

Brief Services Utilization Report

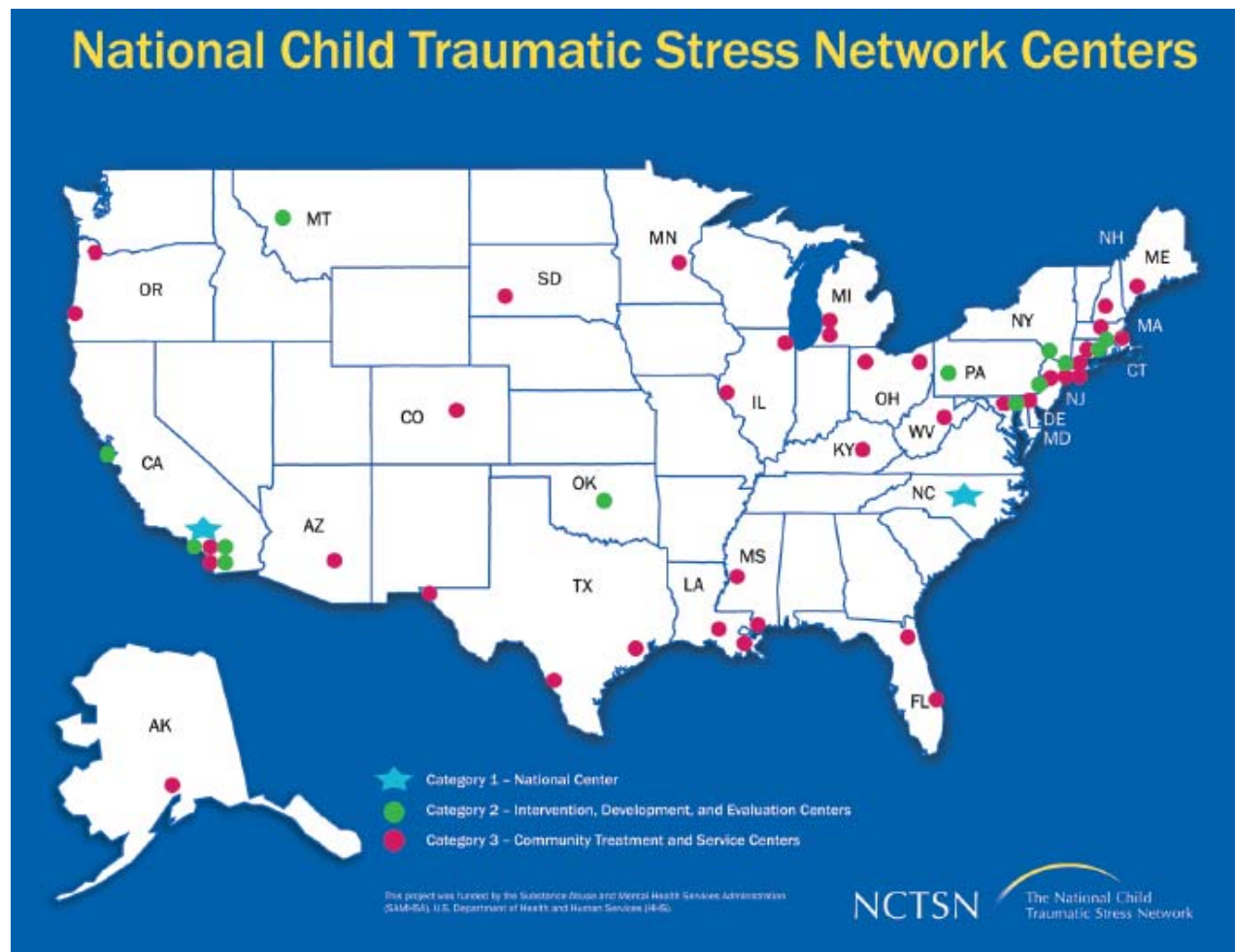
07.01.2002 through 12.31.2008

Prepared by the NCCTS Data Core

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) Treatment and Service Adaptation Centers (Category II), and (3) Community Treatment and Services Centers (Category III). The NCTSN is currently comprised of **51 funded Centers**. The Category I NCCTS, representing a partnership between UCLA and Duke University, provides oversight and coordination of Network activities and initiatives.

Some tables and graphs in this report are cumulative presentations of center data and reflect center funding cycle changes since the NCTSN was established. Over time, for example, some Centers were funded in previous years but are not currently funded, some new Centers have been added to the Network and some Centers have been funded throughout the NCTSN's existence. To date, a total of 84 NCTSN Centers (The National Center, co-located at UCLA and Duke, is considered one Center) have contributed data to this report. 51 Centers are funded by SAMHSA; 28 Centers are funded through 2009, 15 Centers are funded through 2011, and 8 Centers are funded through 2012. The locations of the current grantees contributing data to this report are represented in Figure 1.

Figure 1. National Child Traumatic Stress Network Sites



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 79 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 12.31.2008**.

Table 1. Centers Represented in the Current Report

Funding Initiation	Report QPR Period	# New Centers	# Category I	# Category II	# Category III
Sept 2001	4.2	18	1	5	12
July 2002	3.3	6	–	2	4
Sept 2002	3.2	13	–	3	10
Sept 2003	2.2	17	–	5	12
Sept 2005		16	–	1	15
Oct 2007		9	–	3	6
Oct 2008		5	–	–	
Total (September 2001 to Present)		84	1	19	64

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 12.31.2008**. 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)
12	04.01.2005	13,822	3,480	10,342
	06.30.2005	(53)	(15)	(38)
13	07.01.2005	12,059	2,779	9,280
	09.30.2005	(48)	(14)	(34)
14	10.01.2005	9,554	2,381	7,173
	12.31.2005	(52)	(16)	(36)
15	01.01.2006	8,765	1,751	7,014
	03.31.2006	(52)	(15)	(37)
16	04.01.2006	8,984	1,271	7,713
	06.30.2006	(49)	(15)	(34)
17	07.01.2006	6,607	1,194	5,413
	09.30.2006	(45)	(13)	(32)
18	10.01.2006	7,254	1,150	6,104
	12.31.2006	(45)	(13)	(32)
19	01.01.2007	8,634	1,103	7,531
	03.31.2007	(44)	(13)	(31)
20	04.01.2007	8,294	1,166	7,128
	06.30.2007	(44)	(13)	(31)
21	07.01.2007	7,264	1,153	6,111
	09.30.2007	(44)	(13)	(31)
22	10.01.2007	9,247	2,122	7,125
	12.31.2007	(54)	(18)	(36)
23	01.01.2008	7,430	1,321	6,109
	03.31.2008	(51)	(18)	(33)
24	04.01.2008	7,504	1,192	6,312
	06.30.2008	(47)	(16)	(31)
25	07.01.2008	4,697	1,212	3,485
	09.30.2008	(46)	(16)	(30)
26	10.01.2008	5,668	1,383	4,285
	12.31.2008	(50)	(13)	(37)

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

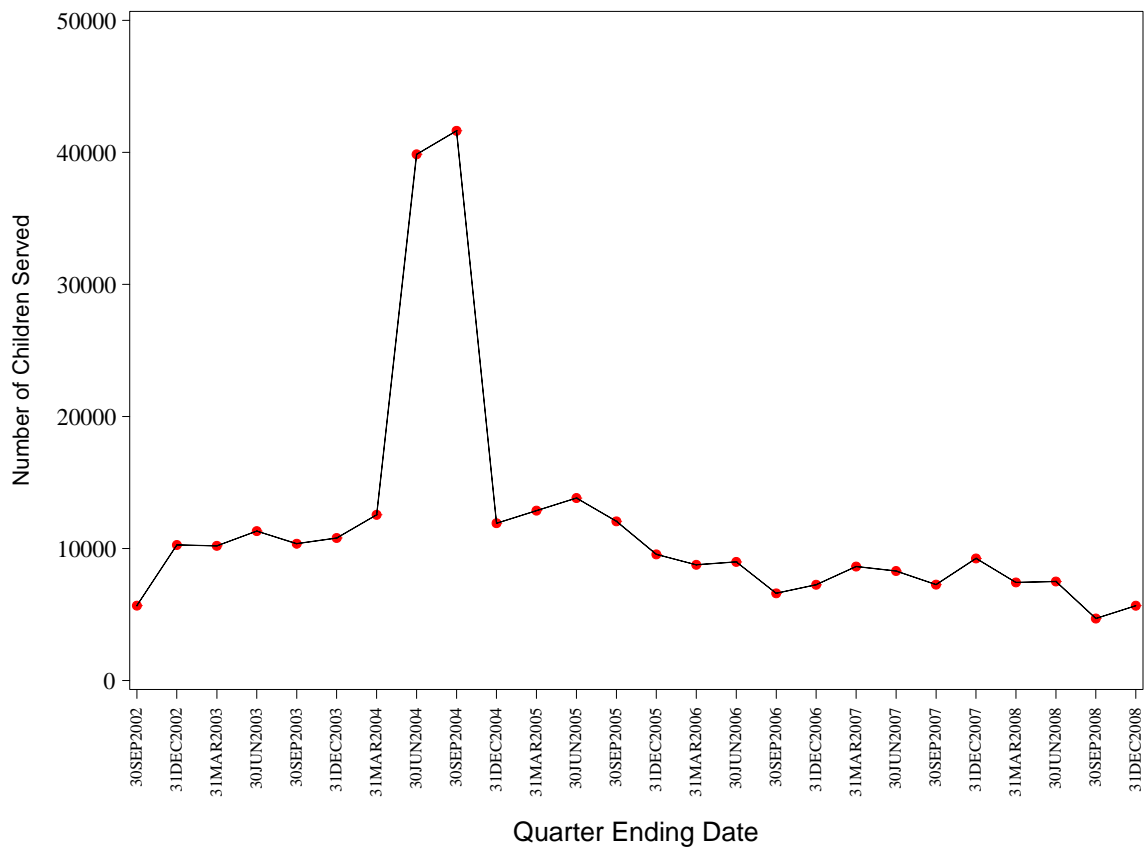


Table 3. Direct Clinical Services to Children since 07.01.2002 - New Clients Ages 0-21 Served under the Auspices of the NCTSI Grant

Category	Centers	Number of New Clients this Quarter	Number of New Clients across all Quarters
All Centers	83	2,065	31,900
Category II	22	685	4,927
Category III	61	1,380	26,973

Table 4 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 4. Direct Clinical Services for Age Subgroups for the Quarterly Report Period (10.01.2008 - 12.31.2008)

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	50	5,668	417 (7.4%)	2,992 (52.8%)	1,806 (31.9%)	448 (7.9%)	5 (0.1%)
Category II	13	1,383	137 (9.9%)	791 (57.2%)	433 (31.3%)	21 (1.5%)	1 (0.1%)
Category III	37	4,285	280 (6.5%)	2,201 (51.4%)	1,373 (32.0%)	427 (10.0%)	4 (0.1%)

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.

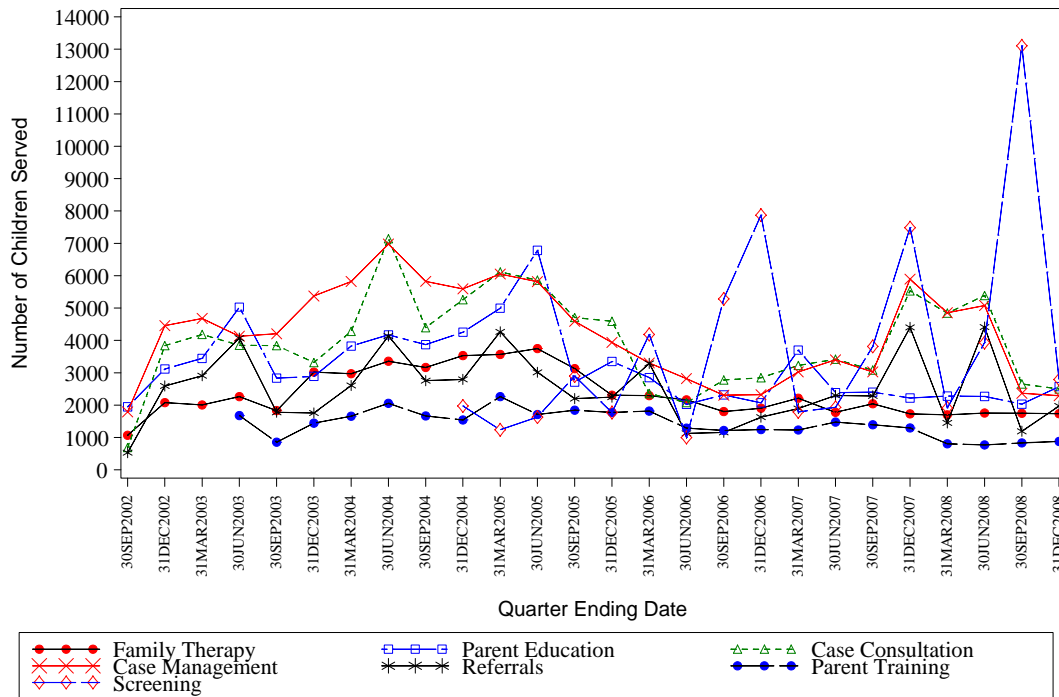
Screening: Screening involves collecting brief and cost-effective data to rule out or indicate exposure, symptoms, or needs for services related to trauma or mental health. Screening usually involves data collection from a large group or target population, occurs in community-based settings such as schools, 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 5 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 5. Number of Clients Receiving Related Services for the Quarterly Report Period (10.01.2008 - 12.31.2008)

Category	Centers	Family Therapy	Parent Education	Case Consultation	Case Management	Referrals	Parent Training	Screening
All Centers	50	1,734	2,571	2,497	2,289	1,973	876	2,793
Category II	13	197	627	1,074	557	261	437	522
Category III	37	1,537	1,944	1,423	1,732	1,712	439	2,271

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 6. Number of Training Sessions and/or Events for the Quarterly Report Period (10.01.2008 - 12.31.2008)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	51	332	64	224	26	34	5	99
Category I	1	11	5	10	2	9	1	6
Category II	13	133	18	51	12	8	1	11
Category III	37	188	41	163	12	17	3	82

Table 7. Summary of Collaboration for Delivery of Training Sessions and/or Events for the Quarterly Report Period (10.01.2008 - 12.31.2008)

Number of Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
2	23	7	11	2	6	0	4
3	16	3	2	3	3	0	1
4	6	1	1	0	2	1	2
5 or more	19	2	7	0	0	1	0

Table 8. Types of Collaboration for Delivery of Training Sessions and/or Events for the Quarterly Report Period (10.01.2008 - 12.31.2008)

Type of Collaboration	Number of Collaborations	Percentage of All Collaborative Training
Cat. I with II	47	10.7%
Cat. I with III	54	12.3%
Cat. II with II	67	15.2%
Cat. II with III	155	35.2%
Cat. III with III	117	26.6%

Table 9. Number of Individuals Trained for the Quarterly Report Period (10.01.2008 - 12.31.2008)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	51	7,744	1,630	8,304	1,071	998	81	1,655
Category I	1	665	120	653	25	155	60	640
Category II	13	4,222	909	4,253	980	538	20	635
Category III	37	2,857	601	3,398	66	305	1	380

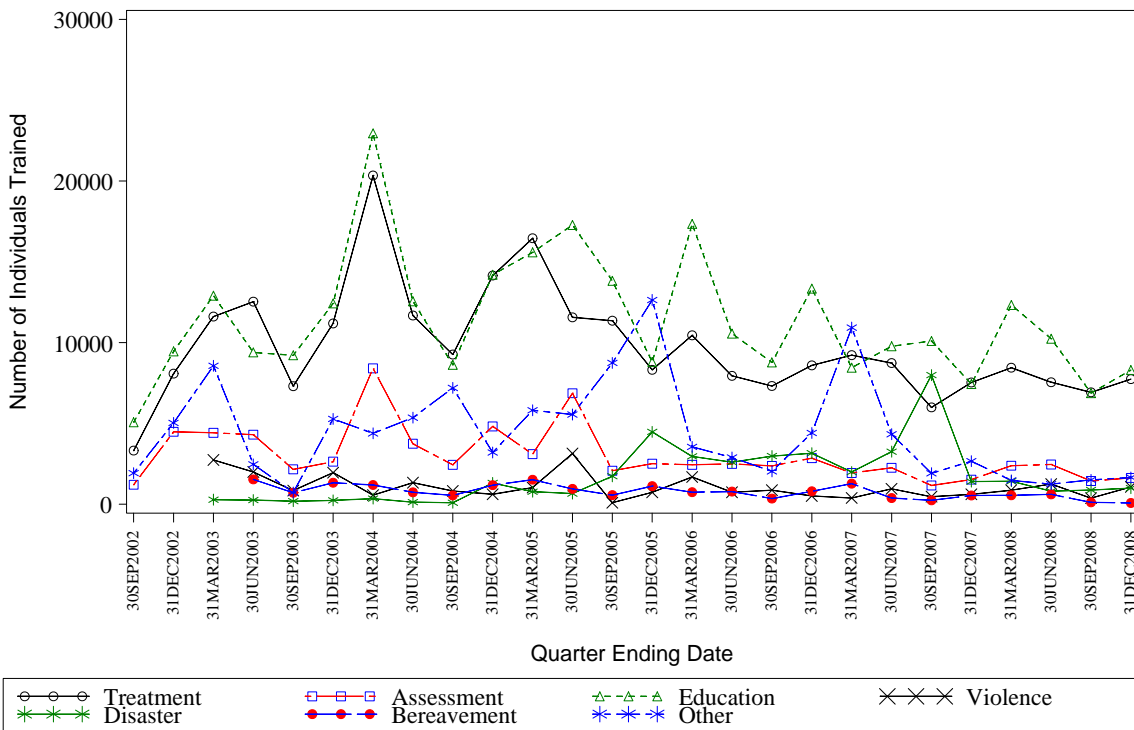
Table 10. Training Summation for the Quarterly Report Period (10.01.2008 - 12.31.2008)

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	51	784	21,483	2,269.50
Category I	1	44	2,318	227.00
Category II	13	234	11,557	642.50
Category III	37	506	7,608	1,400.00

Table 11. Training Summation since 07.01.2002

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	84	18,844	827,738	67,649.62
Category I	1	661	45,434	2,446.25
Category II	22	7,852	483,679	29,834.37
Category III	61	10,331	298,625	35,369.00

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 84 Centers. Currently, however, 51 Centers are funded by SAMHSA with 51 centers contributing data to this report. In the current quarter, the Category II Centers provide 24.4% of the Direct Clinical Services to Children, while the Category III Centers provide 75.6% 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 somewhat 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 screening was highest among all client related services. With regard to child and adolescent traumatic stress training (07.01.02 through 06.30.08), there have been 18,844 sessions/events, 827,738 individuals trained, and 67,649.62 training hours reported by the Category I, II and III Centers. The average number of hours of training per session or event is 3.70 for Category I Centers, 3.80 for Category II Centers, and 3.42 for Category III Centers.