



Brief Services Utilization Report

07.1.2002 through 03.31.2007

National Center for Child Traumatic Stress
UCLA
Los Angeles, CA
(310) 235-2633

Duke University
Durham, NC
(919) 682-1552

www.NCTSN.org

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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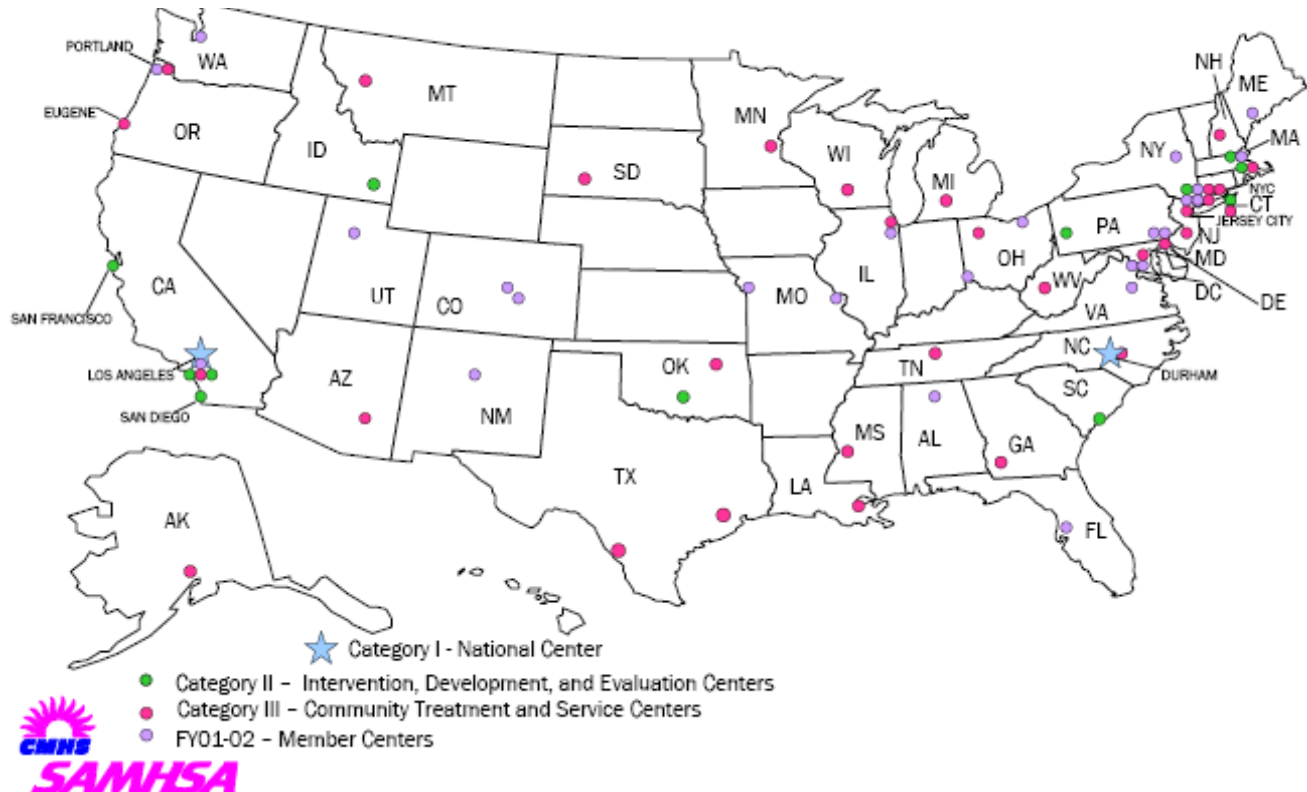
07.01.2002 through 03.31.2007

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) Intervention Development and Evaluation Centers (Category II), and (3) Community Treatment and Services Centers (Category III). The NCTSN is currently comprised of **44 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 70 NCTSN Centers (The National Center, co-located at UCLA and Duke, is considered one Center) have contributed data to this report. Currently, however, 44 Centers are funded by SAMHSA; 17 Centers are funded through 2007 and 28 Centers are funded through 2009. The locations of the 70 Centers contributing data to this report from the start of the grant 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 70 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 03.31.2007**.

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
Total (September 2001 to Present)		70	1	16	53

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 03.31.2007**. 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)

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

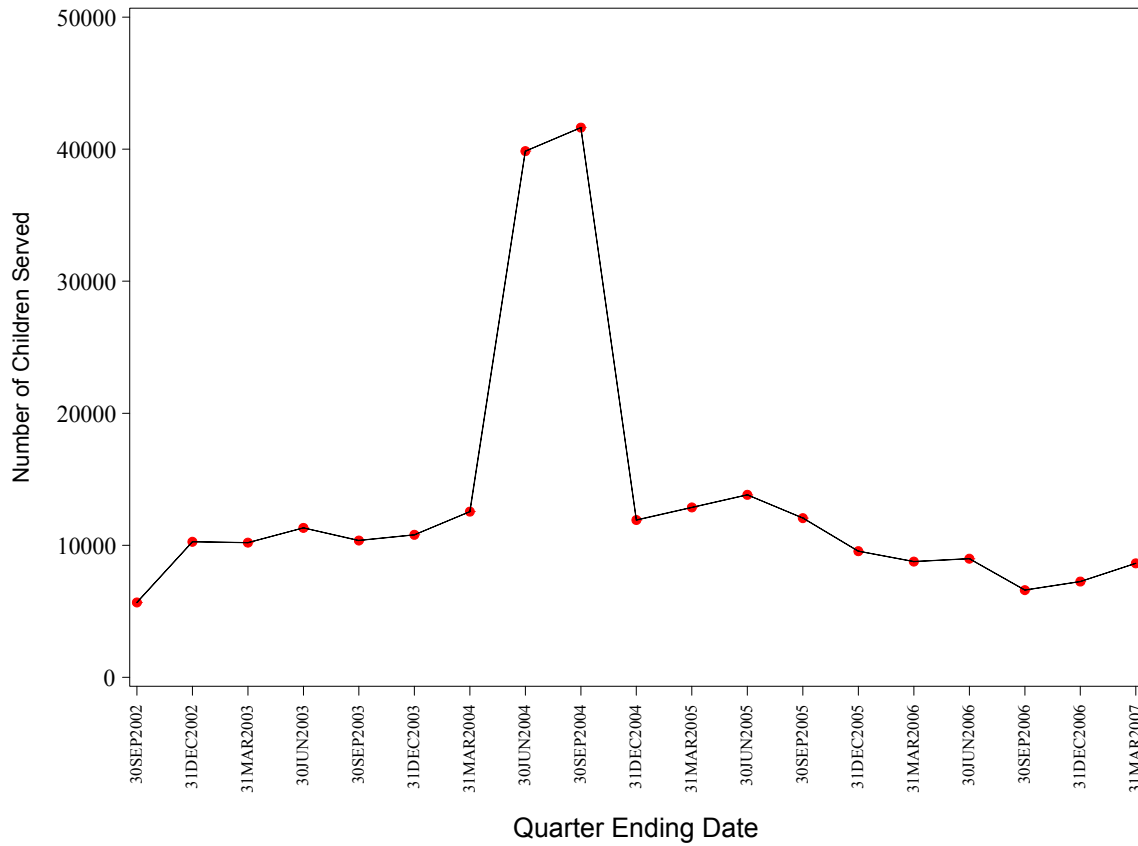


Table 3. Direct Clinical Services to Children since 07.01.2002 - New Clients Ages 0-21 Served under the Auspices of the NCTSI Grant

Category	Centers	Number of New Clients this Quarter	Number of New Clients across all Quarters
All Centers	69	2,576	10,165
Category II	18	302	1,689
Category III	53	2,274	8,476

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 (01.01.2007 - 03.31.2007)

Category	Centers	Children with Age Subgroup Data					
		Children (0-21)	Children (0-3)	Children (4-12)	Children (13-17)	Children (18-21)	Children (Age Unknown)
All Centers	44	8,634	911 (10.6%)	4,429 (51.3%)	2,713 (31.4%)	451 (5.2%)	130 (1.5%)
Category II	13	1,103	165 (15.0%)	583 (52.9%)	314 (28.5%)	40 (3.6%)	1 (0.1%)
Category III	31	7,531	746 (9.9%)	3,846 (51.1%)	2,399 (31.9%)	411 (5.5%)	129 (1.7%)

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.

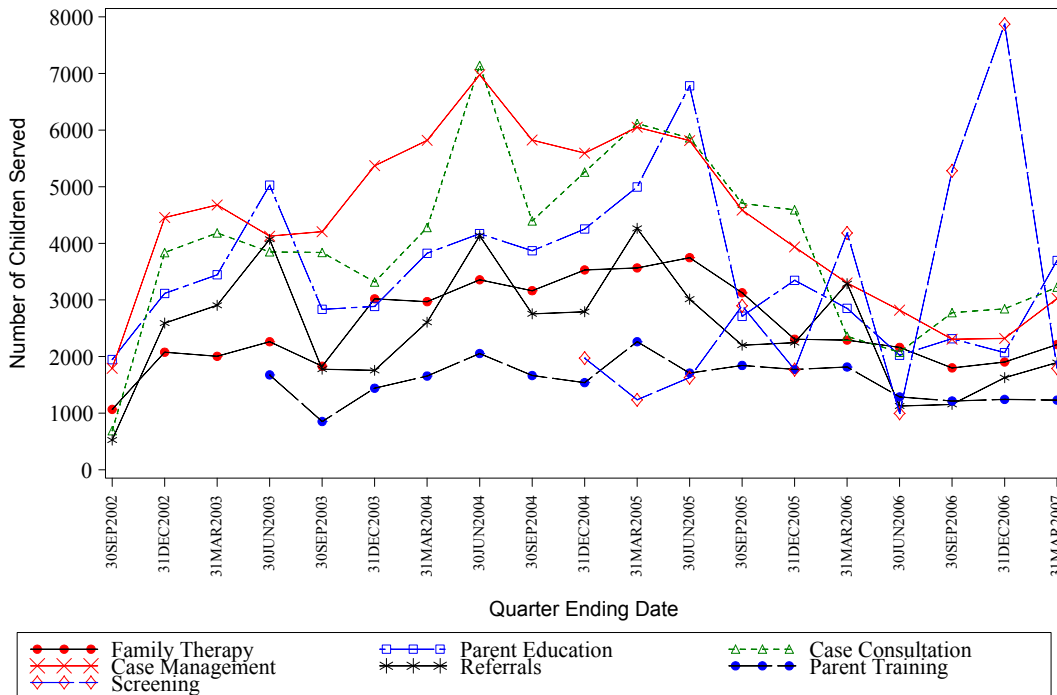
Screening: Screening involves collecting brief and cost-effective data to rule out or indicate exposure, symptoms, or needs for services related to trauma or mental health. Screening usually involves data collection from a large group or target population, occurs in community-based settings such as schools, 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 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 (01.01.2007 - 03.31.2007)

Category	Centers	Family Therapy	Parent Education	Case Consultation	Case Management	Referrals	Parent Training	Screening
All Centers	44	2,212	3,698	3,224	3,026	1,894	1,230	1,790
Category II	13	497	856	1,225	855	428	398	331
Category III	31	1,715	2,842	1,999	2,171	1,466	832	1,459

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 (01.01.2007 - 03.31.2007)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	45	372	65	190	11	30	20	180
Category I	1	8	3	3	1	1	2	3
Category II	13	153	29	104	9	12	6	142
Category III	31	211	33	83	1	17	12	35

Table 7. Summary of Collaboration for Delivery of Training Sessions and/or Events for the Quarterly Report Period (01.01.2007 - 03.31.2007)

Number of Centers	Treatment	Assessment	Education	Polical Violence	Disaster	Traumatic Bereavement	Other
2	6	1	3	1	1	0	1
3	5	1	1	1	1	0	0
4	2	0	0	0	1	1	1
5 or more	8	0	4	0	0	1	0

Table 8. Types of Collaboration for Delivery of Training Sessions and/or Events for the Quarterly Report Period (01.01.2007 - 03.31.2007)

Type of Collaboration	Number of Collaborations	Percentage of All Collaborative Training
Cat. I with I	0	0.0%
Cat. I with II	20	14.5%
Cat. I with III	24	17.4%
Cat. II with II	30	21.7%
Cat. II with III	49	35.5%
Cat. III with III	15	10.9%

Table 9. Number of Individuals Trained for the Quarterly Report Period (01.01.2007 - 03.31.2007)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	45	9,226	1,936	8,451	387	1,995	1,275	10,927
Category I	1	374	106	127	35	100	410	107
Category II	13	5,796	1,165	5,656	327	868	450	8,352
Category III	31	3,056	665	2,668	25	1,027	415	2,468

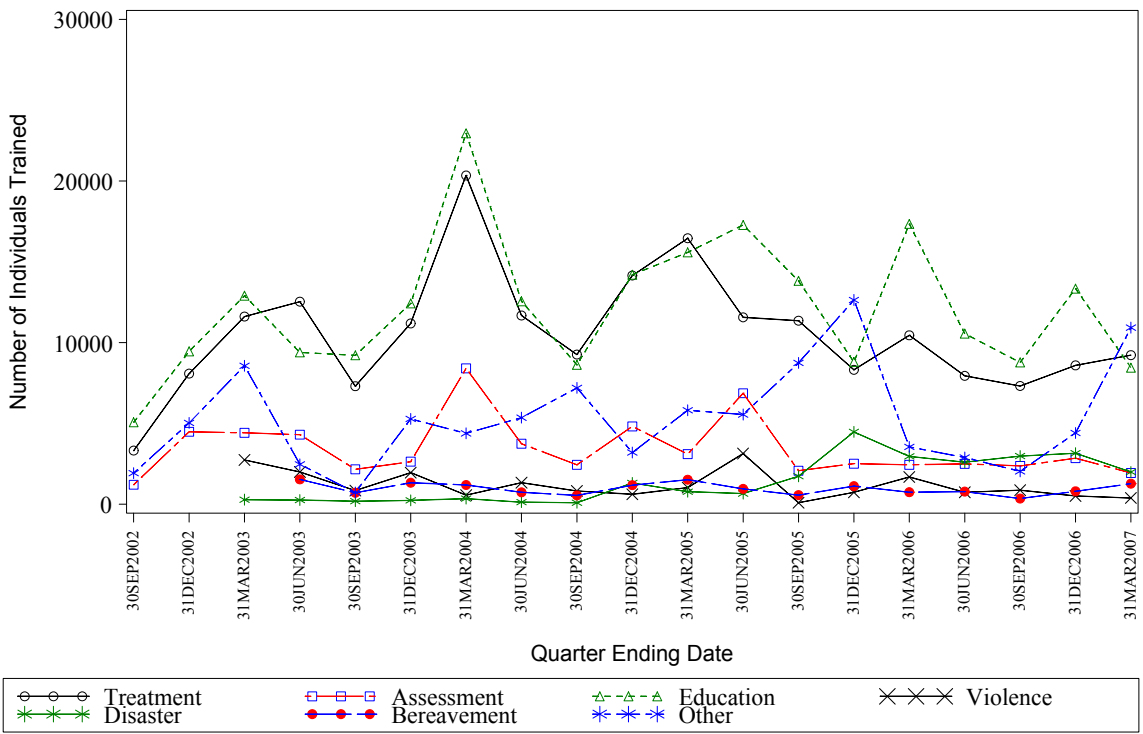
Table 10. Training Summation for the Quarterly Report Period (01.01.2007 - 03.31.2007)

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	45	868	34,197	3,593.75
Category I	1	21	1,259	153.50
Category II	13	455	22,614	1,231.25
Category III	31	392	10,324	2,209.00

Table 11. Training Summation since 07.01.2002

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	70	14,542	657,158	52,260.50
Category I	1	493	36,143	1,576.75
Category II	18	5,913	379,009	22,771.25
Category III	51	8,136	242,006	27,912.50

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 70 Centers. Currently, however, 44 Centers are funded by SAMHSA with 46 centers contributing data to this report. In the current quarter, the Category II Centers provide 12.8% of the Direct Clinical Services to Children, while the Category III Centers provide 87.2% 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 parent education was highest among all client related services. With regard to child and adolescent traumatic stress training (07.01.02 through 03.31.07), there have been 14,542 sessions/events, 657,158 individuals trained, and 52,260.50 training hours reported by the Category I, II and III Centers. The average number of hours of training per session or event is 3.2 for Category I Centers, 3.9 for Category II Centers, and 3.4 for Category III Centers.