



## **Data Operations Advisory Group Meeting July 14, 2009 2:00 PM EDT – 3:00 PM EDT**

### **Meeting Summary**

**I. Overview/Introductions** – Roll call was taken. Please see the attached list of participants.

**II. Modifications to the CDS: Survey Results**

- There were a total of 97 respondents that completed the survey. Participating centers included a mixture of Category II and III centers, and affiliates.
- **Sarah Ostrowski** will be scheduling time with each relevant working group to discuss results in detail related to specific populations.
- **Ernestine Briggs-King** will have a comprehensive report compiled and posted to the NCTSN Data and Evaluation Program (DEP) intranet site. A brief summary of the report is provided below.
- The survey objectives were twofold:
  - i. Assess the need for additional data collection in the Core Data Set (CDS) for new target populations and domains of interests, including assessments.
  - ii. Request feedback on the current CDS content and reporting tools in order to expand and improve upon what is already available.

- **New Target Populations**

- Military Families
  - 67% of respondents endorsed “yes” that their agency serves children who have parents or family members involved with the military including Active Duty, Guard, or Reserve.
  - The largest proportion of these agencies were serving between 1-14 children per quarter that have parents and/or family member(s) currently serving in the military.
  - In response to, “in the near future, how likely is it that your agency will serve children with family members involved in combat operations (e.g., Iraq or Afghanistan),” 97% of respondents, who reported working with military populations, endorsed that they were “somewhat likely” or “very likely”.
  - Questions have already been proposed by this workgroup that might be added to the CDS for the collection of data on this population, and will be discussed further with this workgroup directly.
- Young Children
  - 83% of respondents indicated that their agency serves children under the age of 5.
  - Approximately, 40% of respondents serve between 1-14 children under the age of 5 per quarter, and approximately another 30% serve 45 or more per quarter.
  - Currently in the CDS, the only standardized assessment that can be used for children under the age of 5 is the CBCL. This assessment can be used with children as young as 1.5 years old.
  - Some of the other measures currently in use by NCTSI centers include Parenting Practices Questionnaire, Conflict Tactics Scale, Alabama Parenting Questionnaire, ITSE, and so on.

- 75% of respondents indicated that they would be interested in a screening tool for parents/caregivers.
    - **A discussion followed about some collaborative work between Alan Steinberg and Judy Cohen. Alan Steinberg and Judy Cohen will send Ernestine Briggs-King a reference/scale that they have been developing.**
  - Family Systems
    - 88.4% of respondents indicated that their agency provides family based interventions.
    - The most common intervention offered by respondents are: TF-CBT, Child Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), and ARC (Attachment, Self-regulation, and Competency). Other evidence based interventions endorsed include various forms of family therapy (e.g., structural, strategic), intensive in-home interventions (MST, TST) and a host of others design for specific traumas (AFCBT) or settings (CBITS).
    - The most common barriers noted by respondents were billing and reimbursement, time, space, and transportation.
    - Another challenge noted by some respondents was that of engaging the biological and foster parents for foster children and wards of state.
    - Laurel Kiser shared that the Family Systems workgroup recently had a good meeting with John Lyons (author of the CANS assessment), in which they discussed adapting a trauma-informed assessment to be called FAST. The workgroup is excited to introduce this assessment to the NCTSN, and discuss how it might be of use to NCTSN centers. Ernestine Briggs-King suggested that Laurel Kiser and the Family Systems workgroup make contact with Chaddock (Center 3063), another NCTSN site involved with Dr. Lyon's group. Laurel Kiser noted that the new assessment would have domains for each of the following sub-systems: family, caregiver, and each family member. A composite or total score would be derived from each of these sub-systems.
  - Domestic Violence
    - 83.9% of respondents are interested in utilizing a screening instrument for identifying children's exposure to domestic violence in mental health or pediatric settings.
    - The majority of respondents would like a comprehensive toolkit with informational resources for parents and professionals to be developed.
  - Refugees
    - 37% of respondents provide some services to children who are refugees/asylum seekers.
    - The Data and Evaluation Program will follow up with the Refugee workgroup to provide specific feedback from the survey, specifically about assessment tools and other metrics captured in the survey results.
- **Expanding Assessment Measure Protocol**
  - Traumatic Grief
    - The Traumatic Grief workgroup is developing a short version of the UCLA assessment for grief.
    - There was an even split among the responses as to what other assessments are being used within the network: CARED, ICG-C, EGI each were used by approximately 66% of respondents/ agencies.
    - Judy Cohen briefly discussed the controversy within the field of traumatic grief and noted that the implications for the workgroup in terms of making progress in this area. **Alan Steinberg will talk with Chris Layne about the work that has been done thus far and will check in with Ernestine.**
    - Developmental issues are also an area of interest/concern for this workgroup, in particular the work of the UCLA team.
    - Ernestine Briggs-King noted that she has been provided with the 10-item version of the assessment proposed by UCLA. **Alan Steinberg plans to work closely with this group to resolve this issue.**

- Depression
  - Most centers within the NCTSN are using an existing measure to assess depression. Among those in use are the Children’s Depression Inventory, a copyrighted for fee scale. For integration into the NCTSN data collection (CDS), the NCTSN would prefer to use an assessment that was available without a fee (e.g., Moods and Feelings Questionnaire).
- Substance Use
  - 67% of respondents indicated that their agency assesses for child/adolescent substance use.
  - The CAGE and the Substance Abuse Screening Instrument (SASI) were the two most commonly used assessments reported among respondents. But, many other assessments are used within the NCTSN, including the KSADS, CRAFFT, GAIN, ADI, ADIS, TASI, Form 90, and ASAM.

### III. Clinical Utility

- **Clinical Reports Feedback**

- 39% of respondents reported using the new clinical reports and 27% reported using the administrative reports available in the CDS.
- The Data and Evaluation program is always interested in feedback on the reports that are available, and requests for new reports that may be useful to the NCTSN centers and their staff. **The Data and Evaluation Team will need to have an internal discussion of the survey results and bring some proposals back to the Data Operations Advisory Group.**
- The most commonly used reports as endorsed by the respondents are the clinical scoring reports, the clinical timeline report, and the clinical summary reports.

- **Administrative Reports/Benchmarking Feedback**

- Respondents reported using the baseline demographic report, general trauma report, and center data status report most often among the reports available in the administrative suite.
- The Clinical Summary Report is used to report high-level metrics to SAMHSA on a monthly basis.
- The Data and Evaluation team launched a new suite of reports recently at the Practical Skills training held on 08 July 2009. Within this suite, a report for each of the three clinical assessments in the CDS can be run both on a detail and summary level to compare a NCTSN Center’s data to the overall performance of the network. These reports are in the pilot phase, with a request to several centers for feedback and suggestions for improvement. **Please pass along any feedback you may have on these reports to [nctsn@dcri.duke.edu](mailto:nctsn@dcri.duke.edu).** A recording of the Practical Skills training presentation can be viewed via a link in the “Links” section, or under the “Presentations” folder on the Data and Evaluation Program intranet site (<http://intranet.nctsn.org/sites/data/default.aspx>). To accompany these reports, a “Cheat Sheet” has been developed to consolidate the clinical and sub-clinical ranges for each of the three assessments in the CDS onto one printable sheet for reference by center staff. This “Cheat Sheet” will be available on the Data and Evaluation intranet page soon.
- Many of the comments made in the survey can be addressed by using this new suite of reports but please keep the feedback coming.

## IV. Future Analyses and Collaboration

- **Discuss areas of interest**

- There has been a request to include a question related to Lesbian, Gay, Bi-sexual, Transsexual, and Questioning (LGBTQ) youth to the CDS. **Ernestine Briggs-King requested that a sub-group of the Data Operations Advisory group be formed to discuss and propose a potential approach or questions to be added to the CDS for this population.** There are not any items currently in the CDS that collect data specifically for this population. If you are interested send a message to [nctsn@dcri.duke.edu](mailto:nctsn@dcri.duke.edu)
- Cynthia Rojas presented the approach her center has taken to integrate the three data collection strands within the NCTSI (CDS, CSE, and TRAC NOMS) during the Practical Skills training on 08 July 2009 (see above for more details). She described challenges to workflow, clinicians, and data entry, and then described how her center adapted their approach to lessen the burden on center staff, families, and clients.
- The NCTSN is currently working on additional products, including an assessment curriculum. Data collected in another survey indicated that less than 50% of NCTSN centers have clinicians with prior training in trauma focused assessments.
- There is some feedback that center staff, families, and clients are burdened by the redundant data collected by the three NCTSI data collection activities. During the Practical Skills training, Cynthia Rojas described what strategies her center, Clifford W. Beers Guidance Clinic, has taken to minimize the burden on these stakeholders. One strategy discussed was to stagger the intake process so that it is completed over the course of three shorter visits rather than in one long visit. Within each visit, center staff administer assessments to families and clients simultaneously, and on average approximately 16 minutes per visit is required for completion of the assessments. Other strategies exist and if interests persists we can revisit this issue on a subsequent call.
- At the end of the meeting, Brad Stohlbach noted that there are resources within the network, Partnering with Youth and Families Committee for example, that could facilitate the discussions around lessening the burden to families and clients during data collection. He also made the distinction between actual burden on clients and perceived burden by clinicians. **Ernestine Briggs-King & Brad Stolbach will contact Vikki Rompala to put this on the agenda for one of the meetings of this workgroup, so that they can help provide feedback.**

- **Publication Guidelines Update**

- The Publication Guidelines document has been conditionally approved by SAMHSA, pending some final edits and clarifications.
- Some centers have already submitted analysis requests/publication proposals for the use of the aggregate data.

- **Publication Dataset Design and Availability**

- The Data and Evaluation team has been working very hard to design a user friendly dataset that would be an aggregate of the entire CDS for use by centers for analysis leading to publication. The planned dataset will be able to guide the NCTSN in the areas that are most promising and interesting to the field. There are, however, limitations to the analyses that can be performed on the dataset. And, given the size of the dataset, it may be challenging for some centers to manipulate the data without assistance or collaboration. The potential benefits and outcomes from the data must be balanced with the challenges of structuring the dataset to be made available to the NCTSN.
- There are also quite a few regulatory concerns that must be addressed with the DUHS IRB and other stakeholders in order to make this dataset available.
- The design and regulatory strategy are still in progress.
- The Data and Evaluation team is also planning to develop a web-based tracking tool for proposals received, in review, and published as it relates to the use of the aggregate dataset.
- **Ernestine Briggs-King requested that anyone interested in joining the Publications Review Committee, as described in the Publication Guidelines document, please contact her or email [nctsn@dcri.duke.edu](mailto:nctsn@dcri.duke.edu).**

## V. Next Steps

- The next data operations meeting will be held in approximately 1 month. There will be more opportunity for open discussion of the survey results presented today, as well as other topics of interest that members would like to discuss during that meeting. Look for an announcement about the meeting soon. In the meantime, please visit the Data and Evaluation intranet page often for updates on current activities, minutes from this meeting, new resources and tools (e.g. the “Cheat Sheet” mentioned above), and to submit discussion topics to our discussion thread.

<http://intranet.nctsn.org/sites/data/default.aspx>

For additional information, or if you have any questions, please email us at [nctsn@dcri.duke.edu](mailto:nctsn@dcri.duke.edu).

**NCTSN Data Operations Advisory  
Group**

**14 July 2009 Meeting Attendance**

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If you would like to become a member of the Data Operations Advisory Group, please contact E. Briggs-King or B. Evans, or send an email to [nctsn@dcri.duke.edu](mailto:nctsn@dcri.duke.edu).