

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back Program Report Card SFY 2019 Q3 (1/1/2019 – 03/31/2019)

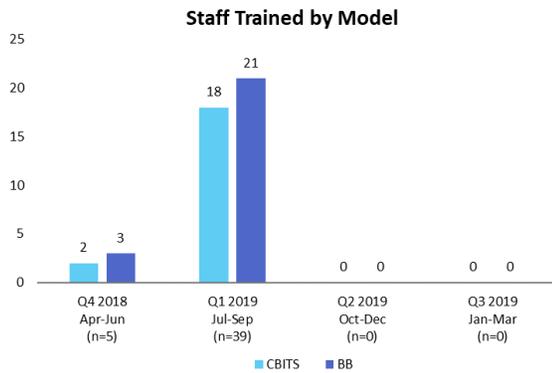
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success. Improve school-based mental health services for Connecticut children by providing trauma-focused, evidence-based treatment that is adaptive, effective and appropriate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

Contribution to the Result: 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.

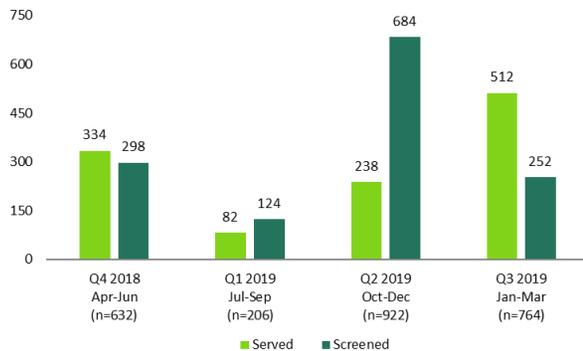
Program Funding	State Funding	Total Funding
SFY 2018-2022	\$2,605,820.00	\$2,605,820.00

Partners: Child Health and Development Institute of Connecticut (CHDI), DCF, 22 Community Provider Agencies/School districts

Who did we serve?



Children Served & Screened

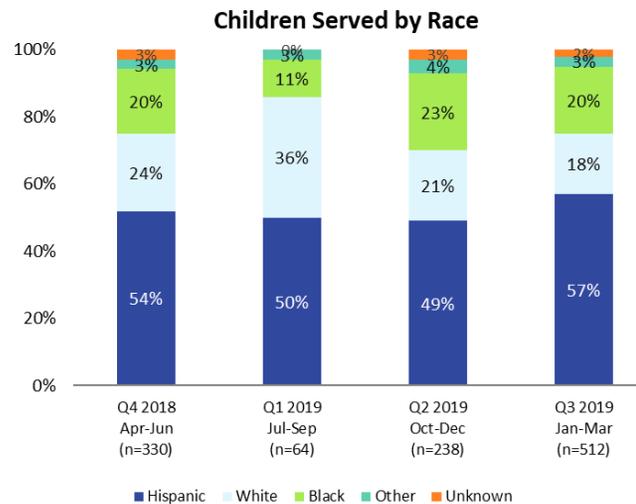


Story behind the baseline: Almost twice as many children were served this quarter (512) compared to Q3FY2018 (280).

Trend ▲ Yes

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

Who did we serve?

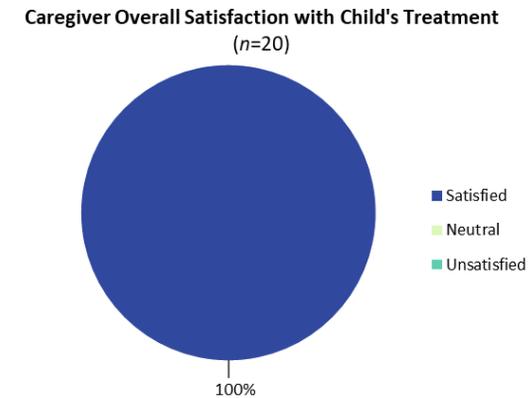


*White, Black, and 'Other' categories are specifically non-Hispanic.

Story behind the baseline: A majority of children served by CBITS/BB are Hispanic. Males and females were served at similar rates (55% female, 45% male). The majority of children served were between the ages of 6 and 15 (88%). 23% of children receiving CBITS were being served by DCF. For the children served in this quarter, females had significantly higher scores on measures of PTSD symptoms at intake. There were no significant differences in PTSD symptoms at baseline between racial and ethnic groups.

Trend ◀▶ Flat/ No Trend

How well did we serve?



*Ohio Satisfaction (n = 20) does not have a neutral option.

Story behind the baseline:

Caregiver satisfaction with CBITS/BB treatment is high. 100% report being mostly or very satisfied with the services their child has received.

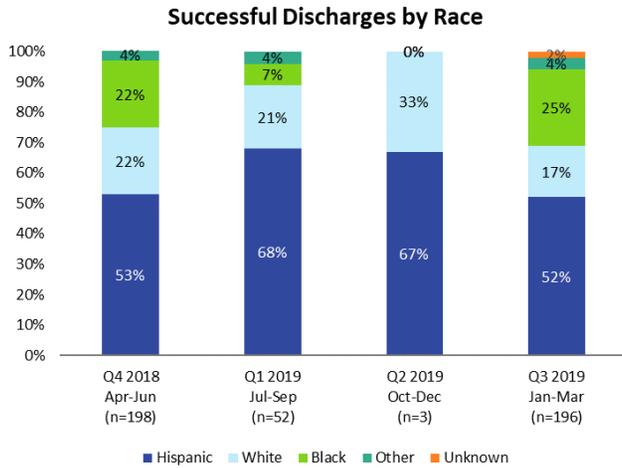
Trend: ▲ Yes

Client Engagement

During Q3 of FY2019 clinicians conducted 494 total group sessions, 230 child sessions, and 109 caregiver sessions.

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How well did we serve?



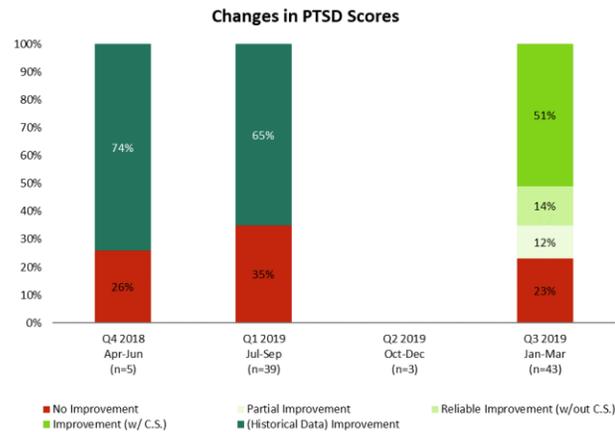
■ Hispanic ■ White ■ Black ■ Other ■ Unknown
*White, Black, and 'Other' categories are specifically non-Hispanic.

Story behind the baseline: 91% of children discharged in Q3 were discharged successfully. This is much higher than the previous quarter, however there were many more children discharged from treatment in Q3.

There was no significant difference in successful discharge rates across racial/ethnic groups.

Trend: ▲ Yes

Is anyone better off?



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. In Q3, three quarters of the children who received CBITS showed reliable or partial improvement, with about half showing reliable improvement with clinical significance.

Beginning in Q3 2019, the breakdown for RCI was changed to include reliable improvement with and without clinical significance. All other quarters reflect reliable/partial improvement and no improvement only.

There were no significant differences between racial groups on PTSD symptom reduction, which is consistent with findings in the previous quarter.

Trend: ▲ Yes

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.

Data Development Agenda

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