NCTSN The National Child Traumatic Stress Network

Brief Services Utilization Report

07.01.2002 through 09.30.2005

Prepared by the NCCTS Data Core

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The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

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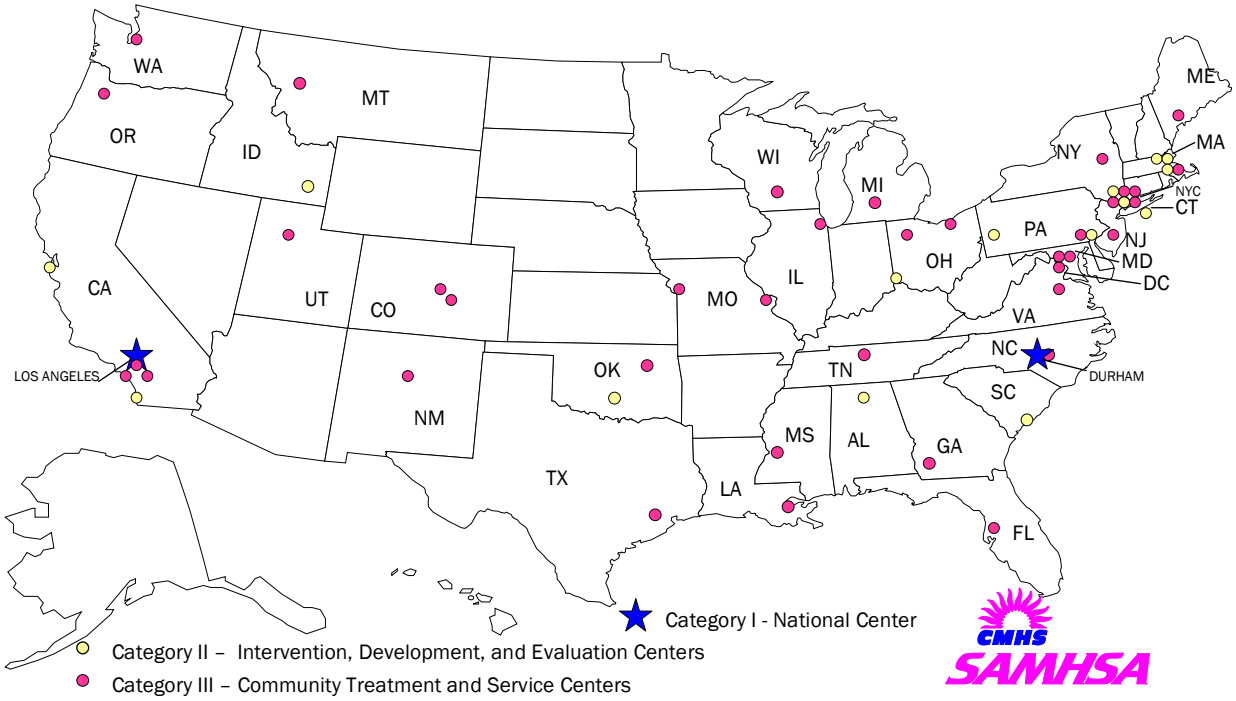
The mission of The National Child Traumatic Stress Network (NCTSN) is to develop and implement the first national initiative to improve access to services and raise the standard of care for traumatized children, adolescents, and their families. The NCTSN is a nationwide collaborative network of organizations involved in the evaluation, treatment, and support of children and their families impacted by traumatic stress. The Network includes three components: (1) the National Center for Child Traumatic Stress (NCCTS, Category I), (2) Intervention Development and Evaluation Centers (Category II), and (3) Community Treatment and Services Centers (Category III). The NCTSN currently comprises **54 Centers.** The Category I NCCTS, representing a partnership between UCLA and Duke University, provides oversight and coordination of Network activities and initiatives. The Centers represented in this report are shown in Figure 1.

Figure 1. National Child Traumatic Stress Network (NCTSN) Centers



Services Utilization Form (SUF). The NCCTS Data Core developed the SUF to capture quantitative data on Network-supported activities and services at each of the NCTSN Centers. The form is designed to track activities carried out under the auspices of their grant from the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), for the National Child Traumatic Stress Network. Completed SUFs are submitted at the end of each Quarterly Progress Reporting **(QPR)** period.

SUF Initiation Date. The NCCTS Data Core introduced the SUF as a data collection tool during the 07.01.2002 to 09.30.2002 QPR period. **Table 1** provides the funding initiation date and the QPR period in which SUF data collection began for each of the 54 Centers.

Please note that there were 25 funded Centers as of 07.01.2002. The other Centers were funded on or after Sept 2002 and, thus, the SUF data collection process did not begin at these Centers until the QPR period following the funding initiation Period.

SUF Cumulative Summary. The tables and graphs in this report provide summaries by quarter of the service utilization data provided for the time period between **07.01.2002 and 09.30.2005.**

Table 1. Centers Represented in the Current Report

Funding Initiation	Current QPR Dates	Report QPR Period	# New Centers	# Category I	# Category II	# Category III
Sept 2001	07.01.05 to 09.30.05	4.2	18	1	5	12
July 2002	07.01.05 to 09.30.05	3.3	6	--	2	4
Sept 2002	07.01.05 to 09.30.05	3.2	13	--	3	10
Sept 2003	07.01.05 to 09.30.05	2.2	17	--	5	12
Total (September 2001 to Present)			**54**	**1**	**15**	**38**

Quarterly Progress Report (QPR) period reflects funding year and quarter, as provided by SAMHSA.

DIRECT CLINICAL SERVICES TO CHILDREN. Direct clinical services include individual and group therapy, evaluation, crisis response, medication check, etc. These services might be delivered in the clinic, school, home, or other location. This category does not include family therapy, case consultation, or case management. This section summarizes direct clinical services to children (age 0-21 years) reported by the Category II and III Centers between **07.01.2002 and 09.30.2005.** The Category I NCCTS provides oversight and coordination of Network activities and, therefore, does not provide direct clinical services to children. Each Center is asked to provide an "unduplicated" count of children served during the quarter (meaning that a child is counted only once regardless of the number of sessions or visits to the setting.). However, if the same child receives services in a subsequent quarter, the child is also included in the count for that subsequent quarter. Hence, the data provides "unduplicated" counts of children served within a quarter but not across quarters. The large increase in the reporting seen in the reporting periods 04.01.04 to 06.30.04 and 07.01.04 to 09.30.04 reflect intermittent school-based assessments conducted by the Los Angeles Unified School District (Center 3012) and services provided by The Trauma Center, Massachusetts Mental Health Institute (Center 3022) in response to episodes of community violence. Currently, such assessments are reported in the screening category for client related services for children.

Table 2. Direct Clinical Services to Children since 07.01.2002

Report #	QPR Period	All Centers	Category II	Category III
1	07.01.2002 09.30.2002	5,672 (23)	387 (7)	5,285 (16)
2	10.01.2002 12.31.2002	10,266 (36)	3,931 (10)	6,335 (26)
3	01.01.2003 03.31.2003	10,200 (36)	3,068 (10)	7,132 (26)
4	04.01.2003 06.30.2003	11,318 (36)	3,519 (10)	7,799 (26)
5	07.01.2003 09.30.2003	10,362 (36)	2,984 (10)	7,378 (26)
6	10.01.2003 12.31.2003	10,795 (53)	3,494 (15)	7,301 (38)
7	01.01.2004 03.31.2004	12,551 (53)	4,300 (15)	8,251 (38)
8	04.01.2004 06.30.2004	39,850 (53)	4,559 (15)	35,291 (38)
9	07.01.2004 09.30.2004	41,630 (53)	3,678 (15)	37,952 (38)
10	10.01.2004 12.31.2004	11,912 (53)	3,508 (15)	8,404 (38)
11	01.01.2005 03.31.2005	12,867 (53)	3,674 (15)	9,193 (38)
12	04.01.2005 06.30.2005	13,822 (53)	3,480 (15)	10,342 (38)
13	07.01.2005 09.30.2005	12,059 (48)	2,779 (14)	9,280 (34)

Number in parentheses is the number of centers represented
The large increase in the reporting seen in the reporting periods 04.01.04 to 06.30.04 and 07.01.04 to 09.30.04 reflect intermittent school-based assessments conducted by the Los Angeles Unified School District (Center 3012) and services provided in response to episodes of community violence by The Trauma Center, Massachusetts Mental Health Institute (Center 3022). Currently, such assessments are reported in the screening category for client related services for children.

Figure 2. Direct Clinical Services to Children – Cate

Table 3 presents age subgroup percentages. According to this information, direct clinical services were provided primarily to children between 4-12 years of age at both the Category II and III Centers. This has been a consistent finding across quarters. Direct services to children in the 0-3 and 18-21 age subgroups were less common.

Table 3. Direct Clinical Services for Age Subgroups for the Quarterly Report Period (07.01.2005 - 09.30.2005)

Category	Centers	Children with Age Subgroup Data (0-21)	Children (0-3)	Children (4-12)	Children (13-17)	Children (18-21)	Children (Age Unknown)
All Centers	53	13,214	986 (7.5%)	6,503 (49.2%)	4,608 (34.9%)	516 (3.9%)	601 (4.5%)
Category II	15	3,349	451 (13.5%)	1,993 (59.5%)	824 (24.6%)	45 (1.3%)	36 (1.1%)
Category III	38	9,865	535 (5.4%)	4,510 (45.7%)	3,784 (38.4%)	471 (4.8%)	565 (5.7%)

CONCLUSIONS. The NCTSN is currently composed of 54 Centers. Among these 54 Centers, 15 are Category II (28%) and 38 (70%) are Category III Centers. In the current quarter, the Category II Centers provide 23% of the Direct Clinical Services to Children, while the Category III Centers provide 77% of the direct services. Direct clinical services are provided primarily to children between 4-12 years of age at both the Category II and III Centers. This has been a consistent finding across all reporting quarters. Direct services to children in the 0-3 and 18-21 age subgroups are less common. The large increase in the reporting seen in the reporting periods 04.01.04 to 06.30.04 and 07.01.04 to 09.30.04 reflects intermittent school-based assessments conducted by the Los Angeles Unified School District (Center 3012) and services provided by The Trauma Center, Massachusetts Mental Health Institute (Center 3022) in response to episodes of community violence. Currently, such assessments are reported in the screening category for client related services for children. The number of clients receiving case management was highest among all client related services. With regard to child and adolescent traumatic stress training (07.01.02 through 09.30.05), there have been 9,948 sessions/events, 458,760 individuals trained, and 36,527 training hours reported by the Category I, II and III Centers. The average number of hours of training per session or event is 2.9 for Category I Centers, 4.4 for Category II Centers, and 3.3 for Category III Centers.