

NCTSN Data Operations Advisory Group Meeting

**All Network Conference 2009
Orlando, Florida**

19 March 2009
10:15 AM EDT – 11:45 AM EDT

ATTENDEES:

Ernestine Briggs-King (NCCTS-Duke, Program Director, Data and Evaluation)	Jennifer Guimond (Center 2020, Research Psychologist, Uniformed Services University of Health Sciences)
Bart Evans (DCRI, Project Leader)	Robyn Igelman (Center 2005, Treatment Outcome Coordinator, Children’s Hospital San Diego)
Jane Winsor (DCRI, Clinical Data Manager)	Ellen Puccia (Center 3058, Executive Director, Community Counseling Center)
Kristy Cain (DCRI, Clinical Data Specialist)	Mark Rains (Affiliate, Psychologist, Vienna Mountain Counseling)
Becky Wilgus (DCRI, Clinical Data Manager)	Dawn Reckinger (Center 3052, Associate Director, AMBIT Network)
Sarah Ostrowski (NCCTS-Duke, Post-Doc Associate)	Margaret Richardson (Center 3039, Clinical Social Worker, Children’s Trauma Assessment Center)
John Fairbank (NCCTS-Duke, Co-Director, NCCTS)	Jorge H. Soler (Center 3060, Research and Evaluation Associate, Latino Health Institute)
Bhuvana Sukumar (MACRO, Assistant Program Director, Cross-Site Evaluation)	Gretchen Vaughn (Center 3045, Psychologist, Vaughn Associates - Clifford Beers Guidance Clinic)
Alan Steinberg (NCCTS – UCLA, Associate Director, NCCTS)	Keren Vergon (Center 3059, Research Assistant Professor, University of South Florida – Children’s Home Society)
Lum-Awah Atang (Center 3030, Evaluator, DePelchin Children’s Center)	Nancy Widdoes (Center 3044, Managed Care System Administrator, Department of Services for Children, Youth and their Families – Delaware)

DISCUSSION:

- I. E. Briggs-King opened the meeting with an overview of the purpose and history of the Data Operations Advisory Group , and asked for each attendee to introduce themselves
- II. Modifications to the Core Data Set (CDS) Survey – A survey is under development in collaboration with multiple workgroups and committees.
 - A. New Target Populations
 1. Military Families
 - a) A survey including sample questions to be included in the CDS was conducted by the Military Families workgroup. Results are available from the Military Family work group. Please let us know if you would like a copy.
 - b) The CDS modification survey will include additional questions about the scope of services for children with family members in the military. .
 - c) There is a special interest in combat-injured families as well as families broadly defined that include military personnel deployed to Iraq and Afghanistan.
 2. Young Children
 - a) Discussed the need for a good trauma measure for young children for possible inclusion into the CDS
 - b) The measure should be brief and low cost with sound psychometric properties.

- c) Given the nature of the population, it will likely be a parent/caregiver report measure. Some sites would also like to collect info about caregiver functioning (depression, anxiety, stress, etc.) at the time of administration of the assessment.
 - d) E. Briggs-King has spoken with several NCTSN members about potential assessments, including:
 - (1) Trauma Symptom Checklist for Young Children (TSCYC), Briere– 3 year-old and up; available in Spanish
 - (2) Mike Sherenga (LA) has another form that may not be validated.
 - (3) ITSI – has a resilience component.
 - (4) Other suggestions were noted.
 - e) The group discussed the pros and cons of focusing on ages 3-5 years old, rather than only 0-5 years old. Potential assessment measures include:
 - (1) Strengths and Difficulties Questionnaire (SDQ) – ages 3-16
 - (2) Pediatric Emotional Distress Scale (PEDS-17) – includes developmental questions about trauma, developmentally appropriate behaviors, expectations, & concerns.
 - (3) PTSD-RI parent version – could be used on children less than 7, rather than only ≥ 7
 - (4) Short version of Parenting Stress Inventory (PSI)– demonstrated sensitivity that changes with progress
 - f) The group discussed the need to collect trauma data based on the following:
 - (1) Any changes that have occurred since the last trauma screen
 - (2) If the caregiver is receiving treatment concurrently (screening, treatment, or referring out)
 - g) ACTION Item – D. Reckinger to provide list of parent child assessments
 - h) ACTION Item – DEP will survey the NCTSN Centers to determine what assessments are currently used with young children as part of the modifications survey
3. Refugees (enhancements)
- a) There are already a few questions in the CDS regarding refugees, asylees, and immigrants
 - b) The Refugee Work Group is considering re-working some of these existing questions
 - c) ACTION Item – DEP will consult with this group about proposed data points to be added to the CDS; will add some questions to the survey for this population
- B. Expanding Assessment Measure Protocol
- 1. Traumatic Grief
 - a) The traumatic grief group is developing an assessment based on the UCLA Grief Measure (Layne et al.)
 - 2. Depression
 - a) The group prefers an assessment that won't take too long to administer
 - b) Under consideration are the following:
 - (1) Children's Depression Index Short Form (CDI SF)
 - (2) Mood and Feelings Questionnaire (MFQ) – Free; developed at DUKE; requires both child and parent reporters; shows pretty good change over time
 - 3. Substance Use
 - a) There are already some substance use questions in the CDS
 - b) ADIS
 - c) GAINS Short Form – requires lots of training; available from good will industries
 - d) CAGE
 - e) Other measures have been suggested by the Data Operations sub-committee on substance abuse

C. Additional topics

1. The group may be interested in collecting information on other high risk behaviors such as prostitution vs. survival sex
2. The group would also like to consider adding additional data points to the CDS to collect information on impaired caregivers
3. Family Systems
 - a) A focus on this may fit in well with the interest in the field about resiliency and young children
 - b) Possible assessments include the following:
 - (1) Alabama Parenting Questionnaire (P. Frick)
 - (2) FACES
 - (3) FES
 - (4) Family Relations Index
 - (5) FAPGAR
 - (6) McMaster
4. Economic Impact Scales
 - a) CAIA – services utilization (B. Burns)
 - b) Military burden scale
5. Sexual Abuse

D. ACTION Item – load list of potential scales for each area of interest on the DEP intranet site

III. Clinical Utility

A. Clinical Reports

1. Aggregate level assessment data for each center
2. Benchmarking (in progress)
 - a) Possible add “dashboard” indicators
 - b) Each center may be able to work with MACRO to request some programming scripts that will provide some of these analyses
3. Clinically how are the clients at each center doing compared to other center clients, or all clients in the CDS?

B. Administrative Reports

1. Relate some data back to GPRA indicators – B. Sukumar and Katrina Bledsoe, of Walter R. McDonald & Associates, Inc., may be able to assist with these, as well
2. Calculate the use of EBP, and the number of practices in use on the whole, and by center

IV. Future Analyses and Collaboration

A. Discuss areas of Interest

1. Improving access to care (NCTSN Mission) – Ideas about data that should be captured, perhaps in the electronic Service Utilization Form, to show improved access include:
 - a) Examining underserved populations
 - b) Multilingual populations
 - c) Service utilization and access
 - (1) Bilingual therapists
 - (2) Outreach services
 - (3) Transportation services
 - (4) Location of clinics
 - (5) Training
 - d) Access includes:
 - (1) Can you receive services
 - (2) Availability of services in your area
 - (3) Affordability of services
 - (4) Utilization of services
 - (5) Waiting time for services

- e) Separate Surveys
 - (1) Focus groups
 - (2) Consumers and providers
 - (3) State services questions
 - (4) Advocacy groups
- 2. Terrorism and Disaster
 - a) A survey of proposed data to be captured in a 'services utilization-type form' for this area of interest is under development
 - b) Results will be reviewed by the TDB consortium, and proposed to the DEP for incorporation into the CDS or another data collection mechanism.
 - c) The design, and operationalization of this tool will depend greatly on what data is reported, by whom, and when in relation to the event that the data is reported.
- 3. Need for additional discussions via teleconference or email was discussed.

VI. Concluding remarks and Thanks