

Brief Services Utilization Report

07.01.2002 through 03.31.2003

Prepared by the NCCTS Data Core

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NCCTS Data Core	12/05/2003
The mission of the National Child Trau standard of care and improve access t	
their families, and communities	



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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 **38 Centers.** The Category I NCCTS, representing a partnership between UCLA and Duke University, provides oversight and coordination of Network activities and initiatives. Two constituents of the NCCTS are (1) the Terrorism and Disaster Branch co-located at UCLA and the University of Oklahoma Health Sciences and (2) the Duke Clinical Research Institute, which is part of the National Center Data Core. The Centers that make up the Network are shown on the map.

Figure 1.a National Child Traumatic Stress Initiative Network Sites as of 03.31.2003

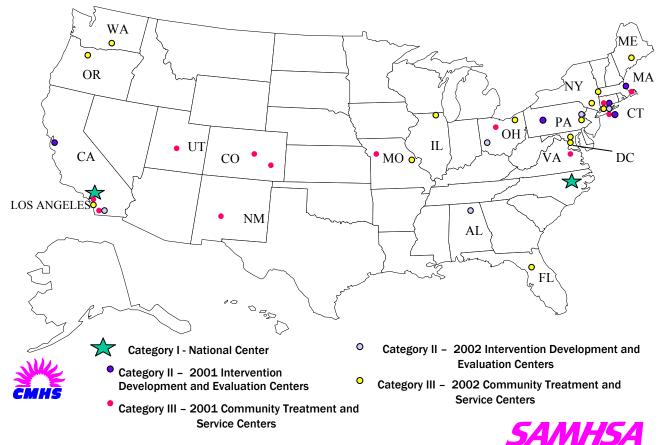


Figure 1.b U.S. DHHS Regions



Table 1. NCTSN Category II and III Centers: State Locations

State	Region	Category II (n= 10)	Category III (n= 26)	Category II/III (n= 36)
Alabama	IV	1 (10.0%)	0 (0.0%)	1 (2.8%)
California	IX	2 (20.0%)	3 (11.5%)	5 (13.9%)
Colorado	VIII	0 (0.0%)	2 (7.7%)	2 (5.6%)
Connecticut	ı	1 (10.0%)	0 (0.0%)	1 (2.8%)
DC	III	0 (0.0%)	2 (7.7%)	2 (5.6%)
Florida	IV	0 (0.0%)	1 (3.8%)	1 (2.8%)
Illinois	٧	0 (0.0%)	1 (3.8%)	1 (2.8%)
Maine	ı	0 (0.0%)	1 (3.8%)	1 (2.8%)
Massachusetts	ı	1 (10.0%)	1(3.8%)	2 (5.6%)
Missouri	VII	0 (0.0%)	2 (7.7%)	2 (5.6%)
New Mexico	VI	0 (0.0%)	1 (3.8%)	1 (2.8%)
New York	II	2 (20.0%)	5 (19.2%)	7 (19.4%)
Ohio	٧	1 (10.0%)	2 (7.7%)	3 (8.3%)
Oregon	Х	0 (0.0%)	1(3.8%)	1 (2.8%)
Pennsylvania	III	2 (20.0%)	1(3.8%)	3 (8.3%)
Utah	VIII	0 (0.0%)	1(3.8%)	1 (2.8%)
Virginia	III	0 (0.0%)	1(3.8%)	1 (2.8%)
Washington	Х	0 (0.0%)	1 (3.8%)	1 (2.8%)

Category II/III Centers. A total of 36 Category II and III Centers have been funded. Among these, 10 are Category II (27.8%) and 26 (72.2%) are Category III Centers. Table 1 summarizes the location of the administrative site, defined as the address of the Center's principal grantee for the Cooperative Agreement, for each Category II/III Center. Some Centers comprise clinical site(s) that reside in a different state and/or congressional district than the administrative site. Among the 36 Category II/III Centers, 17 states and the District of Columbia are represented. The state of New York (19.4%, Region II) has the most Centers, followed by California (13.9%, Region IX).

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 38 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 Initiative. 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 2 provides the funding initiation date for the 38 Network Centers and the QPR period in which SUF data collection began for each of the 38 Centers.

Please note that there were 25 funded Centers as of 07.01.2002. The other 13 Centers were funded in Sept 2002 and, thus, the SUF data collection process did not begin at these Centers until the QPR period starting on 10.01.2002.

SUF Cumulative Summary. The tables in this report provide a cumulative summary of the service utilization data provided for the time period between 07.01.2002 and 03.31.2003.

Table 2. Centers Represented in the Current Report

Funding Initiation	Current QPR Dates	Report QPR Period	# Centers	# Category I	# Category II	# Category III
Sept 2001	01.01.03 to 03.31.03	2.2	19	2	5	12
July 2002	01.01.03 to 03.31.03	1.3	6		2	4
Sept 2002	01.01.03 to 03.31.03	1.2	13	_	3	10
			38	2	10	26

Quarterly Progress Report (QRP) 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 03.31.2003. 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.

Table 3 indicates that Category II Centers provided 28.3% of the Direct Clinical Services to Children, while the Category III Centers provided 71.7% of the services reported. As noted above, 27.8% of the Centers are Category II and 72.2% are Category III Centers. Figure 2 shows the increase in direct services to children that have been reported over the quarters since the initiation of SUF. As noted earlier, the number of funded Category II/III Centers increased from 23 to 36 during this time period.

Table 3. Direct Clinical Services to Children since 07.01.2002 : Quarterly Summary

Report #	QPR Period	All Centers	Category II	Category III
1	07.01.2002	5672	387	5285
	09.30.2002	(23)	(7)	(16)
2	10.01.2002	10266	3931	6335
	12.31.2002	(36)	(10)	(26)
3	01.01.2003	10200	3068	7132
	03.31.2003	(36)	(10)	(26)
	Cumulative Total	26138	7386	18752
	Percent of Total		28.3%	71.7%

Number in parenthesis, () = number of Centers.

Figure 2. Direct Clinical Services To Children

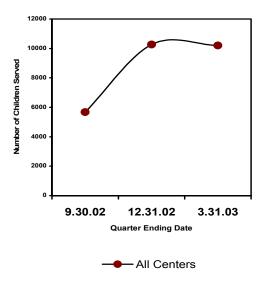




Table 4 presents age subgroup percentages for the Centers that were able to provide such data. According to this information, direct clinical services were provided primarily to children between 4 and 12 years of age at both the Category II and III Centers. This has been a consistent finding across quarters.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

Table 4. Direct Clinical Services for Age Subgroups since 07.01.2002: Age Subgroups

Category	Centers	Children with Age Data (0-21)	Children (0-3)	Children (4-12)	Children (13-17)	Children (18-21)	Children (Age Unknown)
Category	Centers	(0-21)	(0-3)	(4-12)	(13-17)	(18-21)	(Age Ulikilowil)
All Centers	36	17075	825	9017	5889	687	657
			(4.8%)	(52.8%)	(34.5%)	(4.0%)	(3.8%)
Category II	10	5763	413	3587	1490	246	27
			(7.2%)	(62.2%)	(25.9%)	(4.3%)	(0.5%)
Category III	26	11312	412	5430	4399	441	630
			(3.6%)	(48.0%)	(38.9%)	(3.9%)	(5.6%)

Note: Percent relative to number of children with age data.

CLIENT-RELATED SERVICES FOR CHILDREN. This section summarizes family therapy, case consultation, case management services, and 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 information provision to parents that increases their understanding of needs related to

traumatic stress. Parents include guardians, caretakers, or other parental substitutes.

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, and 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 and 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.

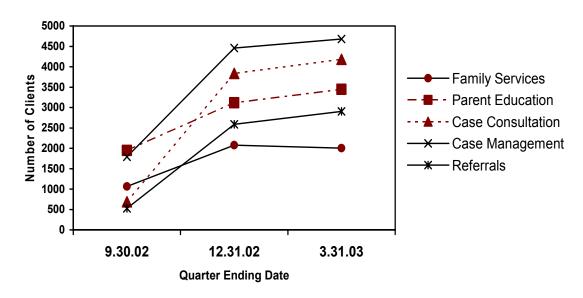
Table 5 provides the number of clients receiving these services. As with direct services, a client who receives services across quarters has multiple representation in the cumulative summary. Figure 3 shows the number of clients receiving each type of related service across the quarters.

Table 5. Number of Clients Receiving Related Services for Children since 07.01.2002

Category	Centers	Family Therapy	Parent Education	Case Consultation	Case Management	Referrals
All Centers	36	5148	8505	8709	10925	6022
Category II	10	2086	3787	4937	3640	1582
Category III	26	3062	4718	3772	7285	4440



Figure 3. Client Related Services for Children



CHILD OR ADOLESCENT 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. Tables 6 – 9 detail Category II and III data regarding training in the areas below. Figure 4 shows the number of individuals trained across quarters and Figure 5 shows the number of hours of training across quarters.

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

Note: The Political Violence and Disasters categories were added to the SUF for the quarter ending 3.31.2003 (Report 3)

Table 6. Number of Training Sessions and/or Events since 07.01.2002

Category	Centers	Treatment	Assessment	Education	Violence	Disasters	Other
All Centers	36	559	280	545	32	1	371
Category II	10	235	138	255	9	0	143
Category III	26	324	142	290	23	1	228

Table 7. Number of Individuals Trained since 07.01.2002

Category	Centers	Treatment	Assessment	Education	Violence	Disasters	Other
All Centers	36	22711	10112	27020	1970	38	15076
Category II	10	14253	8651	18140	1290	0	7814
Category III	26	8458	1461	8880	680	38	7262

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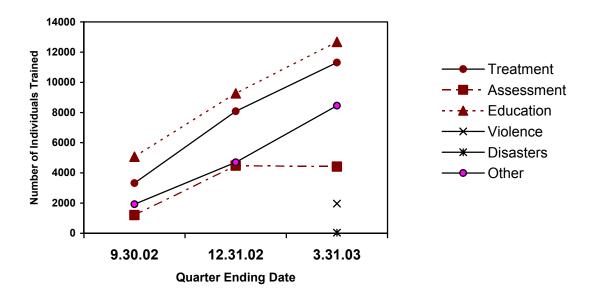
Table 8. Hours of Training Provided since 07.01.2002

Category	Centers	Treatment	Assessment	Education	Violence	Disasters	Other
All Centers	36	2077.50	1330.00	1502.50	59.00	3.00	1532.75
Category II	10	964.50	914.00	710.50	25.50	0	357.00
Category III	26	1113.00	416.00	792.00	33.50	3.00	1175.75

Table 9. Training Summation since 07.01.2002

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	36	1788	76927	6504.75
Category II	10	780	50148	2971.50
Category III	26	1008	26779	3533.25

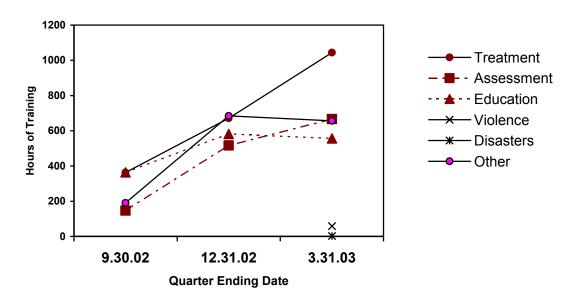
Figure 4. Number Trained



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Figure 5. Hours of Training



CONCLUSIONS. The NCTSN is currently composed of 38 Centers. A total of 36 Category II or III Centers have been funded. Among these 36 Centers, 10 are Category II (27.8%) and 26 (72.2%) are Category III Centers. The Category II Centers provide 28.3% of the direct clinical services to children, while the Category III Centers provides 71.7% of the direct services. Direct clinical services are provided primarily to children between 4 and 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. With regard to child and adolescent traumatic stress training, there have been 1,788 sessions/events, 76,927 individuals trained, and 6504.75 training hours reported by the Category II and III Centers. The average number of hours of training per session or event is 3.8 for Category II Centers and 3.5 for Category III Centers.

