NCTSN The National Child Traumatic Stress Network

Brief Services Utilization Report

07.3.2002 through 12.31.2004

Prepared by the NCCTS Data Core

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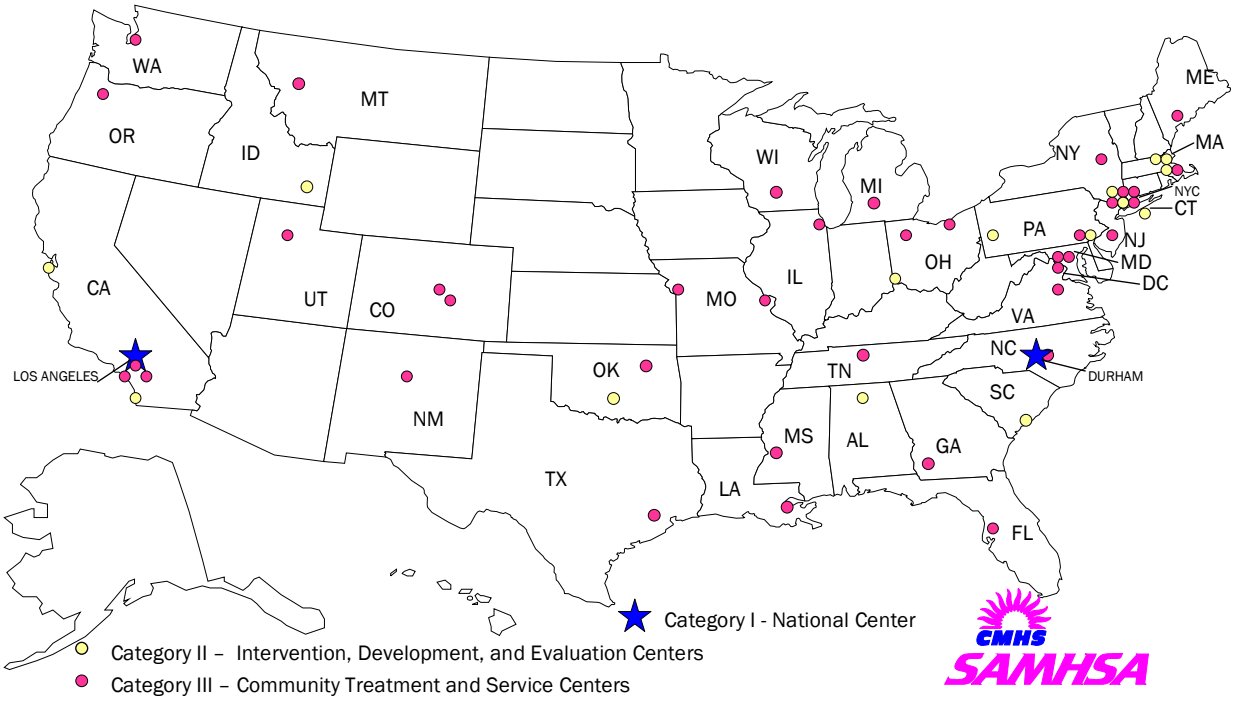
The mission of The National Child Traumatic Stress Network (NCTSN) is to develop and implement the first national initiative to improve access to services and raise the standard of care for traumatized children, adolescents, and their families. The NCTSN is a nationwide collaborative network of organizations 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 is currently comprised of **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 12.31.2004.**

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	10.01.04 to 12.31.04	4.1	18	1	5	12
July 2002	10.01.04 to 12.31.04	3.2	6	--	2	4
Sept 2002	10.01.04 to 12.31.04	3.1	13	--	3	10
Sept 2003	10.01.04 to 12.31.04	2.1	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 12.31.2004.** 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. For the current quarter, such assessments are reported in the screening category for client related services for children. In all subsequent quarters, such assessments will also be reported in the screening category for client related services.

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)

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).

Figure 2. Direct Clinical Services to Children – Category II and III Centers

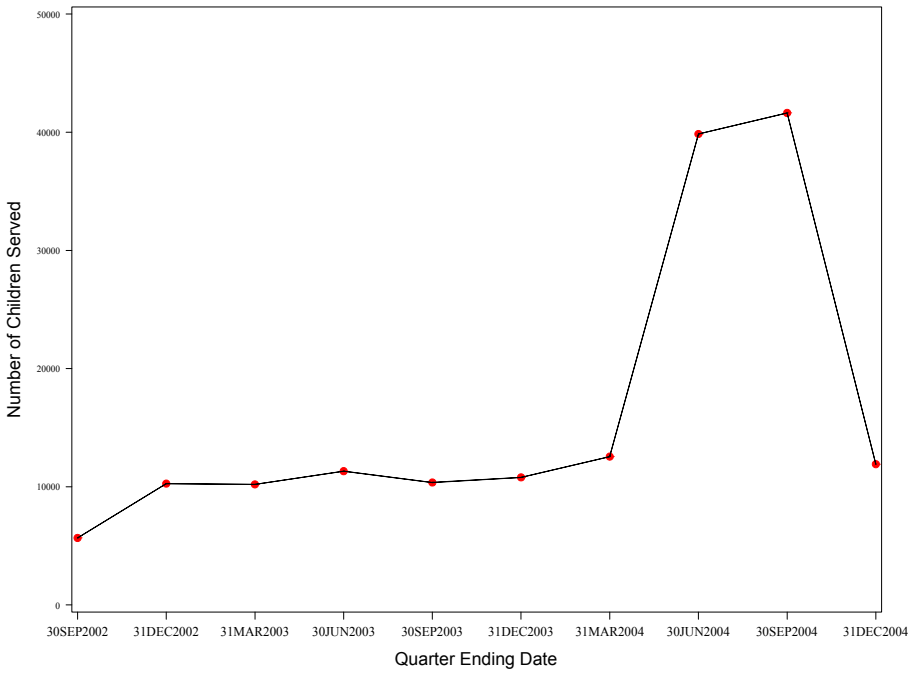


Table 3 presents age subgroup percentages. According to this information, direct clinical services were provided primarily to children between 4-12 years of age at both the Category II and III Centers. This has been a consistent finding across quarters. Direct services to children in the 0-3 and 18-21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

Table 3. Direct Clinical Services for Age Subgroups for the Quarterly Report Period (10.01.2004 - 12.31.2004)

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	11,912	779 (6.5%)	6,625 (55.6%)	3,329 (27.9%)	614 (5.2%)	565 (4.7%)
Category II	15	3,508	367 (10.5%)	1,941 (55.3%)	1,105 (31.5%)	72 (2.1%)	23 (0.7%)
Category III	38	8,404	412 (4.9%)	4,684 (55.7%)	2,224 (26.5%)	542 (6.4%)	542 (6.4%)

CLIENT RELATED SERVICES FOR CHILDREN. This section summarizes family therapy, case consultation, case management services, or referrals provided for children. The following definitions are applied.

Family Therapy: Planned therapeutic sessions involving the client with other family members. The number reflects targeted children, not total number of family members.

Parent Education: General teaching and providing information to parents that increases their understanding of needs related to traumatic stress. Parent(s) include guardians, caretakers, or other parental substitutes.

Parent Training: Teaching of specific skills for managing children's behavior taught to individual parents or groups of parents and often in the absence of the child. Does not include activities previously counted as Parent Education and Family Therapy.

Case Consultation: Activities related to providing professional or clinical expertise to another provider for benefit to a specific patient/client.

Case Management: Activities for the purposes of locating services other than services provided by their organization, linking the client/patient with these services, monitoring the client's/patient's receipt of these services on behalf of the patient/client. Case management may be provided by an individual or a team; may include both face-to-face and telephone contact with the client/patient as well as contact with other service providers.

Referrals: Services that direct, guide, or link the client with appropriate services provided within their organization or outside their organization. Referrals carried out as part of case management activities are not included.

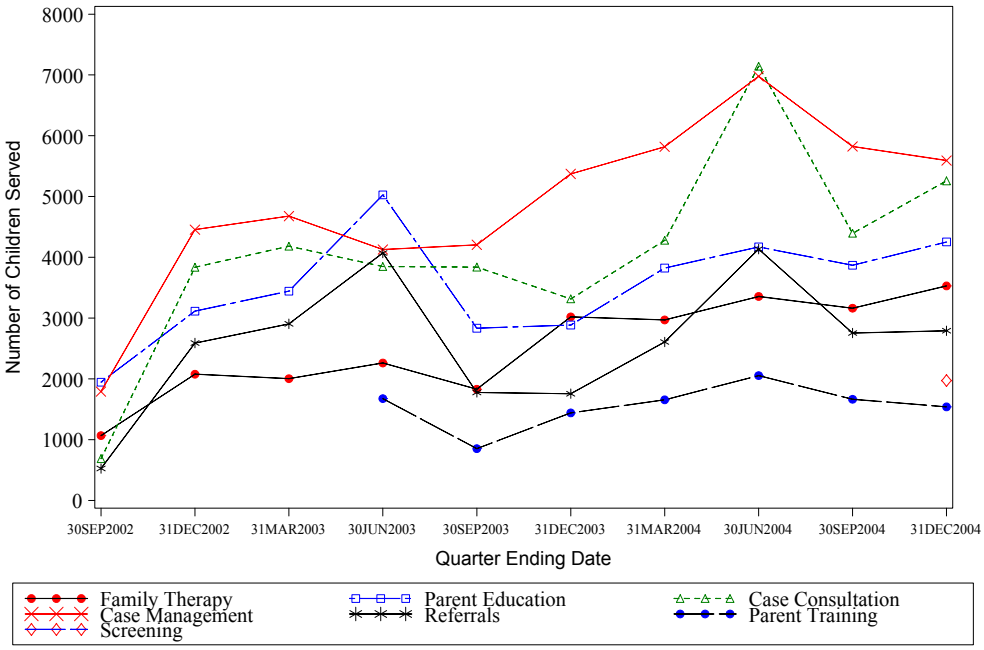
Screening: Screening involves collecting brief and cost-effective data to rule out or indicate exposure, symptoms, or needs for services related to trauma or mental health. Screening usually involves data collection from a large group or target population, occurs in community-based settings such as schools, and may be conducted in a variety of formats (e.g. individually, in groups, online, telephone). Activities conducted as part of the clinical assessment process for individual clients should not be counted as screening.

Table 4 provides the number of clients receiving these services.

Table 4. Number of Clients Receiving Related Services for the Quarterly Report Period (10.01.2004 - 12.31.2004)

Category	Centers	Family Therapy	Parent Education	Case Consultation	Case Management	Referrals	Parent Training	Screening
All Centers	53	3,530	4,253	5,258	5,593	2,792	1,540	1,973
Category II	15	1,285	1,940	2,109	2,040	587	894	87
Category III	38	2,245	2,313	3,149	3,553	2,205	646	1,886

Figure 3. Client Related Services for Children – Category II and III Centers



Parent Training was added to the SUF for the quarter ending 06.30.2003.
Screening was added to the SUF for the quarter ending 12.31.2004.

TRAUMATIC STRESS TRAINING. This section details training sessions or events on topics related to child or adolescent traumatic stress that Centers organized or conducted during the quarter. For each training session/event, the information reflects the topic on which it was primarily focused. The following tables detail Category I, II and III data regarding training in the following areas.

(1) Treatment Techniques/Interventions
(2) Assessment Methodologies
(3) Trauma Education
(4) Terrorism, War or Political Violence
(5) Natural or Man-made Disasters
(6) Traumatic Bereavement
(7 Other topics related to traumatic stress

Note: The Political Violence and Disasters categories were added to the SUF for the quarter ending 03.31.2003 (Report 3). The Traumatic Bereavement category was added to the SUF for the quarter ending 06.30.2003 (Report 4).

Table 5. Number of Training Sessions and/or Events for the Quarterly Report Period (10.01.2004 - 12.31.2004)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	54	466	100	273	24	23	37	102
Category I	1	4	1	7	6	7	0	14
Category II	15	107	26	77	5	1	6	25
Category III	38	355	73	189	13	15	31	63

Table 6. Number of Individuals Trained for the Quarterly Report Period (10.01.2004 - 12.31.2004)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	54	14,151	4,820	14,202	618	1,316	1,182	3,202
Category I	1	281	40	900	128	753	0	315
Category II	15	7,622	2,888	7,673	125	150	533	1,082
Category III	38	6,248	1,892	5,629	365	413	649	1,805

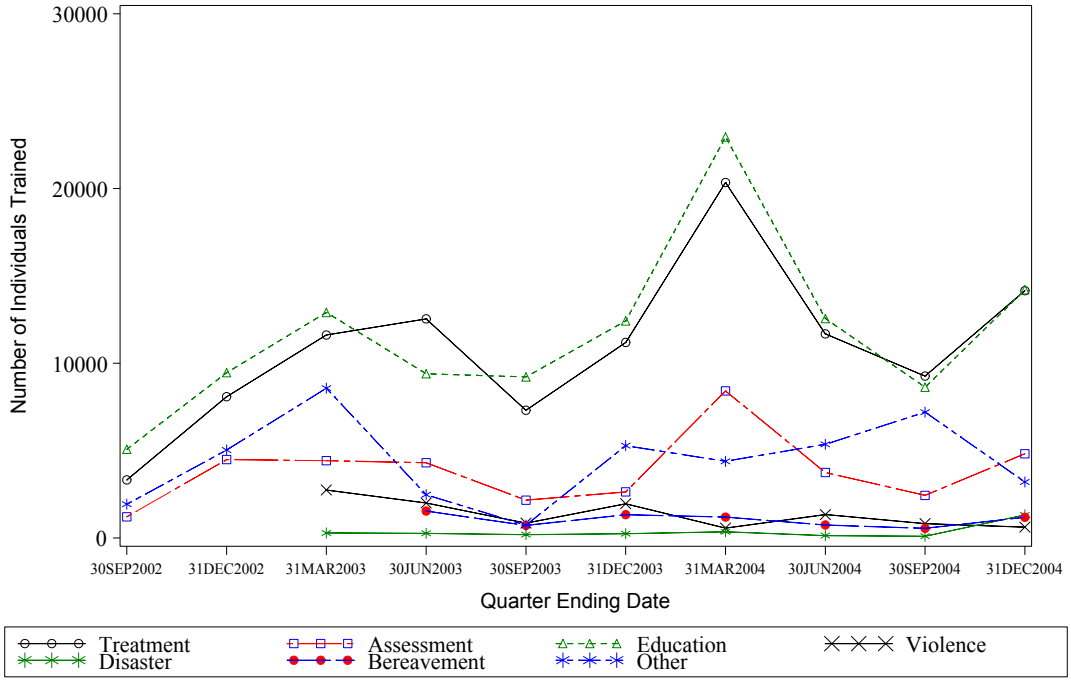
Table 7. Training Summation for the Quarterly Report Period (10.01.2004 - 12.31.2004)

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	54	1,025	39,491	2,805.60
Category I	1	39	2,417	81.25
Category II	15	247	20,073	871.75
Category III	38	739	17,001	1,852.60

Table 8. Training Summation since 07.01.2002

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	54	7,374	330,061	27,200
Category I	1	323	25,349	864
Category II	15	2,558	176,558	12,195
Category III	38	4,493	128,154	14,141

Figure 4. Number of Individuals Trained – Category I, II and III Centers



Political Violence & Disaster were added to the SUF for the quarter ending 03.31.2003.

Traumatic Bereavement was added to the SUF for the quarter ending 06.30.2003.

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 29% of the Direct Clinical Services to Children, while the Category III Centers provide 71% 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 direct services to children 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. In the current quarter, such assessments are reported in the screening category for client related services for children. In the current quarter, 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 12.31.04), there have been 7,374 sessions/events, 330,061 individuals trained, and 27,200 training hours reported by the Category I, II and III Centers. The average number of hours of training per session or event (07.01.02 through 12.31.04) is 2.7 for Category I Centers, 4.8 for Category II Centers, and 3.1 for Category III Centers.