

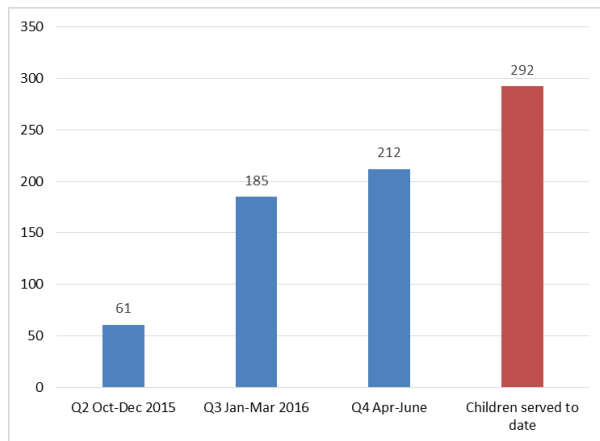
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Program Report Card SFY 2016 Q4 (4/1/2016-6/1/2016)

Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

Contribution to Result: 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) is an evidence-based, trauma-focused school-based treatment for children. DCF has partnered with local provider agencies and schools, school-based health centers, and CBITS trainers to disseminate CBITS across the state. CBITS is available in four school districts, and will be expanding to 5 additional school districts in July 2016.

DCF Funding SFY 2016	\$703,000
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How much did we do?

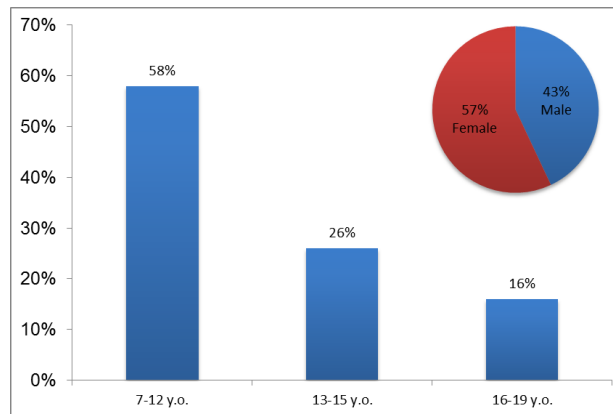


Story behind the baseline: CBITS began in Spring 2015 with 1 agency providing CBITS and 4 children served. At the close of Q4 (Apr-Jun 2016) there were 5 agencies providing CBITS and 21 active CBITS clinicians who served 212 children and families. All 212 children served in Q4 were children who were ending CBITS during the quarter*.

*Some children were seen over multiple quarters

Trend ▲ Yes

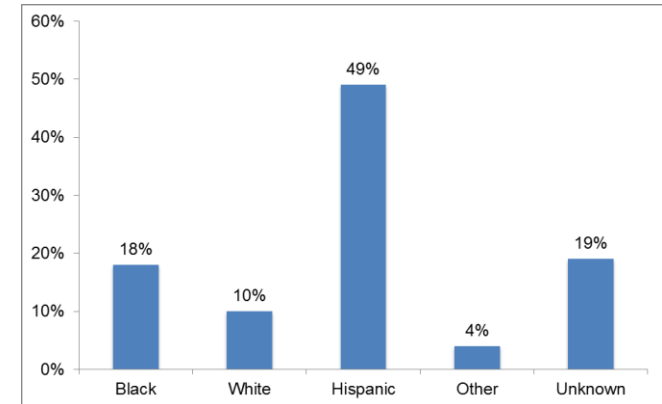
How much did we do?



Story behind the baseline: The intended age range for CBITS is 7-18 years old. In Q4, the majority of children receiving CBITS were between the ages of 7 and 12. More females than males were served in Q4.

Trend: No Trend

How much did we do?

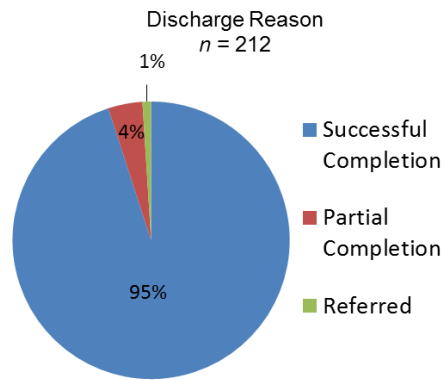


Story behind the baseline: Children served by CBITS are ethnically and racially diverse. The proportion of African-American and Hispanic children served by CBITS is significantly higher than the percentage of these children in the general population in Connecticut.

Trend: No Trend

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How well did we do it?

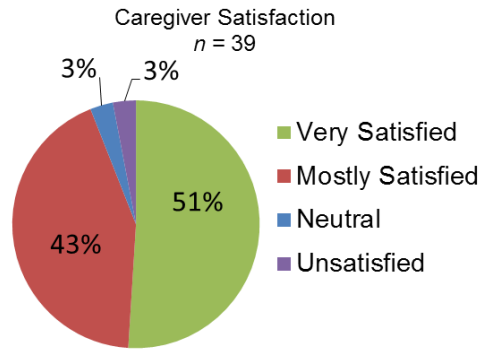


Story behind the baseline: Successful completion is defined by the clinician's overall assessment of the child's progress at discharge.

Children completed CBITS successfully at high rates. Some children were referred to other services (e.g. higher level of care) or only partially completed and discontinued services for another reason (e.g. family moved, family dropped out) after treatment began.

Trend ▲ Yes

How well did we do it?

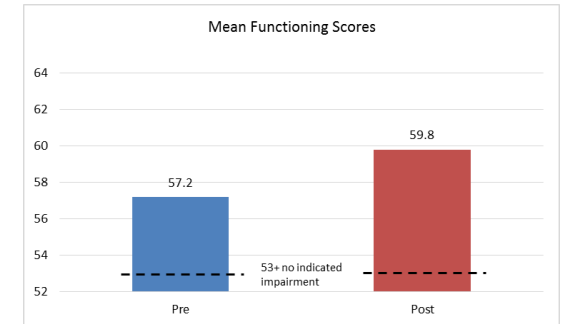
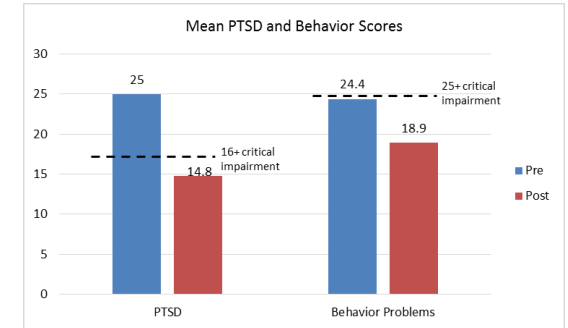


Story behind the baseline:

Caregiver satisfaction was measured using the Youth Services Survey for Families (Y-SSF). Caregiver satisfaction with CBITS treatment was high as indicated by responses to "Overall, I am satisfied with the services my child received".

Trend: No Trend

Is anyone better off?



Story behind the baseline: There were 197 children who completed the CPSS and 176 children who completed the Ohio Scales at both intake and discharge. Significant reductions in symptoms were seen for PTSD (as measured by the Child PTSD Symptom Scale) and Problem Severity (as measured by the Ohio Scales), and an overall increase was seen for Child Functioning (Ohio Scales) for cases that were assessed at both intake and discharge. There was a 41% reduction in PTSD symptoms, a 23% reduction in behavior problems, and a 5% improvement in functioning from pre to post assessment, indicating significant improvements.

Trend ▲ Yes