

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



The Impact of the National Child Traumatic Stress Initiative (NCTSI)

Evaluation Findings on Hispanic
Youth in Child Welfare



Presentation Purpose

Highlight the profile of children in the NCTSI program who are in child welfare with special attention to Hispanic children and to discuss the implications for practice.

Background on Child Welfare Involved Youth

- Latino children in the child welfare system are usually younger (between the ages 0-5) at the time of referral and substantiation, which places them at higher risk for out-of-home placement.¹
- The Casey Foundation reported in 2009 62% of Latino served by the child welfare services are placed in out-of-home care compared to 25% in 1997.²
- More than one third (37.4%) of Latino children in family foster care live in relative placements.

Background on Child Welfare Involved Hispanic Youth

- Latino youth living in urban environments are also increasingly more likely to experience the following types of trauma: violence (being the victim and perpetrator), social anxiety disorders, and externalizing behavior disturbances.³
- Hispanic families in the child welfare system are generally economically vulnerable due to poor education and low or restrained economic mobility.
- Hispanic families exist largely on limited financial resources and low-wage earning employment opportunities, and for the most part are uninsured.⁴

NCTSI Program and Evaluation

National Child Traumatic Stress Network (NCTSN)

Members and Mission

❖ The National Child Traumatic Stress Network

- 3-tiered Network of 102 grantees
 - 60 currently funded centers
 - 42 alumni centers

Network Mission

To raise the standard of care and improve access to services for traumatized children and their families throughout the United States

Why an NCTSI Evaluation?

Evaluation was a part of the initial congressional authorization (P.L. 106-310, 2001)

2002 GAO Report stated that little was known about the effectiveness of federal grant programs serving children who experienced trauma, and that more information would be coming from the NCTSI.

2003 NFC's Achieving the Promise Report named trauma as an understudied area under its excellent mental health care delivered and research accelerated (Goal 5)

2010 Trauma and Justice is included as one of SAMHSA's eight Strategic Initiatives, as is Data, Outcomes and Quality

Children's Health Act of 2000, *Public Law 106-310*



Strategic Initiatives



THE PRESIDENT'S NEW FREEDOM
COMMISSION ON MENTAL HEALTH

Achieving
the Promise:

TRANSFORMING
MENTAL HEALTH CARE
IN AMERICA

FINAL REPORT
2002-2003

GAO

United States General Accounting Office
Report to Congressional Requesters

August 2002

MENTAL HEALTH
SERVICES

Effectiveness of
Insurance Coverage
and Federal Programs
for Children Who Have
Experienced Trauma
Largely Unknown



GAO-02-410



SAMHSA's Trauma and Justice Strategic Initiative

Reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral health care systems and by diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery.

- ❖ **SAMHSA is one of the leading agencies addressing the impact of trauma on individuals, families, and communities.**
- ❖ **The NCTSI contributes most specifically to the goals of:**
 - Building a trauma informed behavioral health system
 - Reducing the impact of trauma
 - Supporting programs to address trauma experienced in childhood
 - Improving the availability of trauma-informed care

SAMHSA's Data, Outcomes, and Quality Initiative

Realize an integrated data strategy that informs policy and measures program impact leading to improved quality of services and outcomes for individuals, families, and communities.

- ❖ **SAMHSA has highlighted the importance of supporting programming decisions with high quality data, and of transparency in these decisions by making data readily available to the public.**
- ❖ **The NCTSI Evaluation is guided by the following goals:**
 - Improve the quality of SAMHSA's program evaluations and services research.
 - Improve quality and accessibility of surveillance, outcome/performance, and evaluation information for staff, stakeholders, funders, and policymakers.

The NCTSI Evaluation background

- ❖ **SAMHSA/CMHS/DPTSSP has funded two NCTSI evaluation (2004 and 2009)**
 - Both include(d) a design development year
 - The initial cross-site design was finalized in 2005; Data collection began in 2006
 - A redesign process began in 2009 and will be finalized in 2010
- ❖ **The current presentation includes the descriptive and clinical outcomes data collected through the NCTSI's core data set by NCTSI communities funded from 2001 to 2010.**

The Descriptive and Clinical Outcomes Data

- **The Core Data Set, includes the following instruments:**
 - Core Clinical Characteristics
 - Baseline Assessment Form
 - Follow-up Assessment Form
 - General Trauma Form
 - Trauma Detail Form
 - Child Behavioral Checklist (CBCL 1.5-5)
 - Child Behavioral Checklist (CBCL 6-18)
 - Trauma Symptom Checklist (TSCC-A)
 - UCLA PTSD Index for DSM-IV

The Descriptive and Clinical Outcomes Data-Cont'd

- Descriptive data include child and family demographic and psychosocial information, child traumatic experience information, and associated problem information. This information is collected from all children upon entry into services.
- Longitudinal data are collected every three months while children remain in services, and then at the end of treatment.

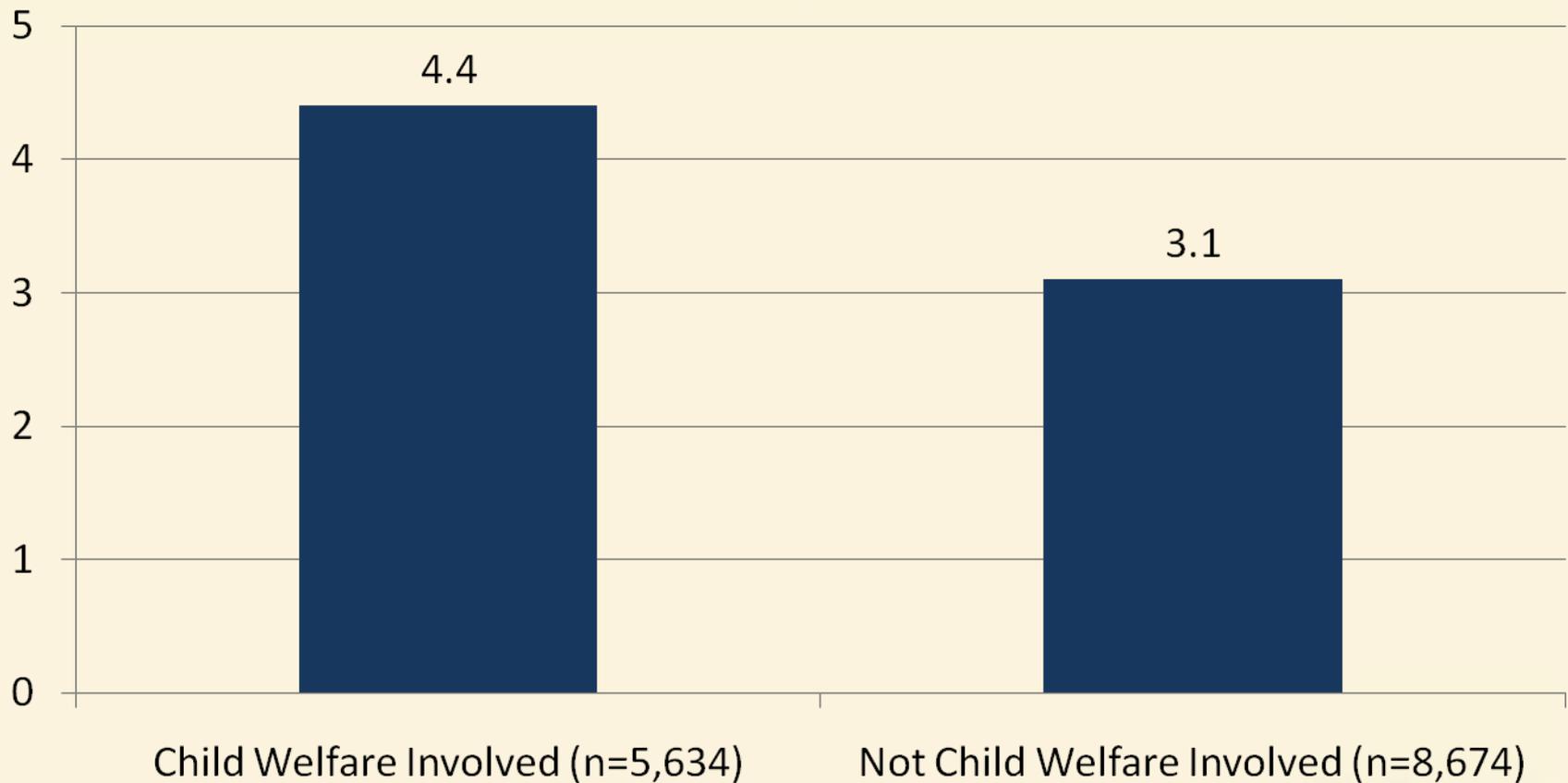


NCTSI Program: Profile of Youth Involved in Child Welfare

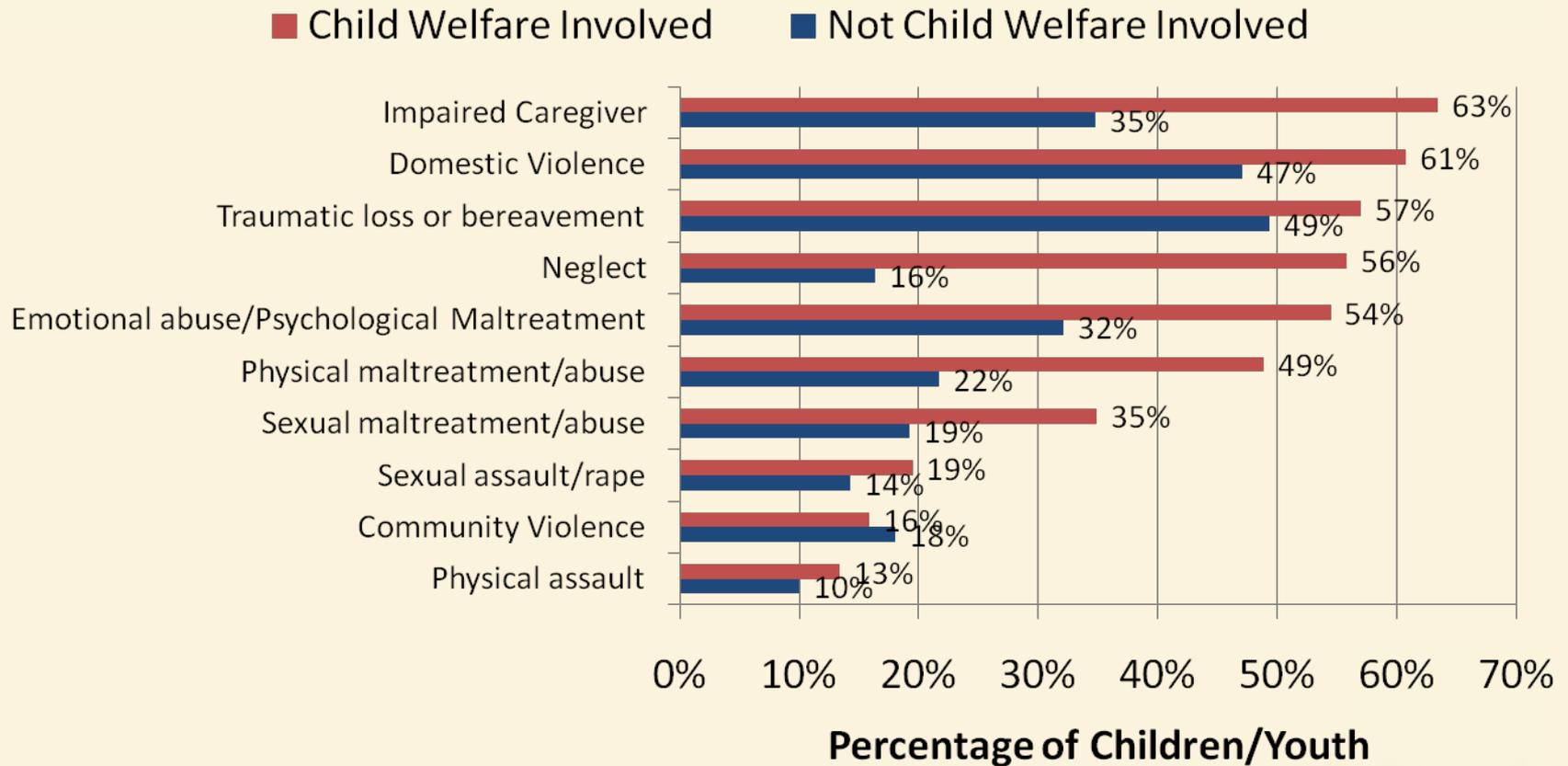
Characteristics of Child Welfare-Involved Youth

Characteristic		Child Welfare Involved (n=5,634)	Not Child Welfare Involved (n=8,674)
Age Group	0-5 years	22.0%	14.0%
	6-12 years	46.8%	47.7%
	13-17 years	30.4%	36.8%
	18-25 years	0.8%	1.5%
Sex	Male	46.1%	50.3%
	Female	53.9%	49.7%
Race	American Indian/ Alaska Native	5.3%	2.6%
	Asian	1.4%	2.4%
	Black	36.9%	34.2%
	Native Hawaiian/ Other Pacific Islander	0.9%	1.3%
	White	63.8%	64.9%
Ethnicity	Hispanic or Latino	22.8%	36.8%

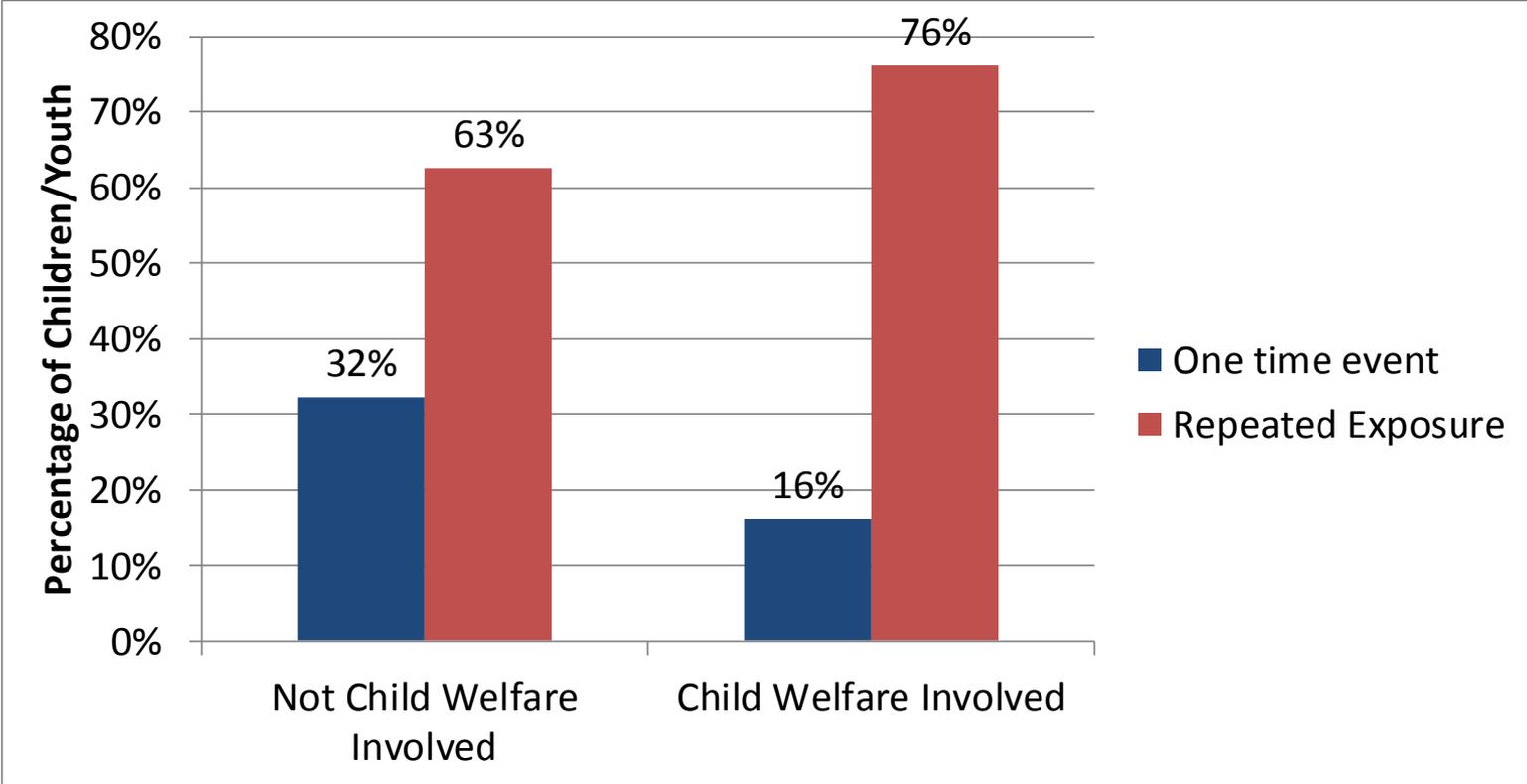
Number of Trauma Exposures



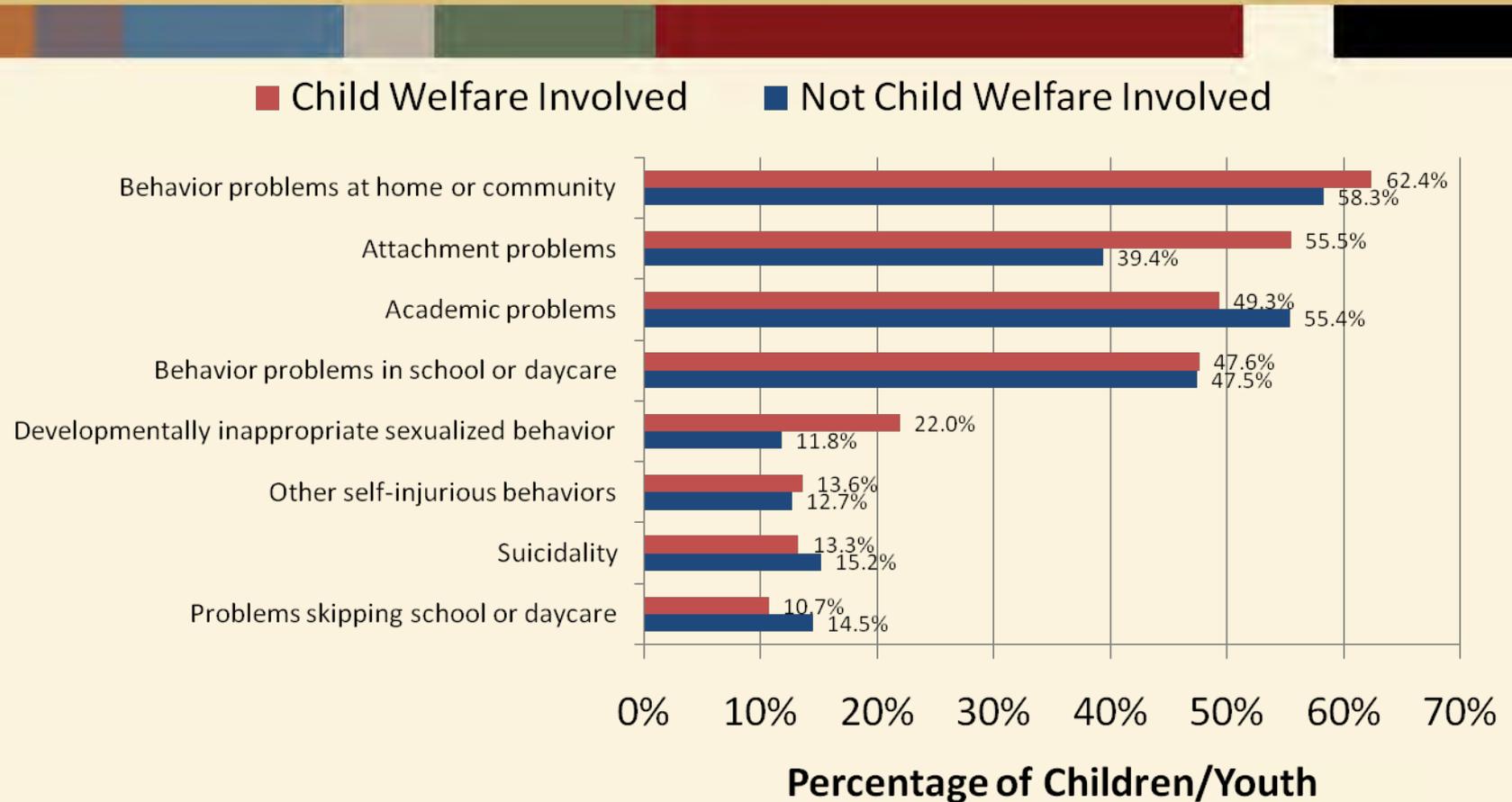
Top Traumas Experienced by Child Welfare Involved Youth



Frequency of Trauma Exposure

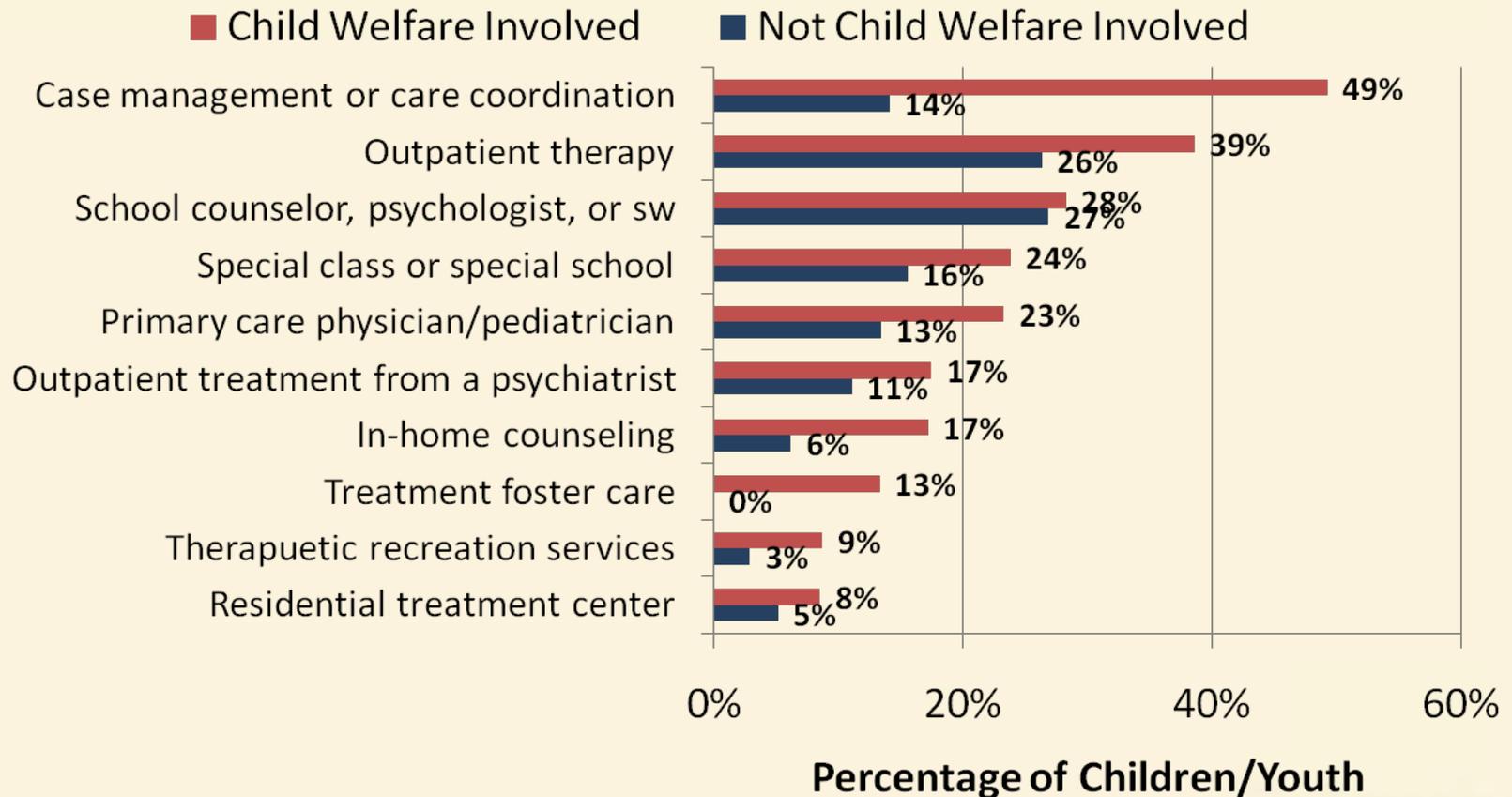


Presenting Problems* Among Youth with Child Welfare Involvement



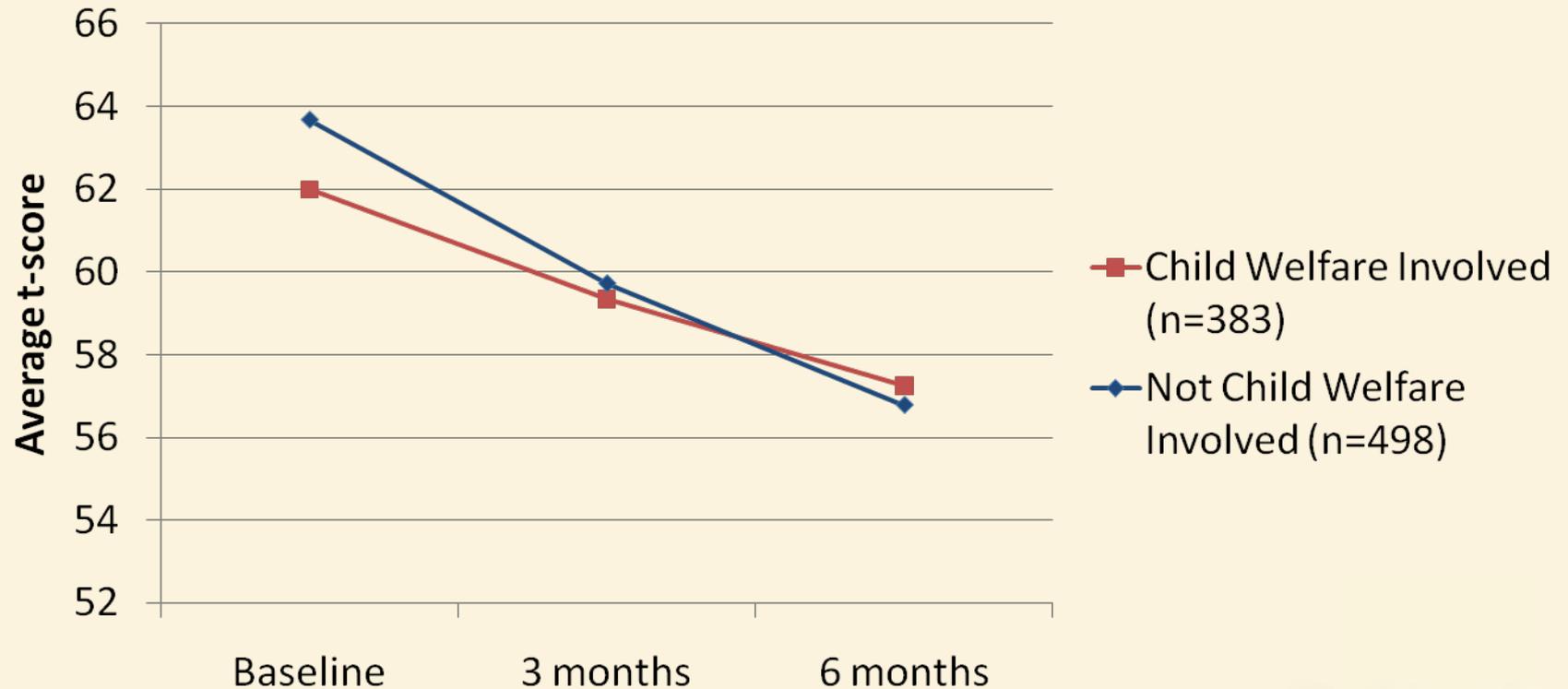
*Limited to presenting problems appearing in at least 10% of the population.

Services Received by Child Welfare Involved Youth



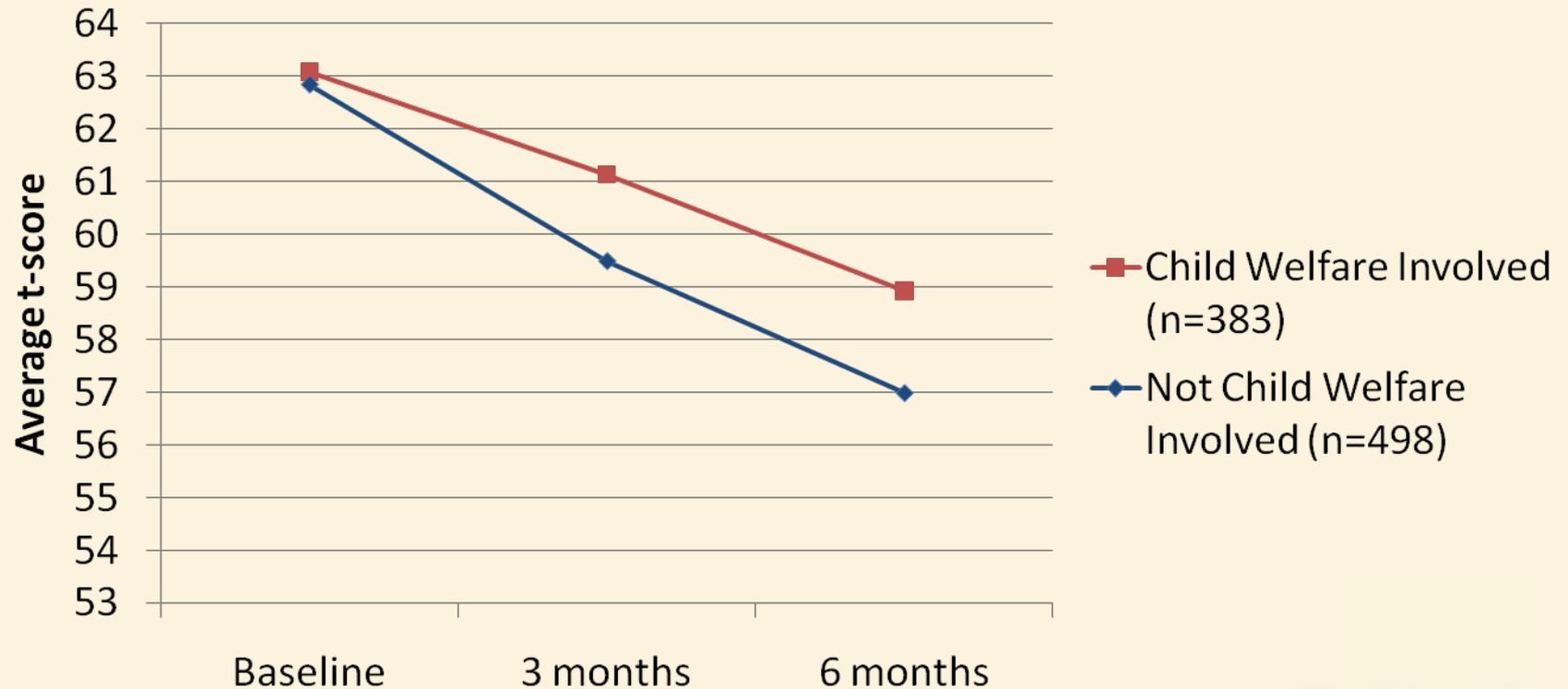
Clinical Outcomes of Child Welfare Involved Youth

CBCL Internalizing Behavior



Clinical Outcomes of Child Welfare Involved Youth

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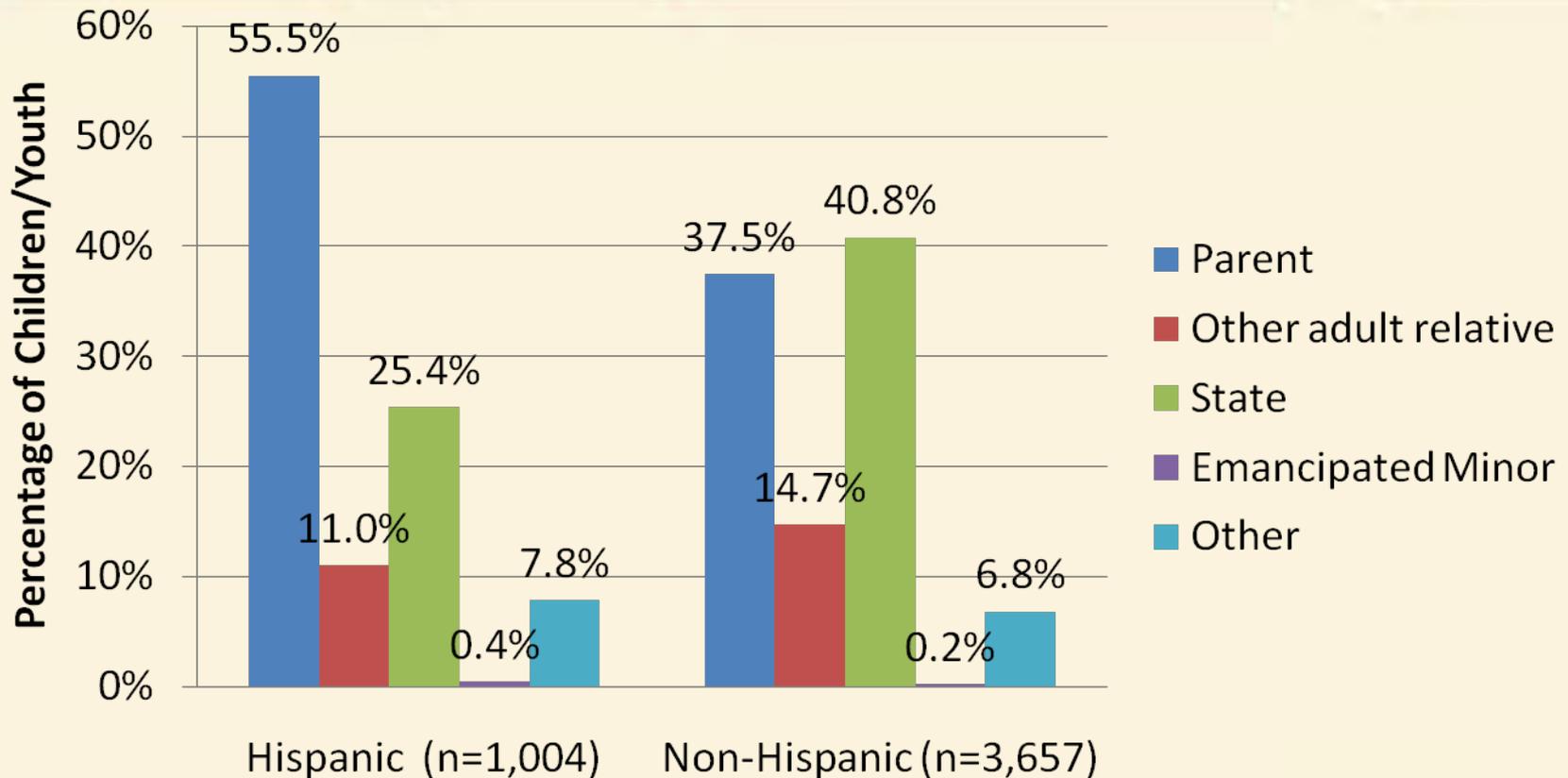


NCTSI Program: Profile of Hispanic Youth Involved in Child Welfare

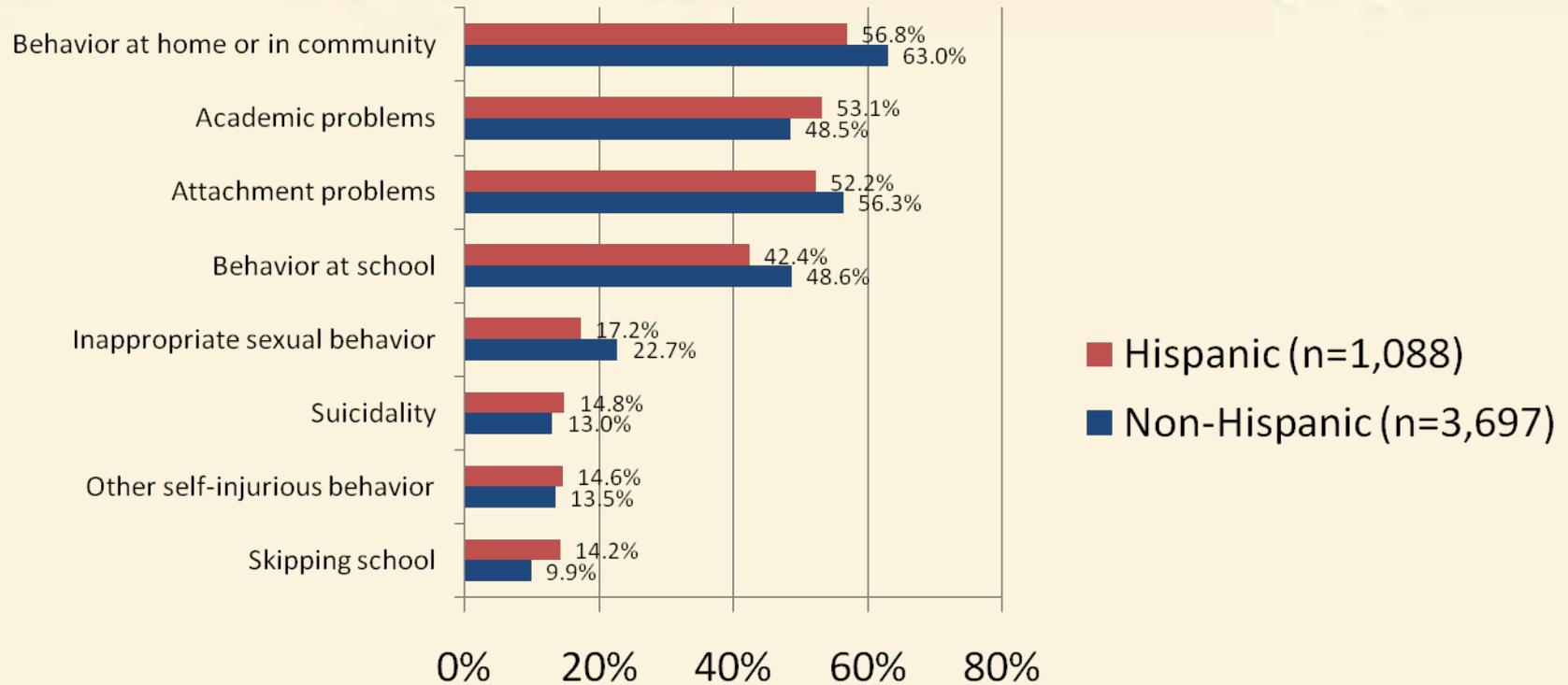
Child Welfare Involved Hispanic Youth

Characteristic		Hispanic (n=1,138)	Non-Hispanic (3,852)
Age Group	0-5 years	19.0%	21.6%
	6-12 years	46.1%	47.1%
	13-17 years	33.8%	30.5%
	18-25 years	1.1%	0.8%
Sex	Male	41.5%	47.0%
	Female	58.5%	53.0%
Nativity	Born in the U.S.	88.3%	98.5%

Guardianship of Youth with Child Welfare Involvement, by Ethnicity



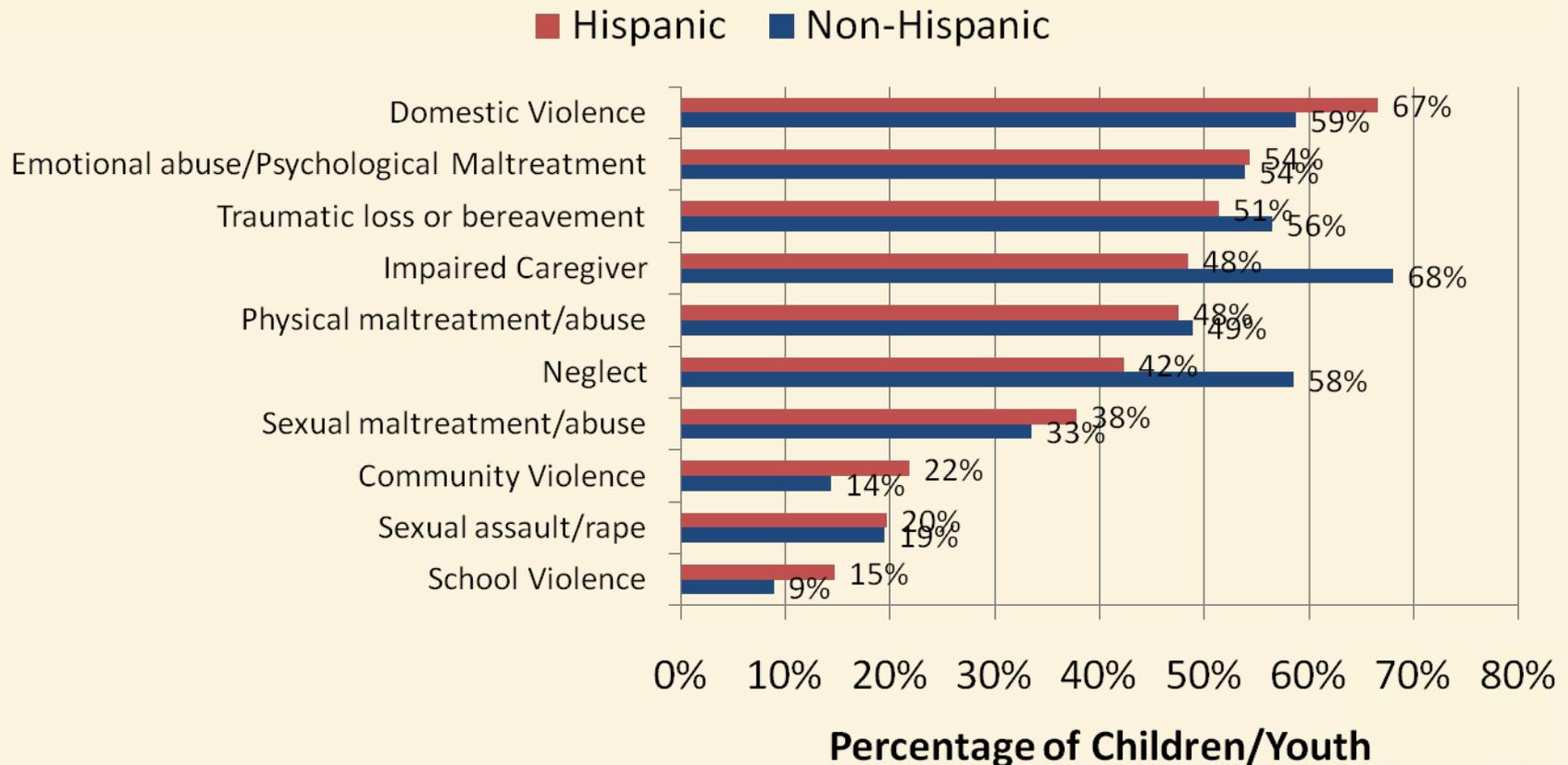
Presenting Problems* Among Youth with Child Welfare Involvement, by Hispanic Ethnicity



Percentage of Children/Youth

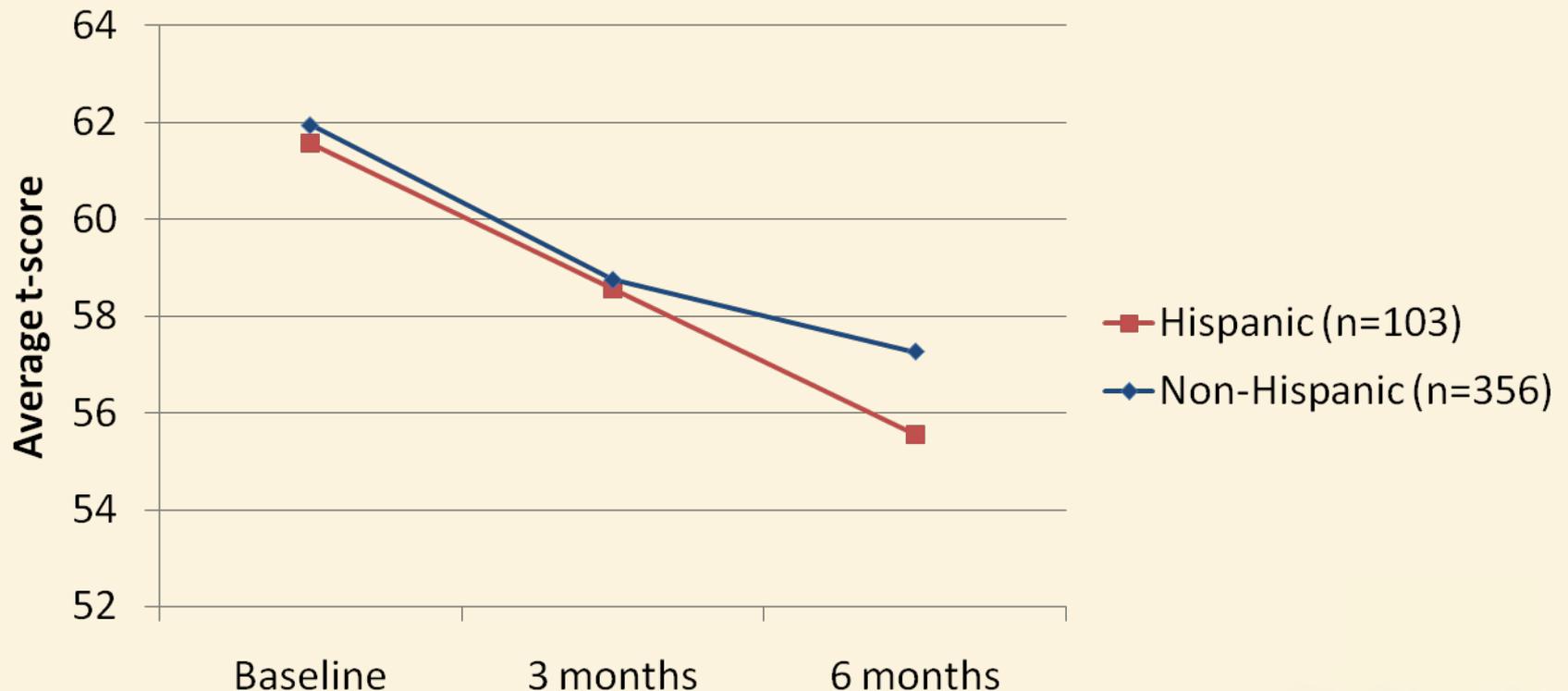
* Limited to presenting problems appearing in at least 10% of the population.

Top Traumas Experienced by Child Welfare Involved Hispanic Youth



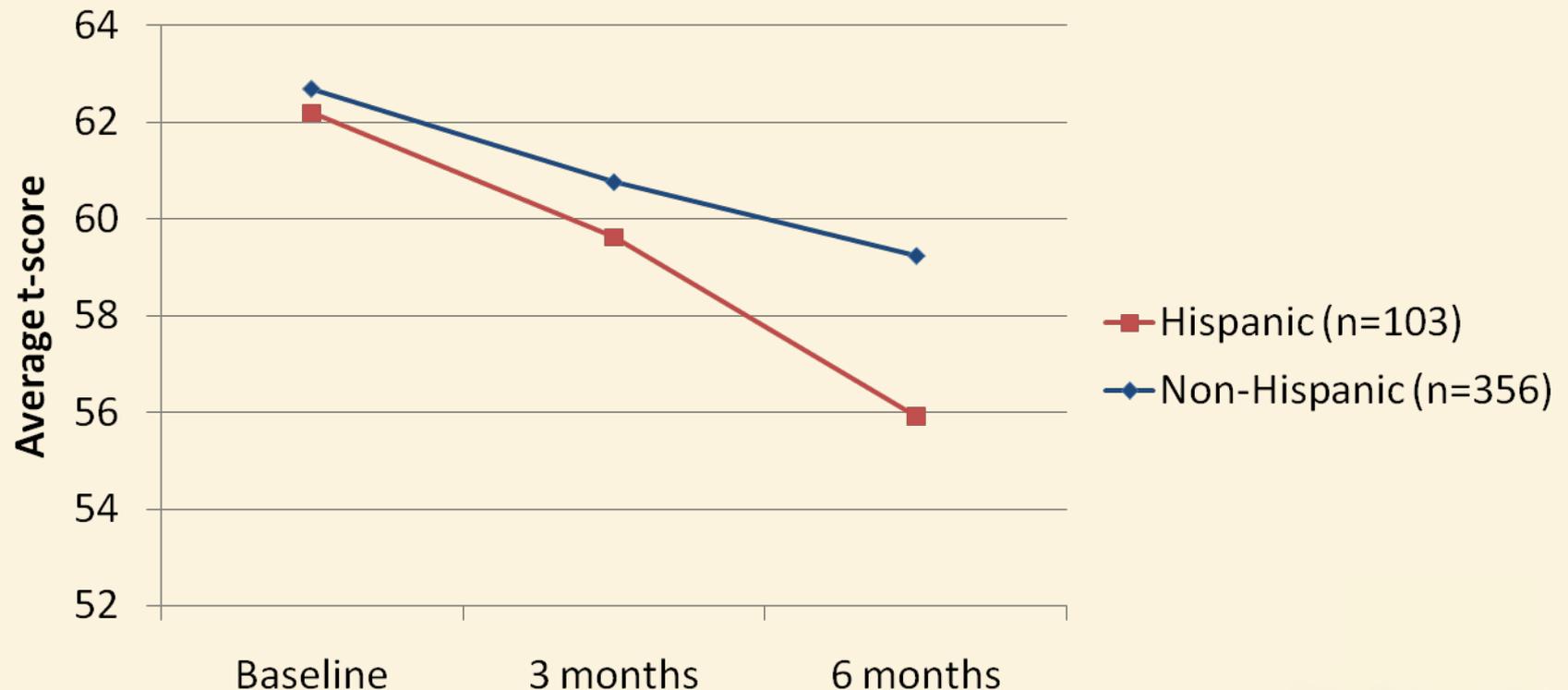
Clinical Outcomes – Child Welfare Involved Hispanic Youth

CBCL Internalizing Behavior

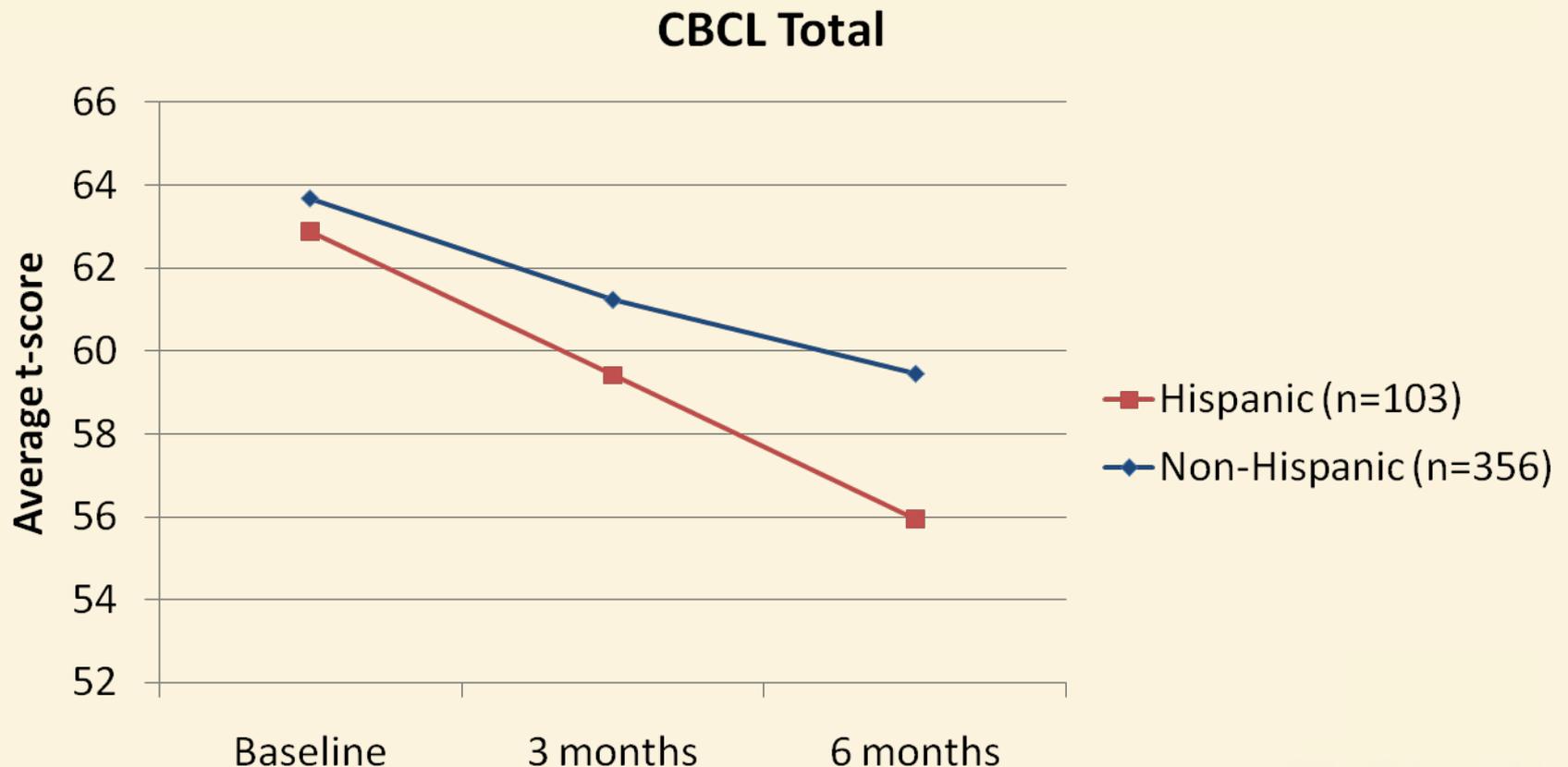


Clinical Outcomes – Child Welfare Involved Hispanic Youth

CBCL Externalizing Behavior



Clinical Outcomes – Child Welfare Involved Hispanic Youth



NCTSN Center Perspective on Implications for Practice

NCTSN Center-Serving Children and Adolescents in Need (SCAN)-Discussion on cultural adaptations and effective strategies to engage Hispanic children and their families in treatment and evaluation?