

The NCTSN Collaborative Change Project (CoCaP) Quarterly Progress Report



Reporting Period: July 1, 2023 - September 30, 2023 (FY23, Q4) For questions or more information: data@nctsn.org

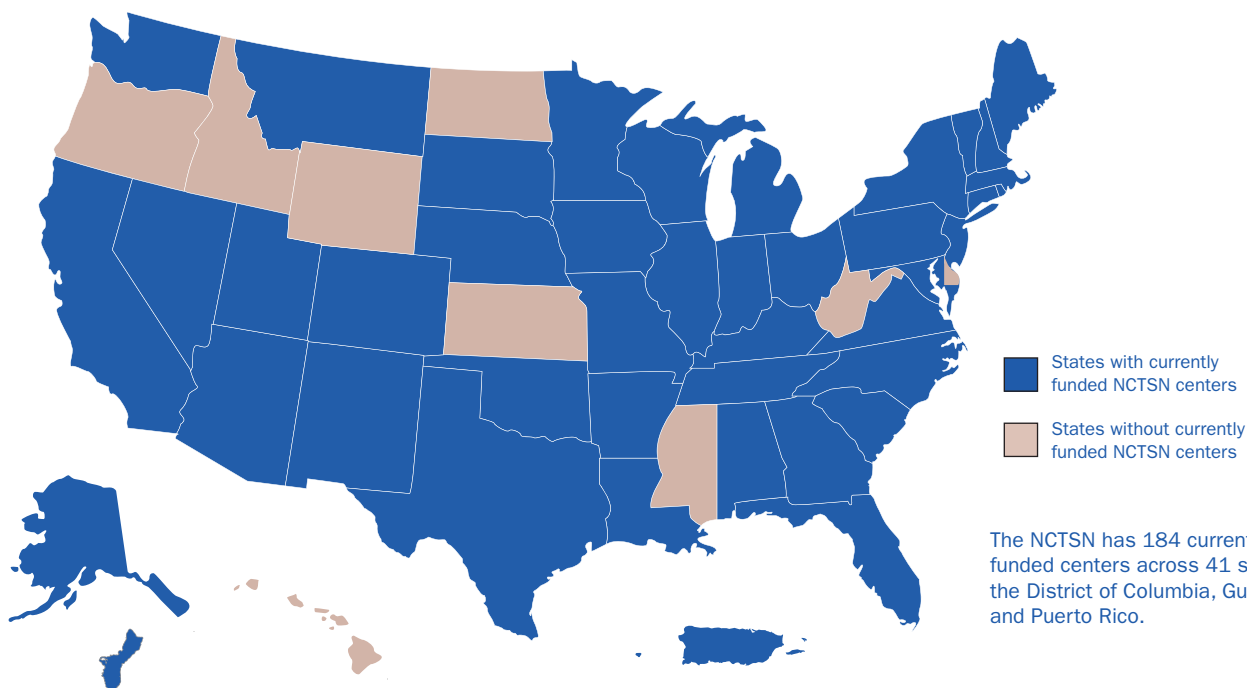
The NCTSN Collaborative Change Project (CoCaP) captures organizational-level data on a common set of indicators designed to answer important questions about NCTSN impact. CoCaP participation is voluntary. This report includes information collected from 132 of the 184 (72%) grantees asked to participate.

This report provides a brief overview of three broad categories: Training, Direct Clinical Services, and Public Awareness and Outreach.

Highlights from this Quarter

- The NCTSN provided training to **80,561 contacts*** across child serving systems. The most common audiences for training were Mental Health Providers, Mental Health Paraprofessionals, and Mental Health Administrators.
- NCTSN Centers provided direct clinical services to approximately **89,173 children**.
- The majority of NCTSN Centers (76%) provided outreach (e.g., distributed educational materials, held meetings with leaders and administrators) to support the expansion of services and partnerships at the local, state, or national level.

• NCTSN CURRENTLY FUNDED CENTERS •



*Contacts are the number of attendees that participated in training sessions during the reporting quarter. The use of the term “contacts” reflects that training may include single or multiple sessions and that an individual may attend some but not all of the sessions associated with an event.

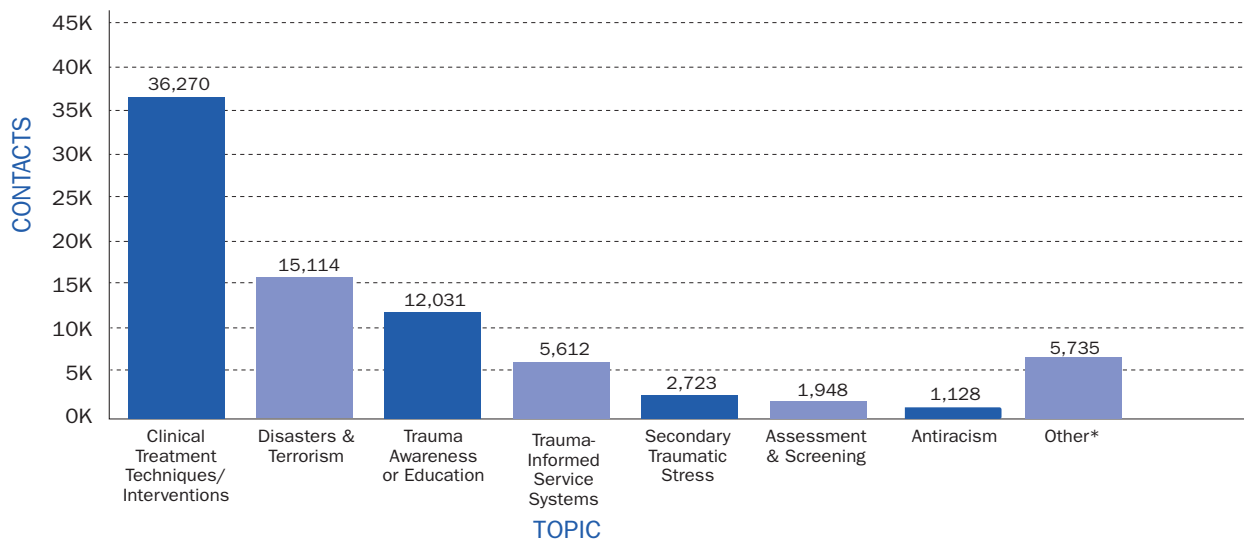
Training and Workforce Development

- NCTSN Centers provided training to **80,561 training contacts**. Approximately 75% of training contacts were engaged virtually. (e.g., web-based learning, virtual meetings).

Fiscal Year | Fiscal Quarter

FY22	FY23			
Q4	Q1	Q2	Q3	Q4
72,053	61,297	73,639	87,573	80,561

CONTACTS BY TRAINING TOPIC



*Other includes training contacts for the following topics: Wellness (n=1,559); Intimate Partner Violence (n=1,168); NCTSN Products (n=428); Suicide (n=291); Military/Veteran Related Issues (n=120); Restorative Justice (n=27); and Other, not specified (n=2,142).

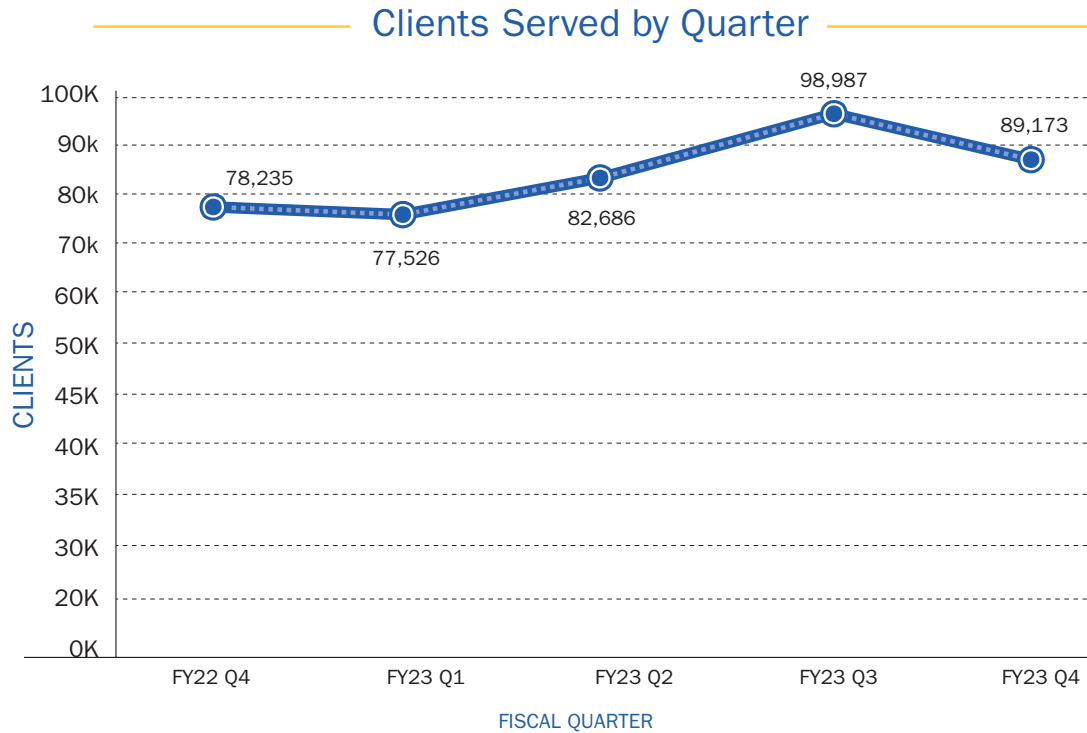
- NCTSN Centers provided more than **4,832 hours** of training to audiences across child-serving systems this quarter. To put these training hours into perspective, that's approximately 121 work weeks, the equivalent of about 2.3 years.

Top Audiences Trained

- 1** Mental Health Providers (includes Clinical Trainees and Interns + Mental Health Clinicians)
- 2** Mental Health Paraprofessionals
- 3** Mental Health Administrators
- 4** School Personnel
- 5** Health Care Professionals and Paraprofessionals
- 6** Child Welfare Professionals
- 7** Juvenile Justice Staff + Court and Probation Staff

Direct Clinical Services to Children and Families

NCTSN Centers provided services to **89,173** clients.



The NCTSN grant allowed sites to expand services to 2,589 new clients.

Ancillary Services

In addition to direct clinical services, NCTSN centers provide ancillary services to children and families. Mental Health Screening and Caregiver Education were the two most common ancillary services provided during the the quarter.

Fiscal Year | Fiscal Quarter

Service	FY22		FY23		
	Q4	Q1	Q2	Q3	Q4
Mental Health Screening	10,065	3,506	16,281	13,394	13,207
Case Management	2,139	1,605	4,132	4,094	4,703
Case Consultation	2,009	1,247	1,504	1,218	1,281
Caregiver Education	4,278	1,115	10,266	4,071	7,013
Caregiver Skill Building	666	514	832	819	571

This heat map uses darker shading to indicate larger numbers of clients receiving services.

Stories of Change from Grantees

Tailoring our work to better meet the needs of clinicians

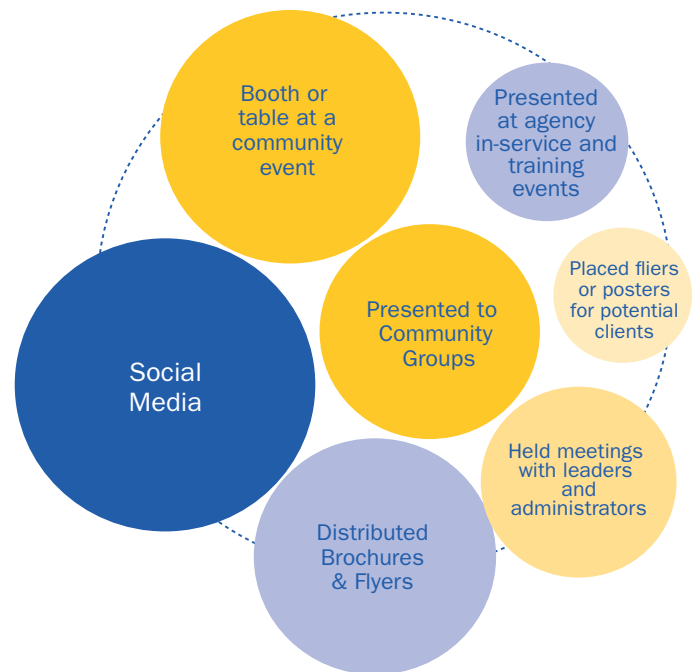
This quarter we have engaged in meaningful collaboration with other providers and our partners at local Public Schools. Due to workforce challenges, the clinicians we intend to implement the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) in middle and high schools with did not have the capacity to support rollout of this program. As a result, we have pivoted toward implementation readiness work by providing them with free training in screening and evidence-based skills. These trainings have provided them with helpful tools to address the high need among their students and has fostered our relationship. In the most recent professional development training we adapted to the needs of the clinicians by providing ways to discuss their greatest challenges and supported them in developing practical solutions. Our thoughtful approach has cultivated clinician buy-in and enthusiasm for implementing CBITS in the future and for continuing our collaboration.

Integrating Trauma Education into State-Wide Law Enforcement Training

We presented at the State Attorney General's Conference which has a wide-ranging audience (law enforcement, child welfare, attorneys, advocates, mental health) and this sparked conversations with a local police chief about training for his staff. Ultimately, he wants our team to present at the State Police Academy, to all new statewide recruits. We are in the process of figuring out details for this possible partnership. Working with police officers to think about trauma, how to help youth who have a variety of intellectual and developmental abilities, supporting gender-diverse youth, is all incredibly valuable and not often done in our experience.

Public Awareness and Outreach

- **76%** of Centers provided outreach to support the expansion of services and partnerships at the local, state or national level. NCTSN Centers are most often engaging stakeholders through social media, community events, and distribution of brochures.
- Continued support for: Mental health crisis after the U.S. Mayors' Meeting; Remembrance day events for Pittsburgh, PA synagogue shooting; Brooklyn neighborhood shooting in Baltimore, MD; Shooting in Salisbury, MD; Kingsessing neighborhood shooting in Philadelphia, PA; Juneteenth Celebration shooting in Willowbrook, IL; Mall shooting in Allen, TX; Robb Elementary Shooting in Uvalde, TX; Tornadoes in North Carolina; Shooting in Fargo, ND; Wildfires in Hawaii, Oregon, and Washington; Hate crime shooting at Dollar General in Jacksonville, FL; Shooting at University of North Carolina at Chapel Hill; Hurricane Idalia in southeastern US; Winter storms in California; Earthquake in Morocco; Flooding in Libya.



Who We Are

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

The National Center for Child Traumatic Stress (NCCTS) provides leadership, organizational structure, and coordination to the current grantees, Affiliates, and partners of the (NCTSN). Working closely with the Network's funding agency—the Substance Abuse and Mental Health Services Administration (SAMHSA)—the NCCTS leads the Network in its efforts to increase access to services and raise the standard of care for children and their families across the United States who have experienced trauma. Since 2001, the NCCTS has had a unique, bicoastal structure, combining the resources of the UCLA Neuropsychiatric Institute and the Duke University Medical Center, now under the leadership of Jenifer Maze, PhD and Lisa Amaya-Jackson, MD, MPH.