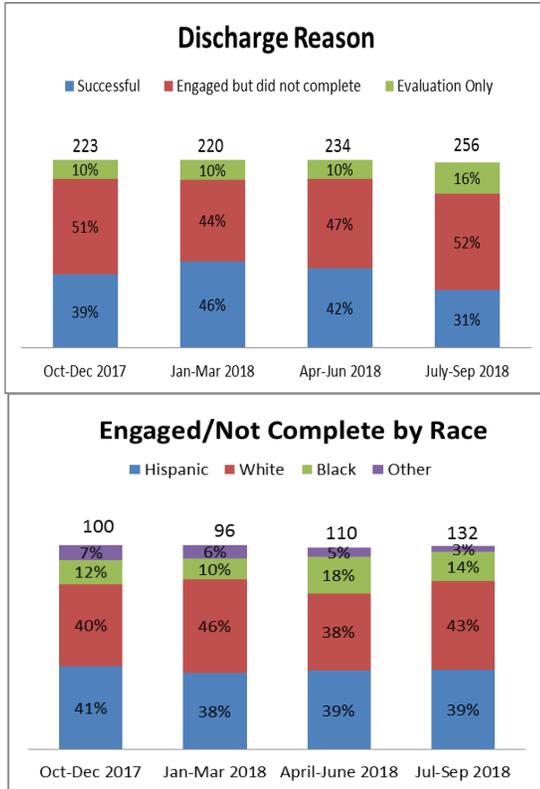
Story behind the baseline:

Caregiver satisfaction with TF-CBT treatment is high. 93% report being mostly or very satisfied in response to the question "Overall, I am satisfied with my child's treatment."

Trend ▲ Yes

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How well did we serve?

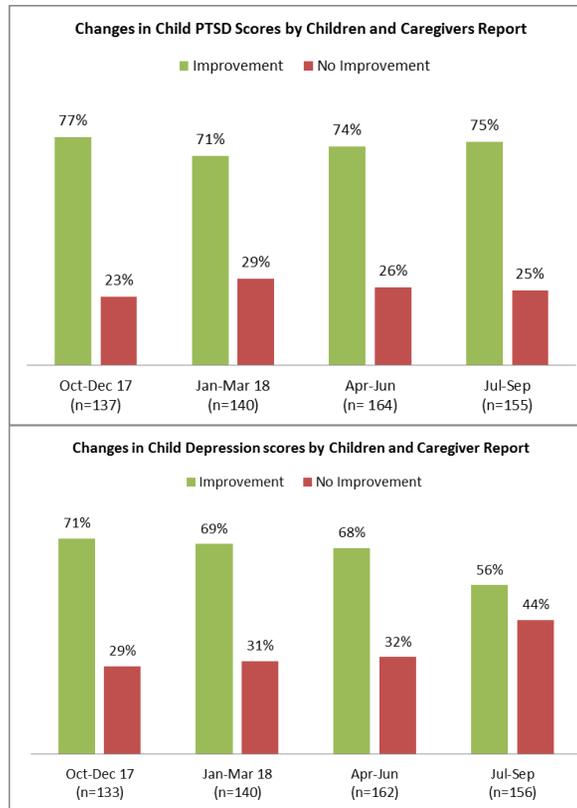


Story behind the baseline:

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 successful discharge across racial/ethnic groups with 35% of Hispanic children, who discharged this quarter, discharging successfully, 47% white, 17% black and 1% other. 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. Seventy-five percent had improvement as measured by the child and/or caregiver report. There were also significant reductions in child depressive symptoms for both child and caregiver reports on the SMFQ. On average 56% 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.

Trend ▲ Yes

Actions to Turn the Curve:

- Provide training around the new assessment schedule. Include consultation around selection of appropriate measures.

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.
- Developing reports to help supervisors track which measures are being selected.
- Working with developers to make sure EBP Tracker is using appropriate prompts for clinicians around measure usage.