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
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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

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**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

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**How well did we do it?**

Caregiver Satisfaction Questionnaire Overall Satisfaction with child's treatment n=386

- Very Satisfied: 79%
- Mostly Satisfied: 16%
- Neutral: 1%
- Somewhat Unsatisfied: 4%
- Unsatisfied: 3%

**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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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.
Is anyone better off?

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

- Reliable Improvement: 24%
- Partial Improvement: 22%
- No Improvement: 54%

Is anyone better off?

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

- Reliable Improvement: 31%
- Partial Improvement: 40%
- No Improvement: 23%

How well did we do it?

Discharge Reason by Race
n = 323

- Successful Completion: 42.5%
- Partial Completion: 49.7%
- Referred: 47.9%

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.

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.