**Pennsylvania Commission on Crime and Delinquency (PCCD)**

**Grantee Outcomes Report Template**

**Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**

As a requirement of funding under PCCD’s Research-based Programs Initiative, all grantees are **required to submit a cumulative outcomes report. Grantees should submit this report in the 4th quarter of the 2nd year of funding.**

The purpose of the Outcomes Report is to convey the experience of the grantee in implementing the program, and to summarize the program’s reach, implementation quality, and impact. Preparing the Outcomes Report is intended to be a reflective process and can also serve as a valuable tool to the grantee for communicating the program’s impact to local stakeholders.

**It is recommended that prior to completing the report, grantees print copies of their grant application, quarterly E-grants reports, excel spreadsheet PM reporting tool(s), and other program data. These resources should be used to respond in narrative format to all of the outcome report questions. Please answer using complete sentences.**

**Please only report on data that is reflective of participants and services funded by PCCD. If multiple grants have been funded, separate outcome reports are required for each grant.**

Please contact **your assigned EPIS Implementation Specialist** by phone at 814-863-2568 if assistance is needed. **You are strongly encouraged to submit your draft report to your assigned EPIS Implementation Specialist for feedback prior to submitting the report to PCCD**. The final report should be attached in E-grants with your quarterly report in the 4th quarter of year 2.

The red text guidance should be deleted prior to finalizing this report for submission. Pages 2-3 are intended to be used for sharing of this report with community stakeholders. Please insert responses in areas highlighted in yellow. To edit the graphs with your program specific data, left click on the mouse on the chart, click on design in the tool bar, and then click on edit data. An Excel sheet will pop-up. Enter data in the highlighted cells. Hover over the cells with the mouse to read comment boxes with instructions.

Person Completing the Report (name, phone, & email):

Grant ID #:

Grantee’s Name:

Evidence-based Program Implemented:

Grant Start Date:

Report Completion Date:

Geographic Location (County/School(s) Served):

Describe any major changes to the project plan from what was originally proposed, and why those changes were necessary. If a Project Modification Request (PMR) was submitted, please explain. You may simply copy and paste the description and justification from the PMR from E-grants as your description here.

At the time of writing a grant application, it is impossible to foresee all the influences that may lead to implementation barriers and challenges. These challenges, such as delays in hiring, training or difficulty recruiting, can lead to changes to the envisioned project plan. Discuss challenges you encountered and any resulting changes to your originally proposed implementation.

INSERT AGENCY LOGO

**TF-CBT OUTCOMES SUMMARY**

*In {INSERT YEAR}, funds were awarded from the Pennsylvania Commission on Crime and Delinquency for two years of program implementation. This report summarizes the results through {INSERT GRANT START DATE – INSERT GRANT END DATE}*

Trauma-Focused Cognitive Behavioral Therapy, or TF-CBT, is an evidence-based therapy model for children negatively impacted by trauma. It is a short-term model in which trained therapists guide youth through specific treatment components to build new coping skills, then process the trauma in a direct and healthy way. Research has shown that TF-CBT is effective in reducing youth mental health symptoms and decreasing parent distress about the trauma, as well as improving parenting skills and increasing caregiver support to the youth.

The Pennsylvania Commission on Crime and Delinquency provided funds to support TF-CBT training and implementation in {insert County name} in {insert # of schools/ districts}.

**Description of Population Served:**

**Population Characteristics:** Race, Gender Ratio, Socioeconomic status. Please describe any information you have regarding the target population of your youth.

**Description of the Targeted Risk and Protective Factors:**

**Targeted Risk Factors:** TF-CBT addresses posttraumatic symptoms such as depression, anxiety, PTSD, and behavior problems which, if left untreated, can lead to:

* Increased risk of substance abuse
* Increased risk of juvenile justice system involvement
* Increased risk of school drop out
* Long-term mental and physical health issues



**Model Fidelity:** To promote high quality implementation, PCCD recommends all TF-CBT clinicians pursue certification. These individuals track delivery of the nine model components using the Brief Practice Checklist (BPC).

To date, XXX therapists from our program have attended the training and XX (YY%) have successfully completed the TF-CBT consultation with a TF-CBT expert. **We currently have XX TF-CBT trained therapists providing TF-CBT.**

**Why is Model Fidelity important?**

Evidence-based programs are proven to get high quality outcomes for youth, families, and communities. However, these programs only predictably produce quality outcomes when they are implemented as they were designed by the researchers who developed them, with fidelity to the model.

**Areas of Strength:** Briefly describe the program strengths, observations and/or Fidelity Verification visit/consultation.

**Areas for Improvement:** Briefly describe any areas for improvement, observations, and/or Fidelity Verification visit/consultation. Describe how these areas have been addressed.

**COVID-19 Impact:** Briefly describe the impact the COVID-19 pandemic had on program implementation and/ or sustainability (if applicable).

**TF-CBT Outcomes Summary**

**TF-CBT Pre/Post Survey Administration:**  The data shown below was collected using the TF-CBT pre/post surveys. The surveys are completed by the youth during the first TF-CBT session/ intake and during the final session. The surveys measure changes in Post Traumatic Stress Disorder (PTSD) symptoms, avoidance behaviors, emotional symptoms, conduct problem, and re-experiencing the trauma.

PCCD projects utilize the Child Posttraumatic Symptom Scale (CPSS), a self-report tool, to assess youth ages 7 and up pre- and post-treatment.

**Total Number of Participants Reporting PTSD Symptom Reduction:** Of youth who completed TF-CBT, XX of XX moved from the clinical range of the CPSS to the non-clinical range, from pre- to post treatment.

**TF-CBT Youth Outcomes**

**What is the expected long-term impact of TF-CBT?**  The outcomes highlighted above reflect short-term participant changes. These changes are expected to lead to long-term outcomes similar to those demonstrated in Trauma Focused Cognitive Behavioral Therapy Research studies.

**Potential Long-Term Impacts of TF-CBT Shown in Research**

|  |  |
| --- | --- |
| * Decrease in child depression * Decrease in parent’s distress and improved parenting * Decrease in sexualized behaviors | * Improved ability to recognize and respond to abusive situations * Decreased anxiety * Improved social adjustment |

**What is the Cost Benefit of TFCBT?**  The Washington State Institute for Public Policy reports that for every dollar invested in TF-CBT there is a total benefit of $24,189 for a potential savings of $24,303 for every youth who participates. This data was retrieved from the Washington State Institute for Public Policy on August 24, 2021. For more information about the WISPP report and how these costs are calculated go to <http://www.wsipp.wa.gov/>.

**With XXX youth being served the savings to Pennsylvania is potentially $XXXXX.**

(this number will need to be calculated given the # of youth served by your organization – multiple $24, 303 X # of program participants)

**SECTION 1 – DESCRIPTION OF POPULATION SERVED**

1. Please explain if you are serving or expect to serve the number of participants targeted in your grant application (why or why not). Refer to the chart listing your original target and the total number served as well as any youth you plan to serve before the end of the grant.
2. If applicable, describe your recruitment and referral process for the program:

List your referral sources:

Explain any barriers to recruitment or referrals:

1. Please explain whether or not you implemented the program as designed and with the indicated dosage (i.e. hours of service, number of lessons delivered, number of mentoring hours, number of sessions outlined by the developer):

Referring to the chart of participant attendance, please provide an explanation for participants not receiving the full dosage:

**SECTION 2 - INDICATORS OF PROGRAM IMPACT**

|  |  |  |
| --- | --- | --- |
| **Total Number of Participants in Treatment:** | **Number of Participants Closed Who Did Not Completed:** | **Percentage of Participants Closed Who Completed:** |
|  |  |  |

1. Explain any challenges you encountered in collecting or analyzing survey data. Include an explanation for the percentage of participants not surveyed:
2. Explain any factors that you feel may have influenced the outcomes data results:
3. Indicate the baseline community level indicators that led to the selection of your program (i.e., PAYS data, child abuse rates, juvenile court or probation statistics, school dropout rates, etc.).

State your plan for tracking long-term change in community level indicators:

**SECTION 3 – INDICATORS OF IMPLEMENTATION QUALITY AND FIDELITY**

1. Explain anybarriers to the fidelity assessment process that were encountered and how you did or plan to overcome them:

*Note: Please include any changes made to the assessment process during the grant cycle in your response.*

1. Describe specific processes for providing assessment results or feedback to implementers to support continuous quality improvement: In addition to providing feedback to implementers following observations, did implementers have a chance to discuss program quality with each other?
2. Indicate any areas of strength in implementation quality or fidelity that were identified from reviewing your fidelity data or during the Quality Assurance Process: Were the strengths identified by the developer similar to your own “self-identified” strengths?
3. Indicate any challenges in implementation quality or fidelity that were identified when reviewing your fidelity data or during the Quality Assurance Process:

Explain any changes you made throughout the grant cycle to your implementation in response to the challenges identified:

**SECTION 4 - LESSONS LEARNED**

1. Describe anything you would have done differently during grant planning or implementation to improve the program’s coordination, delivery, or effectiveness:
2. What lessons have you learned that would benefit other communities who are considering implementing this program:
   1. Was there sufficient buy in from referral sources before implementation began?
   2. What type of support was garnered from the community?
   3. Is there anything related to training that was or could have been helpful?
   4. Did you assess whether youth and volunteers felt supported and satisfied with the program?
   5. Did you develop processes for collecting and monitoring dosage data?
   6. How did you communicate outcomes to your community stakeholders?
3. Please describe any ways in which you exceeded the expectations of the project as proposed or realized additional benefits for your community:

**SECTION 5 - PROGRAM SUSTAINABILITY**

1. Explain the specific planning steps have you taken to sustain the program beyond PCCD funding (e.g., detailing the budget, meeting with stakeholders, securing local investment, applying for additional grants):
2. If you have applied for or secured additional funding from any source to support the program, please list the source(s) and the status of any pending application(s):

***THANK YOU FOR YOUR TIME!***