

Brief Services Utilization Report

07.1.2002 through 09.30.2004

Prepared by the NCCTS Data Core

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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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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.

WA MT OR ID ΜI IL UT MO CO NC-OK • ΤN LOS ANGELES DURHAM SC NM MS AL GA ΤX 🤵 FL Category I - National Center Category II - Intervention, Development, and Evaluation Centers Category III - Community Treatment and Service Centers

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 **09.30.2004**.

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	04.01.04 to 06.30.04	3.4	18	1	5	12
July 2002	04.01.04 to 06.30.04	3.1	6		2	4
Sept 2002	04.01.04 to 06.30.04	2.4	13	-	3	10
Sept 2003	04.01.04 to 06.30.04	1.4	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 09.30.2004. 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 period from 04.01.04 to 06.30.04 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 recent episodes of community violence.

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)

Number in parentheses is the number of centers represented

The large increase in the reporting seen in the reporting period from 04.01.04 to 06.30.04 reflects intermittent school-based assessments conducted by the Los Angeles Unified School District (Center 3012) and services provided in response to recent episodes of community violence by The Trauma Center, Massachusetts Mental Health Institute (Center 3022).

2000 - 30SEP2002 31DEC2002 31MAR2003 30JUN2003 30SEP2003 31DEC2003 31MAR2004 30JUN2004 30SEP2004

Quarter Ending Date

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 (07.01.2004 - 09.30.2004)

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	41,630	777	33,842	3,626	407	2,978
			(1.9%)	(81.3%)	(8.7%)	(1.0%)	(7.2%)
Category II	15	3,678	308	1,921	837	61	551
			(8.4%)	(52.2%)	(22.8%)	(1.7%)	(15.0%)
Category III	38	37,952	469	31,921	2,789	346	2,427
			(1.2%)	(84.1%)	(7.3%)	(0.9%)	(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.

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 (07.01.2004 - 09.30.2004)

Category	Centers	Family Therapy	Parent Education	Case Consultation	Case Management	Referrals	Parent Training
All Centers	53	3,163	3,869	4,395	5,824	2,755	1,665
Category II	15	1,166	1,629	2,011	1,838	829	951
Category III	38	1,997	2,240	2,384	3,986	1,926	714

8000 7000 6000 Number of Children Served 5000 4000 3000 2000 1000 31DEC2002 31MAR2003 30JUN2003 30SEP2003 31DEC2003 31MAR2004 30JUN2004 30SEP2004 30SEP2002 Quarter Ending Date Family Therapy Case Management 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.

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 (07.01.2004 - 09.30.2004)

Category	Centers	Treatment	Assessment	Education	Political Violence	Disaster	Traumatic Bereavement	Other
All Centers	54	308	153	192	21	3	21	127
Category I	1	8	1	16	5	1	0	9
Category II	15	66	36	72	4	0	1	22
Category III	38	234	116	104	12	2	20	96

Table 6. Number of Individuals Trained for the Quarterly Report Period (07.01.2004 - 09.30.2004)

					Political		Traumatic	
Category	Centers	Treatment	Assessment	Education	Violence	Disaster	Bereavement	Other
All Centers	54	9,264	2,439	8,626	822	94	548	7,199
Category I	1	645	40	1,615	270	30	0	1,518
Category II	15	4,476	1,420	3,752	370	0	40	2,241
Category III	38	4,143	979	3,259	182	64	508	3,440

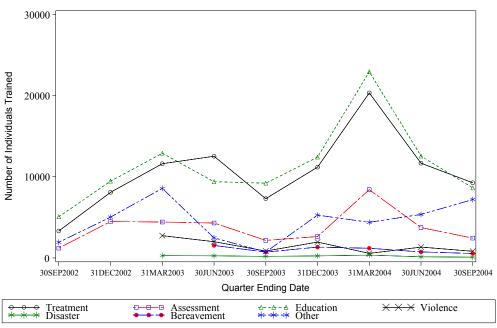
Table 7. Training Summation for the Quarterly Report Period (07.01.2004 - 09.30.2004)

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	54	825	28,992	2,652.50
Category I	1	40	4,118	71.00
Category II	15	201	12,299	744.00
Category III	38	584	12,575	1,837.50

Table 8. Training Summation since 07.01.2002

Category	Centers	Sessions or Events	Individuals Trained	Hours of Training
All Centers	54	6,349	290,570	24,394
Category I	1	284	22,932	783
Category II	15	2,311	156,485	11,323
Category III	38	3,754	111,153	12,288

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 9% of the Direct Clinical Services to Children, while the Category III Centers provide 91% 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 period from 04.01.04 to 06.30.04 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 recent episodes of community violence. 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 09.30.04), there have been 6,349 sessions/events, 290,570 individuals trained, and 24,394 training hours reported by the Category I, II and III Centers. The average number of hours of training per session or event is 2.8 for Category I Centers, 4.9 for Category II Centers, and 3.3 for Category III Centers.