

# April-June 2016 Program Report Card: Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Coordinating Center

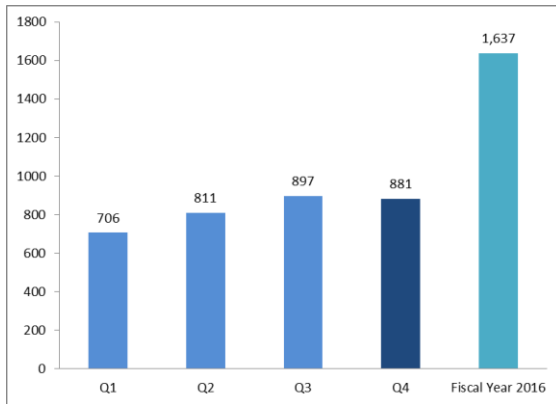
*Quality of Life Result:* All Connecticut children will be healthy, safe, living in stable environments, and ready for future success.

*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 financial incentives to provider agencies, and credentialing of clinicians.

Year	DCF Funding	CSSD Funding	Total Funding
Fiscal Year 2016	1,000,000.00	600,000.00	1,600,000.00

*Partners:* Child Health and Development Institute of Connecticut (CHDI), DCF, CSSD, 35 Community Provider Agencies

## How much did we do?



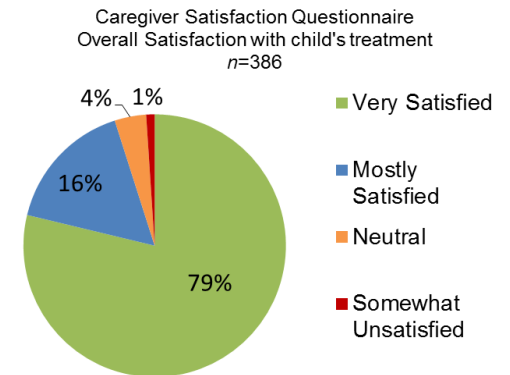
**Story behind the baseline:** In this quarter there were 38 agencies providing TF-CBT. Combined, these agencies served 881 children and families this quarter. 1,637 children and families were served this fiscal year. Twenty-nine percent of children served were DCF-involved. A total of 89 clinicians were trained this fiscal year.

**Trend:** ▲ Yes

## How much did we do?

In the period of April to June 2016, less than 1% were under 3 y.o. 8% were 3-6 y.o., 40% were 7-12 y.o., 27% were 13-15 y.o., and 26% were 16-19 y.o. These numbers are consistent with the age breakdown in previous quarters. The children served this quarter were 37% Hispanic. Of the remaining, 72% were White Non-Hispanic, 23% Black Non-Hispanic, and 5% Other Non-Hispanic. The children served were 59% female and 41% male. For the children served in this quarter, females had significantly higher scores on measures of both depression and PTSD symptoms at intake. There were no differences in symptoms at baseline between racial and ethnic groups.

## How well did we do it?

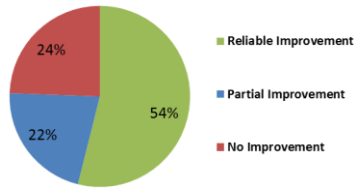


**Story behind the baseline:** Caregiver satisfaction with TF-CBT treatment is high. 95% report being mostly or very satisfied in response to the question "Overall, I am satisfied with my child's treatment", which is consistent with the previous quarter (94%).

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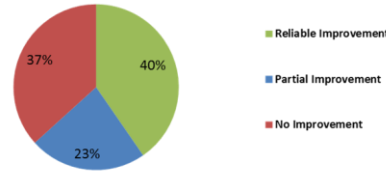
## Is anyone better off?

Changes in Child PTSD Scores by Children and Caregivers Report  
n = 217



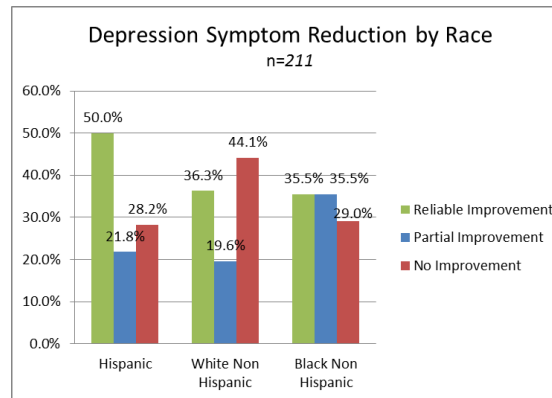
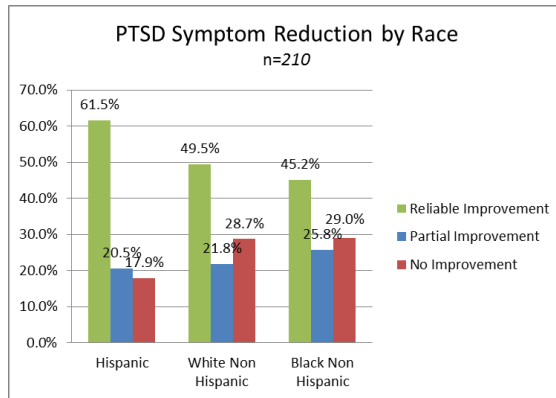
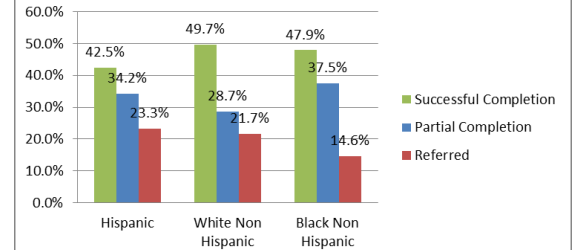
## Is anyone better off?

Changes in Child Depression Scores by Children and Caregivers Report  
N=218



## How well did we do it?

Discharge Reason by Race  
n=323



### Story behind the baseline:

In the period April to June 2016, 323 children concluded their TF-CBT treatment. 46% successfully completed, 33% partially completed and 21% were referred to other care. For children who were referred, 43% were referred to a higher level of care, 43% were referred to a non-EBP within the agency, 7% were referred to a different EBP within the agency, and 7% were referred to a different agency. There were no differences between racial groups on reason for discharge.

### Story behind the baseline:

Overall, significant reductions in child PTSD symptoms were seen for both the caregiver and child reports on the CPSS. Over half of children (54%) had reliable improvement as measured by the child and/or caregiver report; this is up slightly from the previous quarter, which had 51% meeting reliable improvement. There were no significant differences between racial groups in this quarter.

**Trend ▲ Yes**

### Story behind the baseline:

Overall, significant reductions in child depressive symptoms were seen for both child and caregiver reports on the SMFQ. On average 40% had reliable improvement and 23% had partial improvement as measured by the caregiver and/or child reports. These numbers were similar to the previous quarter (which had 43% 22%, respectively). The differences between racial groups displayed in the graph above tended toward but failed to reach statistical significance. These differences will continue to be examined and longer term data that includes more cases might make this relationship clearer.

**Trend ▲ Yes**

**Trend: ▲ Yes**

### Data Development Agenda:

- Continue to examine data by racial and ethnic breakdowns to understand how groups may differ in initial symptom severity, symptom improvement, and other outcomes
- Pursue improvement to EBP Tracker, the online data collection system, to allow providers to enter more efficiently and give clinicians easier access to data on treatment use and outcomes.