

## **Brief Services Utilization Report**

07.1.2002 through 03.31.2005

Prepared by the NCCTS Data Core

National Center for Child Traumatic Stress UCLA Duke University Los Angeles, CA Durham, NC (310) 235-2633 (919) 682-1552

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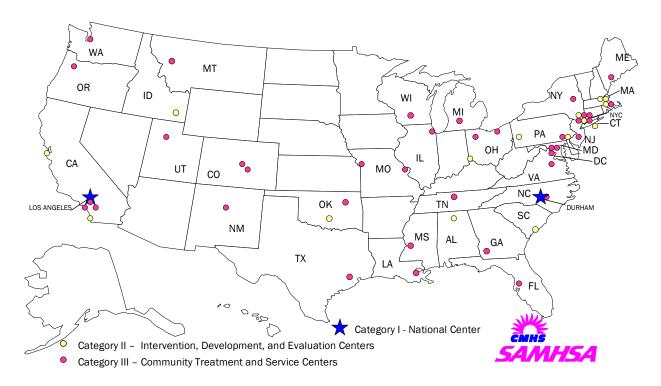


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The mission of The National Child Traumatic Stress Network (NCTSN) is to develop and implement the first national initiative to improve access to services and raise the standard of care for traumatized children, adolescents, and their families. The 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 **03.31.2005**.

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	01.01.05 to 03.31.05	4.2	18	1	5	12
July 2002	01.01.05 to 03.31.05	3.3	6		2	4
Sept 2002	01.01.05 to 03.31.05	3.2	13		3	10
Sept 2003	01.01.05 to 03.31.05	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 03.01.2005. 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	5,672	387	5,285
	09.30.2002	(23)	(7)	(16)
2	10.01.2002	10,266	3,931	6,335
	12.31.2002	(36)	(10)	(26)
3	01.01.2003	10,200	3,068	7,132
	03.31.2003	(36)	(10)	(26)
4	04.01.2003	11,318	3,519	7,799
	06.30.2003	(36)	(10)	(26)
5	07.01.2003	10,362	2,984	7,378
	09.30.2003	(36)	(10)	(26)
6	10.01.2003	10,795	3,494	7,301
	12.31.2003	(53)	(15)	(38)
7	01.01.2004	12,551	4,300	8,251
	03.31.2004	(53)	(15)	(38)
8	04.01.2004	39,850	4,559	35,291
	06.30.2004	(53)	(15)	(38)
9	07.01.2004	41,630	3,678	37,952
	09.30.2004	(53)	(15)	(38)
10	10.01.2004	11,912	3,508	8,404
	12.31.2004	(53)	(15)	(38)
11	01.01.2005	12,867	3,674	9,193
	03.31.2005	(53)	(15)	(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). Currently, such assessments are reported in the screening category for client related services for children.

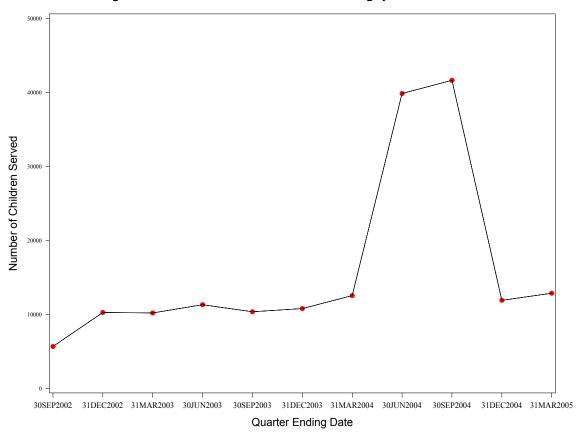


Figure 2. Direct Clinical Services to Children - Category II and III Centers

**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 (01.01.2005 - 03.31.2005)

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	12,867	680	7,206	3,877	627	477
			(5.3%)	(56.0%)	(30.1%)	(4.9%)	(3.7%)
Category II	15	3,674	313	1,935	1,136	61	229
			(8.5%)	(52.7%)	(30.9%)	(1.7%)	(6.2%)
Category III	38	9,193	367	5,271	2,741	566	248
			(4.0%)	(57.3%)	(29.8%)	(6.2%)	(2.7%)

**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. As with direct services, a client who receives services across quarters has multiple representations in the cumulative summary.

Table 4. Number of Clients Receiving Related Services for the Quarterly Report Period (01.01.2005 - 03.31.2005)

Category	Centers	Family Therapy	Parent Education	Case Consultation	Case Management	Referrals	Parent Training	Screening
All Centers	53	3,566	4,995	6,116	6,051	4,265	2,262	1,236
Category II	15	1,223	2,588	2,385	2,000	843	1,421	119
Category III	38	2,343	2,407	3,731	4,051	3,422	841	1,117

8000 7000 6000 Number of Children Served 5000 4000 3000 2000 1000 31DEC2002 31MAR2003 30JUN2003 30SEP2003 31DEC2003 31MAR2004 30JUN2004 30SEP2004 31DEC2004 Quarter Ending Date Family Therapy Case Management Screening Parent Education Referrals Case Consultation Parent Training

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 (01.01.2005 - 03.31.2005)

					Political		Traumatic	
Category	Centers	Treatment	Assessment	Education	Violence	Disaster	Bereavement	Other
All Centers	54	388	93	289	25	14	40	132
Category I	1	2	0	6	9	2	0	4
Category II	15	168	39	124	5	6	11	48
Category III	38	218	54	159	11	6	29	80

Table 6. Number of Individuals Trained for the Quarterly Report Period (01.01.2005 - 03.31.2005)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	54	16,458	3,100	15,584	1,032	778	1,518	5,814
Category I	1	72	0	515	644	240	0	60
Category II	15	9,869	1,815	9,393	98	120	882	2,622
Category III	38	6,517	1,285	5,676	290	418	636	3,132

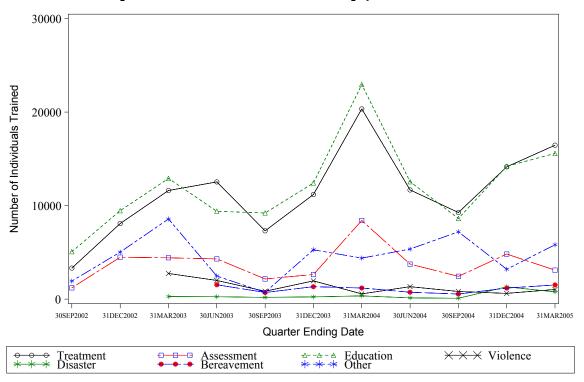
Table 7. Training Summation for the Quarterly Report Period (01.01.2005 - 03.31.2005)

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	54	981	44,284	3,187.75
Category I	1	23	1,531	55.25
Category II	15	401	24,799	1,160.25
Category III	38	557	17,954	1,972.25

Table 8. Training Summation since 07.01.2002

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	54	8,355	374,345	30,388
Category I	1	346	26,880	920
Category II	15	2,959	201,357	13,355
Category III	38	5,050	146,108	16,113

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 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 consultation was highest among all client related services. With regard to child and adolescent traumatic stress training (07.01.02 through 03.31.05), there have been 8,355 sessions/events, 374,345 individuals trained, and 30,388 training hours reported by the Category I, II and III Centers. The average number of hours of training per session or event is 2.7 for Category I Centers, 4.5 for Category II Centers, and 3.2 for Category III Centers.