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**NCTSN ONLINE PERFORMANCE MONITORING REPORT (OPMR)**

The online reporting system provides the capacity to enter data for the Online Performance Monitoring Report (OPMR) on an ongoing basis. However, certain questions within the form require quarterly or annual reporting. The frequency of reporting will vary based on how often changes are likely to occur. For program reporting components that change infrequently, such as project goals and activities, centers will be asked to make updates as needed. Key accomplishments and other information that changes often, such as clients served, will be collected quarterly.

The required frequency of reporting is noted for each set of questions using the codes below:

- S = Remains static but is editable when changes are required
- Q = Requires a quarterly update of the information
- A = Requires an annual update of the information

**NCTSN CENTER GENERAL INFORMATION (S)**

<b>Grant Number:</b>	(SM00000-01)		
<b>Grantee Organization:</b>	(NCTSN Center Name)		
<b>Site ID Number:</b>	(0000-00)		
<b>Center Category:</b>	(Category II—Treatment and Service Adaptation Center)		
<b>Project Year No.:</b>			
<b>Project Officer:</b>			
<b>Program Associate:</b>			
<b>Name of Person Completing Report:</b>			
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-Mail:</b>			

**NCTSN CENTER CONTACTS (S)**

	<b>Project Director</b>	<b>Contact Person on Programmatic Issues</b>	<b>Contact Person on Financial Issues</b>
<b>Name:</b>			
<b>Agency/Organization:</b>			
<b>Mailing Address:</b>			
<b>City/State/ZIP:</b>			
<b>Street Address (if different):</b>			
<b>City/State/ZIP:</b>			
<b>Telephone:</b>			
<b>Fax:</b>			
<b>E-Mail:</b>			

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**BUDGET EXPENDITURES THIS QUARTER (Q)**


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What is the direct cost expenditure for the reporting period as a percentage of total budgeted direct costs for the grant year?	Current Quarter: _____ %	Based on: <input type="checkbox"/> Tracked expenditures <input type="checkbox"/> Budget expenditures estimate
What is the cumulative direct cost expenditure as a percentage of total budgeted direct costs for the grant year?	Cumulative (year to date): _____ %	Based on: <input type="checkbox"/> Tracked expenditures <input type="checkbox"/> Budget expenditures estimate
Please explain any significant changes (re-budgeting) in expenditures this Quarter from your approved budget.	<input type="checkbox"/> Re-budgeting required Government approval <input type="checkbox"/> Re-budgeting did not require Government approval	
Briefly describe the re-budgeting reason and amount:		
Describe any other budgetary issues that have arisen this quarter, such as unusual expenditures, large amounts of unexpended funds in a budget category, program income, additional non-Federal funding received, etc.?		

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**Other Budget-Related Requests**


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<input type="checkbox"/> Non-competing Continuation	Date Submitted: _____	
<input type="checkbox"/> Carryover Request	Date Submitted: _____	Amount Requested: \$ _____
<input type="checkbox"/> Change in Key Personnel	Describe Request:	

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**GRANTS MANAGEMENT ACTIONS THIS QUARTER (Q)**


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<input type="checkbox"/> No-Cost Extension Request	Date Submitted: _____	Amount of Un-Obligated Funds: \$ _____
<input type="checkbox"/> Other Grants Management Action Requested:	Describe Action:	
Describe any significant challenges that arose this quarter with any grants management action, such as lengthy delays, unclear instructions, difficult deadlines, failure to receive forms:		

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**MAJOR PROJECT GOALS, ACTIVITIES, AND ACCOMPLISHMENTS (Q)**


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**Instructions:** Please list the goals and activities included in your grant application. Describe any accomplishments made during the quarter with respect to your goals and activities. Accomplishments can include references to other sections in OPMR where more detailed information is contained (i.e., Trauma-informed Practices and Interventions).

Goals	Major Activities	Accomplishments
<b>Goal 1:</b>		
<b>Goal 2:</b>		
<b>Goal 3:</b>		
<b>Goal 4:</b>		

Since the last reporting period, have there been any major changes in the originally proposed goals of the project such as changes to your target population, to your interventions that you provide, or to the trainings that you provide?

Yes     No

If yes, please explain the rationale for these changes.

Were these changes discussed with your Government Project Officer?

Yes     No

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**DATA/EVALUATION—LOCAL EVALUATION (Q)**


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**Instructions:** Please list any local evaluation activities undertaken by your center during the quarter. Describe any methodology, indicators, and results of the local evaluation activities.

<b>Goal 1:</b>	<b>Methodology</b>	<b>Indicators</b>	<b>Results</b>
List Each Evaluation Activity			
<b>Goal 2:</b>	<b>Methodology</b>	<b>Indicators</b>	<b>Results</b>
List Each Evaluation Activity			
<b>Goal 3:</b>	<b>Methodology</b>	<b>Indicators</b>	<b>Results</b>
List Each Evaluation Activity			
<b>Goal 4:</b>	<b>Methodology</b>	<b>Indicators</b>	<b>Results</b>
List Each Evaluation Activity			

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**OTHER ACCOMPLISHMENTS (Q)**

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**Instructions:** Please describe any other accomplishments here.

**PUBLIC AWARENESS (Q)**

**Instructions:** Please indicate whether your center engaged in public awareness/outreach activities during the quarter. Outreach includes activities such as distributing literature, in-service training or presentations to community groups, agencies or schools, or marketing through the media.

Was your center involved in outreach to individuals or organizations aimed at increasing awareness of the effects of trauma or benefits of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(If No, please skip to Service Capacity.)</b>  (If Yes, then indicate each category of agency for whom your center provided outreach.)				
<p><b>Category of Agency (check all that apply)</b></p> <input type="checkbox"/> Child care agencies <input type="checkbox"/> Child welfare agencies <input type="checkbox"/> Consumer/client organizations <input type="checkbox"/> Domestic violence shelters <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Fire or other emergency agencies <input type="checkbox"/> General public <input type="checkbox"/> Government organizations	<input type="checkbox"/> Health care agencies <input type="checkbox"/> Juvenile delinquency agencies <input type="checkbox"/> Law enforcement organizations <input type="checkbox"/> Legal professionals (attorneys, judges) <input type="checkbox"/> Mental health agencies <input type="checkbox"/> Military organizations/agencies <input type="checkbox"/> Parents/family organizations <input type="checkbox"/> Schools <input type="checkbox"/> Other: _____				
Did any of these outreach activities involve information disseminated in magazines/newspapers, radio or television, or on the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then please complete details of media below.)				
<p><b>Details of Media</b></p> <p>Example: If a radio or television interview aired multiple times, it should only be counted as one radio or television outreach activity. Media in the state capitol should be counted as “state” media. Posting on a website may be counted as local, state, or national depending on the site’s intended audience. Similarly, coverage in professional publications like NASW News or Child Welfare Report should be listed in professional news under local, state, or national, depending on the publication’s primary intended audience. Electronic newsletters should be counted as a print publication, such as professional news, rather than the Internet.</p>					
<b>Indicate the number of new activities this quarter</b>	<b>Magazine / Newspaper</b>	<b>Radio</b>	<b>Television</b>	<b>Professional News</b>	<b>Internet</b>
<b>Local</b>					
<b>State</b>					
<b>National</b>					

## Direct Clinical Services (Q)

**SKIP DIRECT CLINICAL SERVICES SECTION IF DATA ON ALL CLIENTS RECEIVING CLINICAL SERVICES AT YOUR SITE ARE ENTERED INTO EITHER NICON OR TRAC SYSTEMS.**

**Instructions:** Direct Clinical Services include individual, family, and group therapy, evaluation, crisis response, medication check, etc. These services may be delivered in the clinic, school, home or other location. These services may be provided by a therapist, clinical social worker, or student who is being directly supervised by center staff. This category does not include Case Consultation, or Case Management which are captured separately. **Family Therapy is now included under Direct Clinical Services. The number of clients reported as receiving family therapy should be targeted children, not total number of family members.**

1. Does your center provide direct clinical treatment to children/adolescents or their families?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, does your center have an ongoing, collaborative relationship with a partnering agency that provides direct clinical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If your center does not provide direct clinical services, please skip to the Client-Related Services for Children section.** If your center provides Direct Clinical Services or partners with an agency that provides Direct Clinical Services, please answer question 2 below.

	Total number of new clients seen this quarter		Cumulative number of clients seen by your center since the beginning of grant funding	Unable to report number of clients	If unable to report number of clients, please explain
	By center	By partnering agencies			
2. Please provide the total number of clients between the ages of 0 and 25 for whom your center provided <b>Direct Clinical Services</b> under the auspices of your NCTSI grant.			(Total from previous reports)	<input type="checkbox"/>	

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**DIRECT CLINICAL SERVICES (CONTINUED)**


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3. Please provide demographics from your population (provide estimates if necessary). **Totals for the Age, Gender, Ethnicity, and Race categories must EACH equal the total number of clients receiving direct clinical services reported in Question 2.**

	Age 0–5	Age 6–12	Age 13–17	Age 18–25	Age Unknown
<b>Number of Clients by Age</b>					

	Male	Female	Gender Unknown
<b>Number of Clients by Gender</b>			

**Note:** The Ethnicity and Race questions below are mutually exclusive and should be answered independently. According to the Federal Government’s guidelines, people of Hispanic/Latino Ethnicity may be of any race and should be assigned to the most appropriate Race category. If this level of detail is not known, please include these clients under Race Unknown.

	Hispanic/ Latino	Not Hispanic/ Not Latino	Ethnicity Unknown
<b>Number of Clients by Ethnicity</b>			

	American Indian/ Alaska Native	Asian	Black/ African American	White	Native Hawaiian/ Other Pacific Islander	Multiracial	Race Unknown
<b>Number of Clients by Race</b>							

4. Indicate the current number of days until the next available appointment for Direct Clinical Services	Number of Days _____		
5. Does your center currently have a waitlist for Direct Clinical Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes,			
5a. How many people are currently on the waitlist?			
5b. Are assessments conducted before clients are placed on the waitlist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
5c. What are the criteria for placing			



youth on the waitlist?	
5d. On average, how many days are clients on the waitlist before receiving services?	Number of Days _____

**CLIENT-RELATED SERVICES FOR CHILDREN (Q)**

**Instructions:** Please answer Yes or No to each of the following questions to indicate the services provided at your center under the auspices of your NCTSI grant. Each category should have the number of clients counted independently. For example, if 100 children are seen for Case Consultation and your standard of care is to also provide Parent Education, then report 100 in both categories. See each individual category for reporting details related to that specific service. The number of clients reported will be number of clients specified for each service.

4. Does your center provide Client-Related Services for Children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, does your center have an ongoing, collaborative relationship with a partnering agency that provides Client-Related Services for children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If your center does not provide Client-Related Services for Children, please skip to the Family Services section.** If your center provides Client-Related Services for Children or partners with an agency that provides these services, please answer the questions below.

	Total number of new clients seen this quarter		Cumulative number of clients seen by your center since the beginning of grant funding	Unable to report number of clients	If unable to report number of clients, please explain
	By center	By partnering agencies			
Please provide the total number of clients between the ages of 0 and 25 for whom your center provided <b>Client-Related Services</b> under the auspices of your NCTSI grant.			(Total from previous reports)	<input type="checkbox"/>	
<b>Does your center provide this service?</b>					
<b>Parent education:</b> General teaching and providing information to parents that increases their understanding of children’s needs related to traumatic stress.	Yes <input type="checkbox"/> No <input type="checkbox"/>		(Total from previous reports)	<input type="checkbox"/>	
<b>Parent training:</b> Teaching of specific skills for managing children’s behaviors taught to individual parents or groups of parents and often in the absence of the child. Do not include activities previously counted as parent education or family therapy.	Yes <input type="checkbox"/> No <input type="checkbox"/>		(Total from previous reports)	<input type="checkbox"/>	
<b>Case consultation:</b> Activities related to providing professional or clinical expertise to another provider for benefit of a specific patient/client.	Yes <input type="checkbox"/> No <input type="checkbox"/>		(Total from previous reports)	<input type="checkbox"/>	

		Total number of new clients seen this quarter		Cumulative number of clients seen by your center since the beginning (Total from previous reports)	Unable to report number of clients	If unable to report number of clients, please explain
		By center	By partnering agencies			
<p><b>Case management:</b> Activities for the purpose of locating services other than services provided by your 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 can 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.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			(Total from previous reports)	<input type="checkbox"/>	
<p><b>Referrals:</b> Include services that direct, guide, or link the client with appropriate services provided within or outside your organization. Do not include in this category referrals that were carried out as part of case management activities.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			(Total from previous reports)	<input type="checkbox"/>	

**FAMILY SERVICES (Q)**

**Instructions:** Please answer Yes or No to each of the following questions to indicate the Family Services provided at your center under the auspices of your NCTSI grant. Each category should have the number of clients counted independently. For example, if 100 children received the benefit of a Support Group, and also the benefit of Transportation, then report 100 in both categories. See each individual category for reporting details related to that specific service.

5. Does your center provide Family Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, does your center have an ongoing, collaborative relationship with a partnering agency that provides Family Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If your center does not provide Family Services, please skip to the Trauma-Informed Practices and Interventions section.** If your center provides Family Services or partners with an agency that provides these services, please answer the questions below.

	Total number of new clients seen this quarter		Cumulative number of clients seen by your center since the beginning of grant funding	Unable to report number of clients	If unable to report number of clients, please explain
	by your center	by partnering agencies			
Please provide the total number of clients between the ages of 0 and 25 for whom your center provided <b>Family-Related Services</b> under the auspices of your NCTSI grant.			(Total from previous reports)	<input type="checkbox"/>	
<b>Does your center provide this service?</b>					
<b>Support groups:</b> Groups attended by parents or other primary caregivers which are not group therapy and which were not previously counted as parent education or parent training.	Yes <input type="checkbox"/> No <input type="checkbox"/>		(Total from previous reports)	<input type="checkbox"/>	
<b>Child care:</b> Child care provided for targeted child and/or other children living in the home for the purpose of allowing the parent or other primary caregiver to take part in treatment-related services.	Yes <input type="checkbox"/> No <input type="checkbox"/>		(Total from previous reports)	<input type="checkbox"/>	

		Total number of new clients seen this quarter		Cumulative number of clients seen by your center since the beginning of grant funding	Unable to report number of clients	If unable to report number of clients, please explain
		By center	By partnering agencies			
<p><b>Respite care:</b> Child care or other activities that are arranged (by your agency or other professionals) for the targeted child for the purpose of reducing caregiver strain. Service may be provided in the home or another setting. Do not count activities previously counted under child care.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			(Total from previous reports)	<input type="checkbox"/>	
<p><b>Transportation:</b> Transportation arrangements made or provided by the program for the purpose of allowing the target child and/or parent/caregiver to take part in treatment or treatment-related activities.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			(Total from previous reports)	<input type="checkbox"/>	
<p><b>Financial assistance:</b> Direct financial assistance paid by the program to or on behalf of a parent or caregiver such as assistance paying for utility bills, rent, making repairs to a home, fees for afterschool programs, or expenses for summer camp.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			(Total from previous reports)	<input type="checkbox"/>	
<p><b>Advocacy:</b> Actions taken with or on behalf of a specific child or parent/caregiver to assure the person's views and/or needs are understood and addressed. Do not count advocacy activities carried out for a general population of children. Also, do not count activities previously reported as case management.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			(Total from previous reports)	<input type="checkbox"/>	

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**Family/Consumer Partnerships**


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1. Please indicate whether your center has taken steps to involve consumers, youth or family members in the planning or implementation of your center's grant activities. Has your center: (please check all that apply)

- Set related **goals and objectives**  
 Created a **plan to implement** such goals and objectives  
 Conducted **focus groups or interviews** with consumers, youth and/or family members to solicit their perspectives on the planning or implementation of grant activities  
 Provided **tools or products** for consumers, youth and/or family members  
 Provided **tools or products** for clinicians designed to promote consumer/family-driven services  
 **Assigned staff** to focus on partnering and involvement with/of youth and families  
 Offered **training opportunities** for consumers, youth and/or family members  
 Created **positions or roles** for consumers, youth and/or family members using grant funds  
 Involved consumers, youth and/or family members in the **interpretation of assessment data** collected from them  
 Allotted **grant funding** to support the involvement of consumers, youth or families in the planning or implementation of grant activities (e.g., stipends for focus group participation, child care, transportation, etc.)  
 Involved youth or family members as **co-presenters** at conferences or trainings  
 Supported youth or family members from your center to **participate in activities at the local, state, national level** outside of your organization  
 Other, please describe: \_\_\_\_\_  
 None of the above

2. If answer choices were checked for question 1 above, please provide a brief description of the activities.

- a. Description of activities:

\_\_\_\_\_

- b. Highlight any efforts to involve military families in particular:

\_\_\_\_\_

- c. Please select any NCTSN resources that you have used to accomplish these activities (check all that apply):

- Pathways to Partnerships with Youth and Families in the National Child Traumatic Stress Network (2008)  
 Pathways to Partnership Tip Sheets  
 Partnering with Youth and Families Speaker Series  
 Policy Brief: Supporting High-Quality Mental Health Services for Child Trauma: Family, Youth, and Consumer Involvement (2008)  
 Sometimes You Just Want to Be Heard! (2009)  
 Youth Speak! (2009)  
 Other, please describe: \_\_\_\_\_  
 None of the above

3. What factors have facilitated or hindered the process of involving consumers, youth and/or families in the design, development and implementation of grant activities?

Factors that facilitate:

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Factors that hinder:

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For centers providing direct clinical mental health services ONLY:

4. Do you take steps to engage youth and family members in the assessment and treatment process to ensure treatment to completion?

Yes

If Yes, please describe the activities: \_\_\_\_\_

No

N/A

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**TRAUMA-INFORMED PRACTICES AND INTERVENTIONS (Q)**

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**Instructions:** Identify the primary trauma-focused/trauma-informed practices/interventions that your site is implementing or planning to implement. Intervention programs can be identified either as specific programs (e.g., TF-CBT, SPARCS, Psychological First Aid) or described (e.g., play therapy involving trauma themes, train police officers to identify children impacted by interpersonal violence). If your center is not implementing trauma-informed practices and interventions, please skip to the Products Developed/Used Under the Auspices of Your NCTSI Grant section.

<b>Intervention (insert pull-down menu of standard practices/interventions)</b>
Type of practice or intervention (check all that apply):
<input type="checkbox"/> Clinical trauma treatment <input type="checkbox"/> Psychoeducational programs on the impact of trauma <input type="checkbox"/> Outreach/screening/assessment of children/adolescents for trauma exposure <input type="checkbox"/> Referral/triage of identified trauma-exposed children to the appropriate intensity of clinical services <input type="checkbox"/> Acute interventions during or in the immediate aftermath of traumatic events <input type="checkbox"/> Supportive services in the aftermath of a traumatic event <input type="checkbox"/> Trainings to improve the response of service providers to child/adolescent trauma victims <input type="checkbox"/> Trainings to reduce the potential for traumatic stress in the delivery of services <input type="checkbox"/> Changes to services that improve the delivery of trauma treatment and services
With what target population are you using this intervention?
How many clients do you expect to serve with this intervention over the course of the project?
How many clinicians/service providers have been trained in this intervention this quarter?
Cumulative number of clients served with this intervention since the beginning of grant funding: (total from previous reports)
Total number of new clients who began receiving the intervention this quarter:

**Instructions:** Please describe the progress achieved during the quarter with the intervention. Include any information related to Adoption, Training, Implementation, and Adaptation/Improvement.

Describe any significant **difficulties or barriers** in implementing this intervention.

Describe any lessons learned from implementing this intervention:



**PRODUCTS DEVELOPED/USED UNDER THE AUSPICES OF YOUR NCTSI GRANT (Q)**

**Instructions:** Please report on the trauma-informed products developed under the auspices of your NCTSI Grant. Products include, but are not limited to, publications, screening or assessment instruments, training manuals, white papers, manualized treatments, and information systems for trauma-related services. For any product that is in or approaching the pilot testing stage, please share a copy of that product with your SAMHSA project officer (electronic copies preferred). If your center is not developing or using trauma-informed products, please skip to the Collaborative Activities with non-NCTSN Partners section.

<b>Name</b>		
<b>Description</b>		
<b>Type of product</b>	<input type="checkbox"/> Assessment <input type="checkbox"/> Clinical Treatment <input type="checkbox"/> Information Resources <input type="checkbox"/> Publication	<input type="checkbox"/> Screening Instrument <input type="checkbox"/> Training/Technical Assistance <input type="checkbox"/> Other: _____
<b>Service population</b>	<input type="checkbox"/> 0–5 (Early childhood) <input type="checkbox"/> 6–12 (Childhood) <input type="checkbox"/> 13–17 (Adolescent)	<input type="checkbox"/> 18–25 (Young Adult) <input type="checkbox"/> Caregiver/Family <input type="checkbox"/> Other: _____
<b>Special populations</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Homeless <input type="checkbox"/> Limited English–proficient clients <input type="checkbox"/> Military families <input type="checkbox"/> Refugees	<input type="checkbox"/> Specific ethnic/cultural group: _____ <input type="checkbox"/> Victims of natural disasters or terrorism <input type="checkbox"/> Other: _____
<b>Provider type</b>	<input type="checkbox"/> Child welfare <input type="checkbox"/> Clinicians <input type="checkbox"/> First Responders <input type="checkbox"/> Health care/Public health	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Social services <input type="checkbox"/> Teacher/School Personnel <input type="checkbox"/> Other: _____
<b>Stage of development</b>	<input type="checkbox"/> Conceptualization <input type="checkbox"/> Development <input type="checkbox"/> Pilot testing	<input type="checkbox"/> Dissemination <input type="checkbox"/> Evaluation <input type="checkbox"/> In NCTSN Knowledge Bank

**Instructions:** Please describe the products that you feel need to be developed. Include in your description the type of product, service population, and provider type.

Please select the NCTSN-developed products that you have used at your center.

<b>Products: (insert pull-down menu of NCTSN-developed products)</b>
For each product chosen, describe how you have used the product.

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**NETWORK COLLABORATION (Q)**


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**Instructions:** Please select all NCTSN work groups, committees, or other bodies/activities that representatives from your Center actively participated in during the quarter.

<b>Group or Activity</b>	<b>(Insert pull-down menu list of formal Workgroups/Committees and other bodies/activities—allow to select multiple)</b>
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For each Group or Activity identified, please respond to the questions below.

What was the role of grantee staff in this activity?
What were the most important achievements of your Group or Activity over the past quarter?
Were you satisfied with the progress/accomplishments and functioning of the Group or Activity? Why or why not?

Please identify the NCTSN Centers with whom you collaborated the most this quarter (select up to 8 Centers).

<b>Center 1</b>	(Pull-down menu of centers)
<b>Center 2</b>	(Pull-down menu of centers)
<b>Center 3</b>	(Pull-down menu of centers)
<b>Center 4</b>	(Pull-down menu of centers)
<b>Center 5</b>	(Pull-down menu of centers)
<b>Center 6</b>	(Pull-down menu of centers)
<b>Center 7</b>	(Pull-down menu of centers)
<b>Center 8</b>	(Pull-down menu of centers)

Please describe the major collaborative activities between your center and other NCTSN centers this quarter.
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## Collaborative Activities with Non-NCTSN partners (Q)

**Instructions:** List any collaborative activities that your center participated in during the quarter. These activities may include collaboration at the local, state, and national levels.

Name of Partnering Agency	Service System Type	Activity
	(Insert pull-down menu of service system types)	(Insert pull-down menu of collaborative activities)

Please describe the major collaborative activities between your center and other non-NCTSN program partners this quarter.

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**INTERAGENCY PLANNING AND COORDINATION (A)**


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**Instructions:** This section lists methods used to facilitate interagency planning and coordination of services and systems. For each method, please characterize the extent to which each has been used during the past 12 months in your NCTSN Center.

	Extent of Use During the Past 12 Months					
	1 = Not at all used	2 = Somewhat used	3 = Moderately used	4 = Very much used	5 = Extensively used	Don't know
<b>Interagency Planning and Coordination at the Service Delivery or System Level</b>						
Interagency service and treatment planning meetings (i.e., staff from multiple agencies such as mental health and child welfare meet to discuss the child's treatment plan)	1	2	3	4	5	DK
Interagency team meetings (for system-level policy, planning, and coordination purposes)	1	2	3	4	5	DK
Joint training (i.e., staff from multiple agencies are trained together)	1	2	3	4	5	DK
Shared staff (i.e., more than one agency funds one staff position)	1	2	3	4	5	DK
Outstationing or colocating staff (i.e., staff from one agency are housed in another agency's office or service locations)	1	2	3	4	5	DK
Pooled funding resources (i.e., more than one agency funds services provided to children, youth, and families)	1	2	3	4	5	DK

**SUSTAINABILITY OF SERVICES (A)**

**Instructions:** From the list of activities below, indicate which of these activities you intend to sustain after the end of your NCTSN grant period?

Activity	
Trauma-informed screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed evidence-based practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed trainer training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed system change reform – Local level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed system change reform – Statewide	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed system change reform – Nationwide	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed product/intervention development	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed product dissemination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed product technical assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trauma-informed outcome data collection and evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Integration of family members and youth in program activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Factors that enhance or <b>hinder</b> sustainability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Program and training cost/cost benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sustainability efforts outside of the center, network, and affiliates	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
TA around the issue of sustainability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Network collaboration activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Sustainability Planning**

Does your center have a sustainability plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, describe it in detail, including the objectives of the plan.)	

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**FINANCING (A)**


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**Instructions:** Some common sources of financial support for trauma-informed activities are listed below. Please indicate whether you have applied for each type of funding, received each type of funding, and what percentage each source contributes to the treatment/services provided by your center.

Not applicable \_\_\_\_\_

Funding Source	Applied For Funding	Received Funding	Percentage of Funding	Specifically Funds Trauma Services
SAMHSA NCTSI grant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other SAMHSA grant (specify): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Federal grant (specify): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicaid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Private insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
State/local mental health funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Local mental healthState/local child welfare funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
State child welfare funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Local child welfare funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
State /local juvenile justice/court funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Local juvenile justice/court funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
State educational funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Local educational funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other state funding (specify) _____): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other local funding (specify) _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Private foundation/ philanthropic funding (specify) _____): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Local community charitable funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Endowment/local fundraising	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Corporate/benefactor giving	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Instructions:** In the questions below, report on the resources available for training activities supported under the auspices of your NCTSN grant. Answer separately for training provided to the staff at your center versus training provided to staff from partnering agencies.

**Support for Staff Training in Trauma-informed Treatment/Services**

<b>Percentage of Training Costs</b>	<b>Funding Source</b>
	Agency training budget
	Other Federal grant
	Private funding
	SAMHSA NCTSI grant
	State/local funding source

**Support for Trauma Training you Provide to Partnering Agencies**

<b>Percentage of Training Costs</b>	<b>Funding Source</b>
	Agency training budget
	Fees for attendees
	Other Federal grant
	Private funding
	SAMHSA NCTSI grant
	State/local funding source



## DATA COLLECTION (Q)

**Instructions:** Please respond to the following questions about your center's participation in data collection activities (CDS, TRAC, IRB) during the quarter.

Did your center or partnering centers collect Core Data Set (CDS) measures this quarter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has your staff received TRAC training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you initiated the IRB approval process to collect and transfer TRAC data?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you initiated the IRB approval process to collect and transfer CDS data?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your center use the CDS measures as part of usual service provision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please indicate how you use the CDS measures (check all that apply)	<input type="checkbox"/> Assessment <input type="checkbox"/> Treatment planning <input type="checkbox"/> Treatment monitoring <input type="checkbox"/> Outcome assessment <input type="checkbox"/> Other: _____		
If your center or partnering programs collect Core Data Set (CDS) measures, indicate which measures are collected.			
<b>Measure</b>	<b>Number of Cases Entered This Quarter</b>	<b>Number of Cases Entered This Year</b>	<b>Number of Cases Entered Since the Beginning of the Grant</b>
<b>Baseline Assessment</b>	(populated)	from	NICON)
<b>Follow-Up Assessment</b>	(populated)	from	NICON)
<b>Demographic Information:</b>	(populated)	from	NICON)
<b>Trauma History:</b>	(populated)	from	NICON)
<b>UCLA Reaction Index:</b>	(populated)	from	NICON)
<b>Trauma Symptom Checklist:</b>	(populated)	from	NICON)
<b>Child Behavior Checklist:</b>	(populated)	from	NICON)
Are there any issues with CDS measures collection that you had this quarter (e.g., difficulties entering data, IRB, usability of measures, burden on service providers)?			

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**PROGRAM ISSUES THIS QUARTER (Q)**

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**Instructions:** Please indicate any program issues you have experienced this quarter, including challenges with participating in the NCTSI Evaluation or TRAC reporting. If you have either concerns about or commendations for National Center, ICF Macro, or TRAC staff, please contact your GPO directly.

Have there been any challenges in participating in the NCTSI Evaluation this quarter?

Describe any significant challenges participating in the TRAC system this quarter:

<b>List of Practices/Interventions for Pull-Down Menu</b>	
1.	Abuse-Focused Cognitive Behavioral Therapy for Child Physical Abuse (AF-CBT)
2.	Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)
3.	Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP)
4.	Attachment, Self-Regulation, and Competence (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth
5.	Child Adult Relationship Enhancement (CARE)
6.	Child Development-Community Policing Program (CDCP)
7.	Child-Parent Psychotherapy (CPP)
8.	Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
9.	Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse
10.	Combined Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Selective Serotonin Reuptake Inhibitors (SSRI) Treatment
11.	Community Outreach Program-Esperanza (COPE)
12.	Culturally Modified Trauma-Focused Treatment (CM-TFT)
13.	Eye Movement Desensitization and Reprocessing (EMDR)
14.	Group Treatment for Children Affected by Domestic Violence
15.	Honoring Children, Making Relatives (HC-MR)
16.	Honoring Children, Mending the Circle (HC-MC)
17.	Honoring Children, Respectful Ways (HC-RW)
18.	Integrative Treatment of Complex Trauma (ITCT)
19.	International Family Adult and Child Enhancement Services (IFACES)
20.	Life Skills/Life Stories
21.	Multimodality Trauma Treatment Trauma-Focused Coping (MMTT)
22.	Multisystemic Treatment (MST)
23.	Parent-Child Interaction Therapy (PCIT)
24.	Posttraumatic Stress Management (PTSM)
25.	Psychological First Aid (PFA)
26.	Real Life Heroes (RLH)
27.	Safe Harbor Program
28.	Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART)
29.	Sanctuary Model
30.	Streetwork Project
31.	Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

<b>List of Practices/Interventions for Pull-Down Menu</b>	
32.	Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A)
33.	Trauma System Therapy (TST)
34.	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
35.	Trauma-Focused Cognitive Behavioral Therapy for Childhood Traumatic Grief (TG-CBT)
36.	Trauma-Informed Brief Intervention Services
37.	UCLA Trauma/Grief Program for Adolescents: Component Therapy for Trauma and Grief (CTTG)
38.	Youth Dialectical Behavioral Therapy
39.	Other, specify: _____

<b>List of NCTSN-Developed Products for Pull-Down Menu</b>	
1.	A Guide to Private Funding to Support Child Traumatic Stress and Other Trauma-Focused Initiatives (2007)
2.	Acquaintance Rape: Information for Parents (2009)
3.	Addendum to Finding Funding: A Guide to Federal Sources for Child Traumatic Stress and Other Trauma-Focused Initiatives (2008)
4.	Addressing the Mental Health Problems of Border and Immigrant Youth (2009)
5.	Addressing the Trauma Treatment Needs of Children Who Are Deaf or Hard of Hearing and the Hearing Children of Deaf Parents (2006)
6.	Administration and Scoring of the UCLA PTSD Reaction Index for DSM-IV (Revision 1)-Video (2004)
7.	After the Hospital: Getting Back to a Schedule (2004) / En Español [Después del Hospital: Cómo Retomar las Actividades Diarias (2009)]
8.	After the Hospital: Helping My Child Cope - What Parents Can Do (2004) / En Español [Después del Hospital: Cómo Ayudar a Mi Familia a Superar la Situación (2009)]
9.	Arson Fires: Tips for Parents on Media Coverage (2009)
10.	Assessing Exposure to Psychological Trauma and Post-Traumatic Stress in the Juvenile Justice Population (2004)
11.	At the Hospital: Helping My Child Cope - What Parents Can Do (2004) / En Español [En el Hospital: Cómo Ayudar a Mi Hijo a Sobrellevar la Situación (2009)]
12.	At the Hospital: Helping My Teen Cope - What Parents Can Do (2004) / En Español [En el Hospital: Cómo Ayudar a Mi Adolescente a Sobrellevar la Situación (2009)]
13.	Brief Information on Childhood Traumatic Grief (2008) / En Español [Breve Información Sobre el Duelo Traumático Infantil]
14.	Brief Information on Childhood Traumatic Grief for School Personnel (2008) / En Español [Breve Información Sobre el Duelo Traumático Infantil Para Personal de la Escuela]
15.	Building Community Resilience for Children and Families (2007)
16.	Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (2010)
17.	Caring for Kids: What Parents Need to Know about Sexual Abuse (2009)
18.	Checklist for School Personnel to Evaluate and Implement the Mental Health Component of Your School Crisis and Emergency Plan (2003)
19.	Child Physical Abuse Fact Sheet (2009)
20.	Child Sexual Abuse Fact Sheet: For Parents, Teachers, and Other Caregivers (2007)
21.	Child Sexual Abuse: Coping with the Emotional Stress of the Legal System (2009)
22.	Child Trauma Toolkit for Educators (2008) / En Español [Caja de Herramientas Para Educadores Para el Manejo de Trauma Infantil] (2009)

<b>List of NCTSN-Developed Products for Pull-Down Menu</b>	
23.	Child Traumatic Stress: What Every Policymaker Should Know (2008)
24.	Child Welfare Trauma Training Toolkit (2008)
25.	Childhood Traumatic Grief Educational Materials - Complete Package (2004)
26.	Childhood Traumatic Grief Educational Materials - For Members of the News Media (2004)
27.	Childhood Traumatic Grief Educational Materials - For Parents (2004) / En Español [Guía informativa para los padres sobre la aflicción traumática infantil]
28.	Childhood Traumatic Grief Educational Materials - For Pediatricians and Pediatric Nurses (2004)
29.	Childhood Traumatic Grief Educational Materials - For School Personnel (2004)
30.	Children of War: A Video for Educators (2005)
31.	Children of War: A Video for Educators Resource Guide (2005)
32.	Children's Advocacy Center Directors' Guide to Mental Health Services for Abused Children (2008)
33.	Claiming Children: Federation of Families for Children's Mental Health newsletter [special issue on trauma in collaboration with the National Child Traumatic Stress Network] (2003) / En Español [Niños que reclaman atención]
34.	Complex Trauma in Children and Adolescents (2003)
35.	Coping with the Shock of Intrafamilial Sexual Abuse : Information for Parents and Caregivers (2009)
36.	Coping with Unconfirmed Death: Tips for Caregivers of Children and Teens (2009)
37.	Cops, Kids, and Domestic Violence Law Enforcement Training - print materials (2006)
38.	Cops, Kids, and Domestic Violence: Protecting Our Future - Law Enforcement Training DVD (2006)
39.	Culture and Trauma Brief (vol 1, no 1): Promoting Culturally Competent Trauma-Informed Practices (2005)
40.	Culture and Trauma Brief (vol 1, no 2): Trauma Among Lesbian, Gay, Bisexual, Transgender, and/or Questioning Youth (2006)
41.	Culture and Trauma Brief (vol 1, no 3): Translation of English Materials to Spanish (2006)
42.	Culture and Trauma Brief (vol 1, no 4): NCTSN Resources on Culture and Trauma (2006)
43.	Culture and Trauma Brief (vol 2, no 1): Trauma Among Homeless Youth (2007)
44.	Culture and Trauma Brief (vol 2, no 2): Organizational, Cultural, and Linguistic Competence (2007)
45.	Culture and Trauma Brief (vol 2, no 3): Preliminary Adaptations for Working with Traumatized Latino/Hispanic Children and their Families (2007)
46.	Culture and Trauma Brief (vol 3, no 1): Cultural and Family Differences in Children's Sexual Education and Knowledge (2008)
47.	Early Childhood Trauma (2010)
48.	Emergency Medical Technician Pocket Card for Children and Families (2006)
49.	Engaging Adolescents in Treatment (2008)
50.	Engaging Adolescents in Treatment [Tips for substance abuse and mental health treatment providers] (2007)
51.	Facts on Trauma and Deaf Children (2004)
52.	Facts on Trauma and Homeless Children (2004)
53.	Facts on Traumatic Stress and Children with Developmental Disabilities (2004)
54.	Family Preparedness Wallet Card (2003) / In Armenian, English, Korean, Russian, Spanish, Vietnamese
55.	Family Preparedness: Thinking Ahead (2003) / In Armenian, English, Korean, Russian, Spanish, Vietnamese
56.	Finding Funding: A Guide to Federal Sources for Child Traumatic Stress and Other Trauma-Focused Initiatives (2006)
57.	Guidance for Caregivers: Children or Teens who had a Loved One Die in The Earthquake (2008)
58.	Guidance for School Personnel: Students Who had a Loved One Die in The Earthquake (2008)

<b>List of NCTSN-Developed Products for Pull-Down Menu</b>	
59.	Helping Children Cope with the Columbia Space Shuttle Tragedy (2003)
60.	Helping Children in the Child Welfare System Heal from Trauma: A Systems Integration Approach (2005)
61.	Helping Traumatized Children: Tips for Judges (2009)
62.	Helping Your Teen Cope with Traumatic Stress and Substance Abuse (2008) / En Español [Ayudando a Su Adolescente a Enfrentarse al Estrés Traumático y Abuso de Sustancias]
63.	It's OK to Remember: General Information Video on Child Traumatic Grief (2005) / En Español [Vale la Pena Recordar]
64.	Making a Plan: Dealing with Things That Remind You of What Happened [Medical Trauma] (2004) / En Español [Desarrollar un Plan: Cómo Enfrentarse a las Situaciones Que Se Recuerdan lo Que Sucedió (2009)]
65.	Making the Connection: Trauma and Substance Abuse (2007)
66.	Making the Connection: Trauma and Substance Abuse (2008)
67.	Mental Health Interventions for Refugee Children in Resettlement: White Paper II (2005)
68.	National and Community Partners (2008)
69.	Pandemic Flu Fact Sheet: A Parents' Guide to Helping Families Cope with a Pandemic Flu (2009) / En Español [Influenza pandémica: Guía de los padres para ayudar a las familias a enfrentar la Influenza pandémica (2009)]
70.	Parent Guidelines for Helping Children After a Hurricane (2004) / En Español [Guía para los padres para avudar a los niños después de un huracán]
71.	Parent Guidelines for Helping Children after an Earthquake (2008) / In Creole [Konsèy pou paran ka ede timoun yo apre yon tranbleman tè]
72.	Parent Guidelines for Helping Children Impacted by Arson & Fires (2009)
73.	Parent Guidelines for Helping Children Impacted by Wildfires (2007) / En Español [Guía Para Padres Con Hijos Que Han Sido Afectados por Incendios]
74.	Parenting in a Challenging World (2005)
75.	Pathways to Partnership: Frequently Asked Questions on Compensation for Family, Youth, and Consumer Involvement (2009)
76.	Pathways to Partnership: Tips for Developing an Effective Advisory Board (2009)
77.	Pathways to Partnership: Tips for Incorporating Peer-to-Peer Support Into Your Program (2009)
78.	Pathways to Partnerships with Youth and Families in the National Child Traumatic Stress Network (2008)
79.	Pediatric Medical Traumatic Stress Toolkit for Health Care Providers (2004)
80.	Physical Punishment: What Parents Should Know (2009)
81.	Policy Brief: Supporting High-Quality Mental Health Services for Child Trauma: Family, Youth, and Consumer Involvement (2008)
82.	Policy Brief: Supporting High-Quality Mental Health Services for Child Trauma: Workforce Strategies (2008)
83.	Preventing Acquaintance Rape: A Safety Guide For Teens (2009)
84.	Psychological and Behavioral Impact of Trauma: Elementary School Students (2008) / En Español [Impacto Psicológico y Conductual del Trauma: Estudiantes de la Escuela Primaria]
85.	Psychological and Behavioral Impact of Trauma: High School Students (2008) / En Español [Impacto Psicológico y Conductual del Trauma: Estudiantes de la Escuela Superior]
86.	Psychological and Behavioral Impact of Trauma: Middle School Students (2008) / En Español [Impacto Psicológico y Conductual del Trauma: Estudiantes de la Escuela Secundaria]
87.	Psychological and Behavioral Impact of Trauma: Preschool Children (2008) / En Español [Impacto Psicológico y Conductual del Trauma: Niños Preescolares]
88.	Psychological First Aid Field Operations Guide - 2nd Edition (2007) / En Español [Primeros Auxilios Psicológicos - Guía de Operaciones Prácticas (2009)]

<b>List of NCTSN-Developed Products for Pull-Down Menu</b>	
89.	Psychological First Aid Field Operations Guide for Community Religious Professionals
90.	Psychological Impact of the Tsunami in the Solomon Islands (2007)
91.	Questions & Answers about Child Physical Abuse (2008)
92.	Questions & Answers about Child Sexual Abuse (2007)
93.	Questions & Answers about Child Sexual Abuse Treatment (2007)
94.	Questions & Answers about Domestic Violence (2008)
95.	Raising Well-Behaved Kids: What Parents Should Know (2009)
96.	Recognizing Drug Use in Adolescents: A Quick Guide for Caregivers and Adults (2007)
97.	Resources for Caregivers [Childhood Traumatic Grief] (2010)
98.	Resources for Caregivers [Sibling Death] (2010)
99.	Resources for Children [Childhood Traumatic Grief] (2010)
100.	Resources for Children [Sibling Death] (2010)
101.	Resources for Professionals [Childhood Traumatic Grief] (2010)
102.	Resources for Professionals [Sibling Death] (2010)
103.	Review of Child and Adolescent Refugee Mental Health (2003)
104.	School Planning for the September 11th Anniversary (2002)
105.	Self Care for Educators [Dealing with secondary traumatic stress] (2008) / En Español [Auto-Ayuda para Educadores] (2009)
106.	Service Systems Brief (vol 1, no 1): Creating Trauma-Informed Child-Serving Systems (2007)
107.	Service Systems Brief (vol 2, no 1): Creating a Trauma-Informed Law Enforcement System (2008)
108.	Service Systems Brief (vol 2, no 2): Judges and Child Trauma: Findings from the National Child Traumatic Stress Network/National Council of Juvenile & Family Court Judges Focus Groups (2008)
109.	Serving America: The National Child Traumatic Stress Network Responds to September 11
110.	Sexual Development and Behavior in Children: Information for Parents and Caregivers (2009)
111.	Sibling Death and Childhood Traumatic Grief: Information for Families (2009)
112.	Strategies to Manage Challenges for EMS Families (2008)
113.	Suggestions for Educators [Helping traumatized children in school] (2008) / En Español [Sugerencias para Educadores]
114.	Survey of National Refugee Working Group Sites 2004: Summary Report (2005)
115.	Talking to Children about War and Terrorism (2003)
116.	Talking with Children in the United States about the Tsunami [in the Solomon Islands] (2007)
117.	Teacher Guidelines for Helping Students After a Hurricane (2004)
118.	Teacher Guidelines for Helping Students after an Earthquake / In Creole [Gid pou pwofesè kap vle ede elèv aprè tranbleman de tè] / Creole [Konsèy pou pwofesè ka ede elèv yo apre yon tranbleman tè]
119.	The 3R's of School Crises and Disasters (2005)
120.	The Courage to Remember: Training Curriculum Guide (2005)
121.	The Courage to Remember: Training Video on Child Traumatic Grief (2005)
122.	The Promise of Trauma-focused Therapy for Childhood Sexual Abuse (2007)
123.	Thinking Broadly: Financing Strategies for Child Traumatic Stress Initiatives (2006)
124.	Tips for Families on Anticipating Anniversary Reactions to Traumatic Events (2002) / En Español [Sugerencias para la familia que anticipa reacciones adversas al aproximarse el aniversario de un acontecimiento traumático]
125.	Tips for Media Covering Traumatic Events (2004)
126.	Tips for Parents and Caregivers on Media Coverage of Traumatic Events (2004)
127.	Tips for Parents on Media Coverage of the Earthquake

<b>List of NCTSN-Developed Products for Pull-Down Menu</b>	
128.	Trauma Among Girls in the Juvenile Justice System (2004)
129.	Trauma Facts for Educators (2008) / En Español [Datos Sobre el Trauma] (2004)]
130.	Trauma in the Lives of Gang-Involved Youth: Tips for Volunteers and Community Organizations (2009)
131.	Trauma Information Pamphlet for Parents (2001)
132.	Trauma Information Pamphlet for Teachers (2001)
133.	Trauma-Focused Interventions for Youth in the Juvenile Justice System (2004)
134.	Trauma-Informed Interventions: Clinical Research Evidence and Culture-Specific Information Project (2008)
135.	Traumatic Grief in Military Children: Information for Educators (2008)
136.	Traumatic Grief in Military Children: Information for Families (2008)
137.	Traumatic Grief in Military Children: Information for Medical Providers (2008)
138.	Treatment for Youth with Traumatic Stress and Substance Abuse Problems (2008)
139.	Understanding and Coping with Sexual Behavior Problems in Children: Information for Parents and Caregivers (2009)
140.	Understanding Child Traumatic Stress (2005) / En Español [Entendamos el estrés traumático infantil]
141.	Understanding Child Traumatic Stress: A Guide for Parents (2008) / En Español [Entendimiento del Estrés Traumático Infantil: Una Guía para Padres] (2004)]
142.	Understanding Substance Abuse in Adolescents: A Primer for Mental Health Professionals (2008)
143.	Understanding the Links Between Adolescent Trauma and Substance Abuse: A Toolkit for Providers (2nd Edition) (2008)
144.	Understanding Traumatic Stress in Adolescents (2007)
145.	Understanding Traumatic Stress in Adolescents: A Primer for Substance Abuse Professionals (2008)
146.	Using Drugs to Deal with Stress and Trauma: A Reality Check for Teens (2008) / En Español [El Uso de Drogas Para Manejar el Estrés y el Trauma: Una Dosis de Realidad para los Jóvenes]
147.	Victimization and Juvenile Offending (2004)
148.	What Do I Do Now? A Survival Guide for Victims of Acquaintance Rape (2009)
149.	What Do I Say? Talking about What Happened with Others [Medical Trauma] (2004) / En Español [¿Qué Digo? Cómo Hablar con Otras Personas Acerca de lo Sucedido (2009)]
150.	What to Do If Your Child Discloses Sexual Abuse: A Guide for Parents and Caregivers (2009)
151.	When It Hurts: Dealing with Pain [Medical Trauma] (2004) / En Español [Cuando Duele: Cómo Enfrentarse al Dolor (2009)]
152.	Wildfires: Tips for Parents on Media Coverage (2007) / En Español [Los Incendios y su Cobertura en las Noticias: Recomendaciones para los Padres (2007)]
153.	Your Child and Gangs: What You Need to Know about Trauma - Tips for Parents (2009)



<b>List of Service System Types for Pull-Down Menu</b>	
1.	Child care agencies
2.	Child welfare agencies
3.	Consumer/client organizations
4.	Domestic violence shelters
5.	Faith-based organizations
6.	Fire or other emergency agencies
7.	General public
8.	Government organizations
9.	Health care agencies
10.	Juvenile delinquency agencies
11.	Law enforcement organizations
12.	Mental health agencies
13.	Military organizations/agencies
14.	Parents/family organizations
15.	Schools
	<b>Substance abuse organization</b>
16.	Other (please specify) _____

<b>List of Activities for Pull-Down Menu</b>	
1.	Case conferences or case reviews
2.	Child and family service plan development
3.	Collaborative relationships mandated by law
4.	Common intake forms
5.	Developing programs or services
6.	Diagnoses and evaluation/assessment
7.	Facility space
8.	Formal written agreements
9.	Funding
10.	Informal agreements
11.	Information about services
12.	Informing the public of available services
13.	Participation in standing interagency committees
14.	Program evaluation
15.	Purchasing of services
16.	Record keeping and management information systems (MIS) data
17.	Staff training
18.	Voluntary contractual relationships

1. Acute Brief Intervention Work Group
2. Adolescent Trauma and Substance Abuse Committee
3. Child Sexual Abuse Committee
4. Child Traumatic Grief Committee
5. Child Welfare Committee
6. Complex Trauma Work Group
7. Community Resilience in Mass Trauma/Disaster
8. Core Concepts, Components, Skills
9. Culture Consortium
10. Data Operations
11. Domestic Violence Committee
12. Family Systems Work Group
13. Justice System Collaborative Group
14. Military Families
15. Partnering with Youth and Families
16. Physical Abuse Work Group
17. Refugee Work Group
18. Schools Committee
19. Terrorism Disaster Committee
20. Zero to Six Work Group
21. Other (please specify): _____

<b>List of Sustainability Activities for Pull-Down Menu</b>
1. Development of internal capacity for sustainability
2. Endorsement by community leaders
3. Enrollment of volunteers
4. Expansion of existing funding source
5. Fundraising
6. Promoting policy change in support of trauma services
7. Promotion of trauma-focused services
8. Pursue new funding sources
9. Pursue program income from training/activities/products
10. Raising community awareness/social marketing
11. Receipt of training on sustainability
12. Recruitment of community support for trauma services
13. Other (please specify): _____