

# NCTSN National and Community Partners Report 2011

Established by the U.S. Congress in 2000 through the Donald J. Cohen National Child Traumatic Stress Initiative, the National Child Traumatic Stress Network (NCTSN) is a collaborative Network of over 130 university, hospital, and community-based organizations, with thousands of national and local partners, whose mission is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

The principle of collaboration is central to fulfilling the NCTSN mission, with a national infrastructure that supports the scientific growth and dissemination of child trauma knowledge and expertise. This Network infrastructure is the foundation for the collaboration between researchers, clinicians, and front-line service providers that is essential to transform all child-serving systems of care, allowing the acceleration of the transfer of scientific knowledge to treatment and other services.

## Expanding the Collaborative Work of the Network

Together with the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS), Network members work within and across diverse settings to create and support sustainable, mutually beneficial partnerships with governmental and non-governmental organizations who serve children and their families who have been exposed to trauma, including physical and sexual abuse, violence in families and communities, natural disasters and terrorism, accidental or violent death of a loved one, refugee and war experiences, and life-threatening injury and illness. This integral “Network beyond the Network” effectively extends trauma-informed practices and resources to all child-serving systems. The number and types of partnerships created by NCTSN members, as described in their most recent annual reports, are listed in the Table on this page and described in more detail at the end of this report.

### NCTSN Network of National and Community Partners

Total Partners	8314
Government Partners, including Fed-State collaborations	508
Consumer/Family/Advocacy Partners	178
Education Partners	741
Child Welfare/Social Services Partners	283
Justice Partners	212
First Responders	44
Mental Health Partners	5708
Medical and Primary Health Partners	224
Community-Based Organizations	304
Business Partners	40
Foundations and Funding Partners	72

## Building Sustainable, Collaborative Partnerships

NCTSN partnerships involve a dynamic range of activities with international, national, tribal, regional, state, county, city, and local community organizations in the public and private sectors. Relationships with community partners are established under a wide variety of circumstances, including one-time special events such as a training, fundraiser, conference, or public awareness event, and ongoing activities such as cross-agency trainings and consultations. Centers may also formally partner with individuals or groups to share facilities, staff, and other tangible resources. In addition, NCTSN centers collaborate with volunteers, individual donors, foundation supporters, and community businesses as valuable partners who offer their time, goods, and professional services through pro bono or contractual arrangements.

According to the most recent (2009) annual reports of the then-funded 50 centers, NCTSN members document an increasing number and variety of partnerships, including those with private businesses, community-based organizations, advocacy groups, child welfare and other social services agencies, education partners, first responders, foundations, government agencies, professional associations, primary healthcare groups, juvenile justice agencies, mental health organizations, academic institutions, and more. With an average of 170 partners per center (with some centers reporting over 2100 each), and over 8300 partners collectively, the NCTSN extends the reach of its mission well beyond its grantee base, building upon its core federal funding, and working to leverage all available resources.

In addition, the NCTSN collaborative model has made it possible for formerly funded Network member centers to be active affiliate members of the NCTSN, and to continue to contribute to the national mission and the ongoing work in their states and local communities, with the benefit of the resources and opportunities provided to them through their participation in the ongoing collaborative activities of the NCTSN.

## Transforming Child Trauma Services

Since its inception, the NCTSN has contributed to major advances in caring for children with traumatic stress. Over 40 evidence-based treatments and promising practices have been developed and brought to families through the NCTSN's work. While supporting child trauma work that goes on every day in child-serving systems, the NCTSN members and partners also mobilize when national crises occur to offer child trauma resources to families and front-line providers where they are most needed.

To this end, the NCTSN has trained hundreds of thousands of professionals who work with children and families, including those involved with disaster services, foster care, school mental health, refugee services, domestic violence, and military families. Between 2002 and 2009, the NCTSN members reported serving over 320,000 children, with many more reached through direct clinical services, outreach efforts, community educational programs, and provider training and consultation.

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The NCTSN is committed to evaluation and accountability, and has tracked its effectiveness through its core data set system and other evaluation efforts. Detailed information and trauma histories have been collected on more than 14,000 children and adolescents, with results showing that more than 40% have experienced four or more types of traumatic events in their young lives. The majority already are showing impairments in one or more areas of life (such as academic problems, emotional distress, or behavioral

problems at home or in the community). Fortunately, the majority of children with follow-up data show significant improvement in functioning after treatment. Without treatment, many would continue to suffer the pain of these experiences and may engage in behaviors that would undermine healthy development. With treatment and support, many will recover and return to normal activities and development.

## Sustaining Child Trauma Services

When the U.S. Congress launched the NCTSN in 2000, its primary intention was to facilitate the rapid delivery of scientific knowledge to service delivery. In keeping with this intention, the NCTSN supports the ongoing and rapid development and dissemination of evidence-based treatment, training, and resources to meet the unique needs of the diverse populations served by the NCTSN in all child-serving systems.

With the integration of data collection and analysis, public policy and awareness, cultural competence, and a family/consumer focus, the investment that has been made in the NCTSN continues to reap benefits for those they serve and the nation. The NCTSN and its robust network of partners has created a strong national resource that is improving care and helping to support recovery by bringing trauma-informed services and treatment to the children and families who need them.

*For more information about NCTSN partnerships, training opportunities, and trauma resources for parents, teachers, mental health professionals, first responders, policymakers, and others please visit [www.nctsn.org](http://www.nctsn.org).*

## Categories and Examples of NCTSN Partners

**Government Partners** – Includes divisional and departmental administrations in local (municipal), regional (county, parish, borough), state, national (US Federal and Tribal Nations), and international governmental systems or agencies; and a diversity of programs, centers, offices, special committees, task forces, and commissions primarily funded or administered through these governmental entities.

**Examples** – Bureau of Indian Affairs; Centers for Disease Control and Prevention; Child Abuse Prevention organizations; Divisions of Vocational Rehabilitation; Drug and Alcohol Rehabilitation Centers; Early Head Start; Federal Bureau of Investigations (FBI); Federal Emergency Management Agency (FEMA); First Nations Tribal Councils; Gubernatorial Offices; Head Start; Indian Health Services; International Governments; Mayoral Offices; Medicaid and Medicare Assistance Programs; Military Families Coalitions; Services and Programs; Municipal Chambers of Commerce; Municipal Legislative Bodies, National Institute of Mental Health; Offices for Refugees; Offices of Addiction and Mental Health Services; Offices of Victims Services; Safe Start; State Congressional Offices; State Departments of Aging; State Departments of Children and Families; State Departments of Children's Mental Health; State Departments of Education; State Departments of Health and Human Services; State Departments of Housing; State Departments of Mental Health; State Departments of Public Health; State Departments of Social Services; TRICARE; US Air Force; US Army; US Attorney General Offices; US Coast Guard; US Department of Defense; US Department of Education; US Department of Homeland Security; US Department of Interior; US Department of Justice; US Federal Bureau of Investigations; US House of Representatives; US National Guard; US Navy; US Senate; USAID; Veteran's Administration Hospitals and Medical Centers; Victim Witness Services and Compensation Offices and Programs; White House Office of Domestic Policy.

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**Consumer/Family/Advocacy Groups** – Includes citizen advocacy organizations, and coalitions that primarily provide education and advocacy for children and families in legal, legislative, or policy arenas.

**Examples** – Advocates for Children with Disabilities and their Families; Advocates for Farm and Migrant Workers; Advocates for Foster Children and their Families; Advocates for Mental Health; Alliances for the Mentally Ill; Anti-Trafficking Groups; Arts for Children Alliances; Child Abuse Action Networks and Prevention Groups; Child Advocacy Centers (CACs); Children's Public Broadcasting; Community/Consumer/Family Review Panels, Advisory Boards and Community Action Programs; Consumers and Consumer Advocates; Crime Victims Advocacy Groups; Domestic Violence Prevention Advocacy Groups; Drug Free Kids Groups; Families of September 11th Victims; Immigrants and Advocates for Immigrants; National Child Welfare Organizations; Non-Governmental Committees, Task Forces, and Counsels; Suicide Awareness Groups; Torture Survivor Recovery Alliances; Youth and Youth Advocates.

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**Education Partners** – Includes partners with public, private, and charter schools; academies; training centers; school-based programs; and clearinghouses, research centers, national centers and other educational institutes.

**Examples** – Adult Education Programs; After-School Programs; Charter Schools; Community Colleges; International Schools; Military Academies; Parent-Teacher Organizations; Pre-School Educators Groups; Private and State Colleges and Universities; Private and Public K-12 Schools and Academies; Professional Educators Associations; Public School Administration Offices and Boards of Education; Religious Schools and Academies; School-based Mental Health Programs; Special; Education Programs and Teachers; Tribal Colleges and Schools; Learning Centers and Training Institutes; University and College Law Schools, Medical Schools, and Schools of Social Work and Public Health; University Hospitals and Medical Centers.

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**Justice Partners** – Includes partnerships with lawyers, law practices, and other legal advocacy groups; courts; correctional and prison systems; and agencies involved with adjudicated children and youth.

**Examples** – Bar Associations; Children of Incarcerated Parents Programs; Children's Law Offices; Circuit Court Judges; City Departments of Juvenile Justice & Delinquency Prevention; County Circuit Court; County Departments of Juvenile Justice; County Juvenile Probation; Court Appointed Special Advocates; District Attorneys' Offices; Family Court Support Services; Family Justice Centers; Guardian ad Litem Programs; Judges; Juvenile Courts; Juvenile Justice Centers; Law Firms; Legal Advocates and Coalitions; Legal Aid Societies; National Councils of Juvenile and Family Judges; Prosecutors Research Institutes; Residential Facilities for Adjudicated Youth; Safe Start; State Attorney's General's Office; State Department of Corrections; State Youth Authorities; Teen Courts; Tribal Courts; Tribal Office of the Attorney General; US Attorney's District Offices.

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**Mental Health Partners** – Includes partnerships with clinical psychologists, psychiatrists, and other mental health professionals; and non-governmental agencies, organizations, and professional practices whose primary mission is to provide mental health services and/or raise the standards of care.

**Examples** – American Indian Therapists; Centers and Programs for Torture Survivors; Child and Adolescent Psychiatrists; Community Mental Health Centers and Systems; Child Development Centers; Child Mental Health Experts; Children's Grief and Trauma Support Services; Children's Mental Health Services; Clinical Social Workers; Counseling Centers and Professional Associations; Family Sexual Abuse and Treatment Programs; Infant Toddler Mental Health Associations; International Mental Health Clinics and Professional Societies; Mental Health Centers, Systems, and Professional Societies; Mental Retardation Family Services; National Associations for Rural Mental Health; National Associations for Social Workers; Outpatient Mental Health Treatment Facilities; Play Therapists; Psychiatrists, Psychologists, and other Mental Health Professionals; Post-traumatic Stress Recovery and Treatment Centers and Programs; Residential Treatment Recovery Centers; Societies for Research in Child Development; State Child Mental Health Advisory Boards.

**Child Welfare/Social Services Partners** – Includes governmental and non-governmental social service organizations; child welfare, child protection, foster care, adoption agencies, and residential children’s homes.

**Examples** – Adoption Agencies; Child Protective Services (state/county/tribal); Child Welfare Workers and Professional Associations; Children’s Homes; Foster Care Providers and Placement Agencies; Group Homes for Children and Youth; Pregnancy and Parenting Programs for Girls; Relative and Kinship Caregiver Programs; Relief Nurseries; Social Services and Child Welfare Departments (state/county); Social Workers and Professional Associations.

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**First Responders Partners** – Includes emergency response agencies or interdisciplinary teams who are generally “first on scene” for accidents, crimes, public or domestic disturbances, natural disasters, terrorism, and mass trauma.

**Examples** – Child Abuse Response Teams; City 9-1-1 Dispatch Services; Community Emergency Response Programs; Community Policing Projects; Crisis Intervention Hotlines; International Disaster Relief; Non-Governmental Organizations; Municipal Fire Departments; Municipal Police Departments; Municipal Sheriff’s Departments; Municipal Terrorism and Natural Disaster Response Teams; National and Regional Chapters of National Disaster Relief Organizations; Regional and Municipal; Domestic Violence Response Teams; State Emergency Management Services and Response Teams; State Emergency Medical Services; State Police Departments.

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**Medical Professionals and Primary Healthcare Groups** – Includes primary and multi-disciplinary health care centers, hospitals, and medical centers; and traditional and complimentary health care workers/groups.

**Examples** – Adolescent Health Centers; Centers for Speech and Hearing; Children’s Hospitals; Community Health Improvement Programs; Community Health Nurses; Family Health Centers; Forensic Nurses and Physicians; Free Public Clinics; Health Alliances; Health Systems; Hospice; Hospital Emergency; Medical Groups, Centers, and Hospitals; Pediatric Centers and Clinics; Physicians, Nurses, and other Medical Professionals; Planned Parenthood Clinics; Primary Healthcare Clinics; Regional Health Consortiums; Rehabilitation Hospitals and Centers; Rural Health Associations and Primary Care Centers; Telehealth Programs; Tribal Health Clinics; Wellness Practitioners.

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**Community-Based Organization Partners** – Includes partnerships with other local, community-based organizations that provide a range of direct, immediate-need and crisis services for local children and families.

**Examples** – After-school Recreation Programs; Anti-Violence Projects for Youth; Child-care facilities and daycare providers; Community Yoga Centers and Programs; Cultural Community Centers; Domestic Violence Prevention Programs; Domestic Violence Shelters; Drop-in Centers for Youth and Families; Emergency Shelters for Youth and Families; Faith Communities and Programs; Family and Community Resource Services; Food Banks; Homeless Shelters and Programs for Homeless Families; Interfaith Ministries; LGBTQ Centers and Services; Outdoor Skills Training Programs; Disability Programs; Rape Crisis Centers and Services; Religious Institutions; Public Libraries; Pregnancy & Parenting Programs; Youth Development Agencies.

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**Business Partners** – Includes national chain and local retail stores; and companies, corporations, and small businesses that donate time, non-medical services, or material goods.

**Examples** – Advertising Agencies; Artists and Designers; Auto Companies; Banks; Bike Shops; Builders and; Construction Contractors; Business Networking Groups; Community Social Clubs; Construction Companies; Dental and Eye Care Professionals (non-medical services); Energy Corporations;; Grocery Stores; Hotels and Inns; Insurance Companies; Multinational Corporations; News Organizations; Pharmaceutical Companies (non-med services); Radio and Television Stations; Realtors; Restaurants; Retail Stores; Rotary Clubs; Social Media; Sports Teams; Telecommunications Companies; Theaters and Arts Centers.

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**Foundations and Other Funding Partners** – Includes foundations, private donors, and other non-governmental funding sources that provide direct financial support.

**Examples** – Celebrity Foundations; Charitable Trusts and Foundations; Community Investment Foundations; Corporate Foundations; Disaster Relief Funds; Family Foundations; Friends Groups associated with; Medical, Education, and Religious Institutions; Hedge Funds; Investment Funds; Private Donors; Professional Development Funds; Religious Institutions and Associations; Religious Professionals Foundations; State Endowments and Funds; University Endowments.

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