

Evaluating the Impact of a National Network for Serving Children who have Experienced Trauma:

Is the Network impact the sum of its parts?

February 23, 2006

19th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base

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Objectives

- During this topical discussion we will:
 - ✓ Overview of the National Child Traumatic Stress Initiative and the funded National Network
 - The Initiative
 - The Network
 - The Children's Mental Health Services Field
 - ✓ What does it mean to evaluate Network impact?
 - How is Network impact operationalized?
 - ✓ Collaborative development of a Cross-site Evaluation Design
 - ✓ Overview the Cross-site Evaluation

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The National Child Traumatic Stress Initiative

- The Donald J. Cohen National Child Traumatic Stress Initiative was established in 2001
 - ✓ to improve access to care, treatment, and services for children and adolescents exposed to traumatic events
 - ✓ encourage and promote collaboration between service providers in the field
 - ✓ Grants were awarded by SAMHSA/CMHS to establish the National Child Traumatic Stress Network (NCTSN).
 - An initial series of grants totaling more than \$30 million

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The National Child Traumatic Stress Initiative (cont'd)

"The attacks of September 11 remind us how essential these programs are to help our children deal physically and emotionally with traumatic events.

We are committed to substantially improving mental health services for children and adolescents and supporting the valuable services of the grantees of the Donald J. Cohen Initiative."

Tommy G. Thompson

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Donald J. Cohen Namesake

- A pioneer in the field of children's mental health.
 - ✓ Sterling Professor of Child Psychiatry, Pediatrics, & Psychology
 - ✓ Director of the Yale Child Study Center since 1983
 - ✓ Died on October 2, 2001, at age 61.
- Commitment to the field of child traumatic stress.
 - ✓ He formed an alliance between the New Haven Police Department and mental health practitioners at the Yale Child Study Center.
 - ✓ The Center trained the New Haven police officers so that they would be aware of the effects of traumatic events on children and could refer children to the Center

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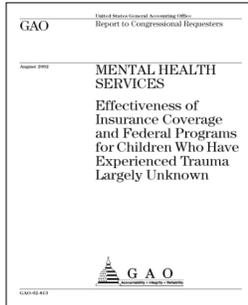
The National Child Traumatic Stress Network

- 70 member Network across the United States
 - ✓ 45 current grantees
 - The National Center for Child Traumatic Stress
 - Co-located at UCLA and Duke
 - Work with SAMHSA to develop and maintain the Network structure
 - Provide TA to grantees within the Network
 - Oversee resource development and dissemination
 - Coordinate national education and training efforts
 - 13 Treatment and Services Adaptation (TSA) Centers
 - Academic research centers
 - Provide national expertise on specific types of traumatic events, populations, and service systems
 - Support the specialized adaptation of effective treatment and service approaches for communities serving children that have experienced trauma
 - 31 Community Treatment and Service (CTS) Centers
 - Implement and locally evaluate effective treatment & services in community settings
 - Collaborate with other Network centers on clinical issues, service approaches, policy, financing, and training issues.
 - ✓ 25 previous grantees - Both TSA and CTS Centers

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2002 GAO Report



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Key Report Findings

- There were over 50 Federal grant programs serving children who have experienced trauma
- Little is known about the effectiveness of these efforts to help children and their families
- Few programs have undertaken formal evaluations
- Describes the NCTSI as a “recent effort”
- The report (written in 2002) notes that “because this initiative is in its early stages, information on the effectiveness of its efforts is not available” (p. 43)

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The President’s New Freedom Commission on Mental Health (NFC)



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Key Report Recommendations

- Transform “the current maze of services, treatments, and supports into an efficient and cohesive mental health care delivery system” (NFC, 2003, p. 66)
- **Goal 5: Excellent MH Care delivered; research accelerated**
 - ✓ Rec 5.1: Accelerate research to promote recover and resilience
 - ✓ Rec 5.2: Advance EBPs; create public-private partnerships
 - ✓ Rec 5.3: Improve/expand workforce providing evidence-based MH services
 - ✓ Rec 5.4: Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, *trauma*, and acute care

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The Network Vision

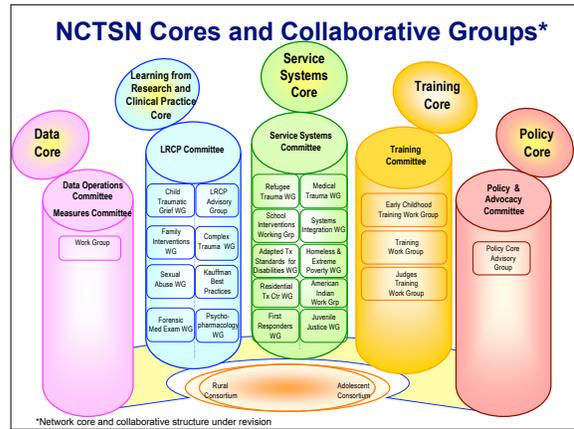
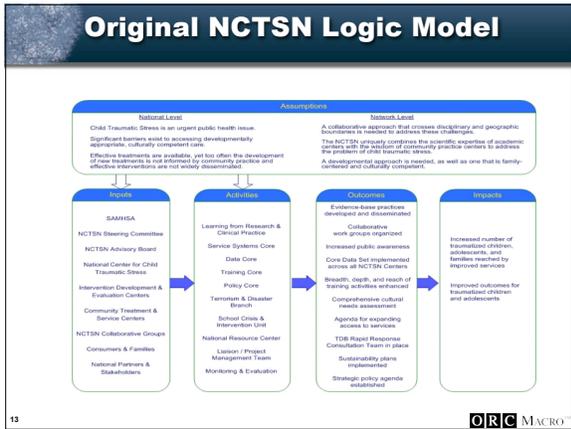
To raise the standard of care and improve access to services for traumatized children and their families throughout the United States

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The Network Vision (cont'd)

- **Network Vision Specifics:**
 - ✓ Raise public awareness about the impact of child traumatic stress
 - ✓ Improve the standard of care by integrating developmental and cultural knowledge
 - ✓ Work with established child-serving systems to ensure a comprehensive continuum of care
 - ✓ Build a community dedicated to collaboration within and beyond the Network
- **Underlying the Network Vision:**
 - ✓ Implement evidence-based programs
 - ✓ Promote accountability
 - ✓ Build on and expand NCTSN monitoring and evaluation

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NCTSN Cores

Core Functions	Goal
Learning from Research and Clinical Practice	Develop, disseminate, adopt and adapt effective interventions and services for childhood trauma from research and clinical practice; dissemination of such information to policymakers, practitioners, and children and families
Training	Develop, support, and provide state-of-the-art, multi-platform, effective training programs that incorporate advances in the development of knowledge, cultural competencies, and ecological frameworks
Service System	Strengthen the ability of child-serving systems to identify and respond to traumatized children and their families with effective, developmentally, ecologically and culturally appropriate interventions
Policy	Develop and advance a strategic policy agenda for the NCTSN aimed at improving the visibility and understanding of the problem of child traumatic stress, and strengthening the infrastructure, funding, and public will to address it.
Data	To provide oversight and guidance in the design, collection, and analysis of Network data.

- ## A bit more about the Data Core: The Core Data Set
- Standardized set of domains and measures to be collected across Network sites
 - Will allow the Network to answer the following questions:
 - Who is receiving services?
 - What types of problems, symptoms, and needs do youth have?
 - What types of trauma have youth experienced?
 - What types of treatment are we providing?
 - To what extent and in what ways do youth improve during treatment?
 - Essential for ensuring that the work being done within the Network is systematically measured, disseminated, and recognized
 - Multiple purposes:
 - Clinical
 - Administrative
 - Evaluative

- ## The Core Data Set (cont.)
- From the very beginning (i.e., summer of 2001), there was an expectation that the Network would develop and implement a core data set
 - Who are we serving?
 - How are we serving them?
 - Is it making a difference?
 - In September 2002, the Data Operations Committee was formed and charged with developing the Core Data Set
 - This became the primary objective of the Data Operations Committee
 - Initial meeting was with full committee plus representatives from SAMHSA
 - Unlike many other committees, Data Operations was given a short timeline to develop the components of a Core Data Set (by start of 2003)

- ## The Core Data Set (cont.)
- Priorities
 - Content areas
 - Client characteristics
 - Outcomes
 - Service use
 - Principles for selecting domains/measures
 - Needed to be as short as possible (to fit into existing practice)
 - Focus on CORE domains (what was absolutely necessary, not just what would be nice to know)
 - Needed to be systematic and consistent across sites and clients
 - Preference for psychometrically sound assessments that had demonstrated properties, widespread use, and applicability across diverse populations
 - Attempt to include different approaches to assessment to meet needs of the Network and key stakeholders

Components of the Core Data Set

- Clinical Characteristics Form
 - ✓ Client demographics
 - ✓ Current living situation
 - ✓ Insurance
 - ✓ Severity of problems (e.g., "real world" functioning)
 - ✓ Current service use
 - ✓ Trauma history
 - ✓ Primary presenting problem/focus of treatment
- Outcomes
 - ✓ Child Behavior Checklist (CBCL)
 - ✓ Trauma Symptom Checklist for Children (TSCC-A)
 - ✓ PTSD Reaction Index (PTSD-RI)

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Evaluating the Network

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Monitoring and Evaluating the NCTSN

- Evaluation has always played a large role in the NCTSN
- Initial congressional authorization required a "rigorous evaluation plan" for each center (P.L. 106-310, 2001)
- Evaluation plans were to include methods for assessing the effectiveness of:
 - ✓ Processes
 - ✓ Treatment/intervention outcomes

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Increased Government Accountability

- Government Performance and Results Act (GPRA) indicators for NCTSI
 - ✓ Increased access to services
 - ✓ Improved outcomes
- Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) review
 - ✓ Comprehensive program assessment conducted by OMB to determine effectiveness of programs
 - ✓ In current administration, effectiveness translates directly into funding priorities
- SAMHSA National Outcome Measures (NOMs)
 - ✓ Long-term goal: Prevent/reduce substance use and abuse; promote mental health; prevent mental disorders; and reduce disability, comorbidity, and relapse
 - ✓ 2-year action plan for fiscal year (FY) 2004 and FY 2005

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Evaluating the Network: Discussion Topics

- Operational Definition of a Network
- What is Network Impact?
 - ✓ The sum of its parts?
 - ✓ Should evaluation be core specific?
 - ✓ Is child and family outcome information necessary?
 - ✓ Is child and family outcome information sufficient?

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The Cross-site Evaluation of the NCTSI

1. Goals & Objectives
2. Development
3. The Design

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Cross-site Evaluation Objective

- **Cross site evaluation data should be used for Continuous Quality Improvement:**
 - ✓ **Program Development:** Decision making at the federal level
 - ✓ **Program Management:** Decision making at the local program development level
 - ✓ **Service Delivery:** Decision making at the individual child and family level
 - ✓ **Social Marketing:** Informing and influencing constituency groups

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Cross-site Evaluation Philosophy

- **Collaboration**
- **Capacity assessment and building**
- **Reflect values of program**
- **Relevant to policy makers and other constituents**
- **Research integrity**
- **Utilization- and Outcome-focused**
- **Multi-method**
- **Burden containment**
- **Enhance efficiency**

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Cross-site Evaluation Design Development Activities

- **Logic modeling**
- **NCTSN document and reports review**
- **Evaluation capacity assessment interviews**
- **Site visits**
- **Consultations with national experts in:**
 - ✓ Collaboration
 - ✓ Development, dissemination, and adoption
 - ✓ Logic modeling
 - ✓ Evaluation design and statistical analysis

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Cross-site Evaluation Design Review Activities

- **Input and feedback from experts and stakeholders**
 - ✓ Substance Abuse and Mental Health Services Administration (SAMHSA) Project Officers
 - ✓ NCTSN Steering Committee: Evaluation Subcommittee
 - ✓ NCCTS
 - ✓ Cultural Competence Review Committee
 - ✓ Family/Consumer Review Committee
 - ✓ All-Network meeting in spring 2005: Presentation of Cross-site Evaluation Design
- **OMB package submission and review**
- **ORC Macro Institutional Review Board (IRB) submission and review**

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Cross-site Evaluation Responding to Feedback

- **Suggested revisions were included as appropriate**
- **Instruments underwent cognitive testing, expert review, and/or usability testing**
- **Feedback from pilot-testing was incorporated into instruments**
- **A paper-based administration option was made available for Web-based surveys**
- **Provision of technical assistance includes interviewing techniques addressing families' needs**
- **To thank families, caregivers provided a \$20 certificate for participation in the satisfaction study**

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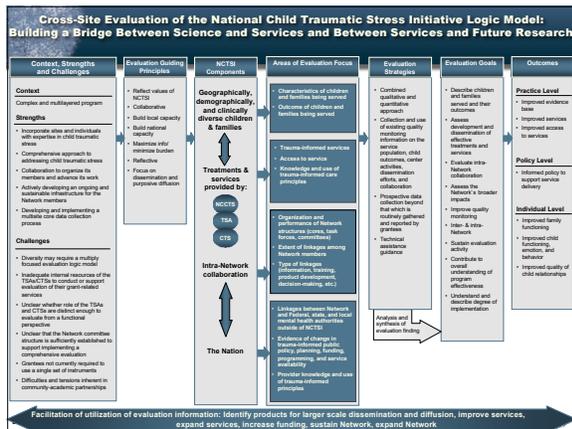
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The Cross-site Evaluation Design

- **Logic Model & Goals**
- **Design/Methodology**
- **Study Components**

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Goals of the Cross-site Evaluation

- Over Arching Goal:**
 - To assess the impact of the multi-level NCTSN on the access to care and quality of care for children exposed to trauma.
- Specific Goals:**
 - Describe the children and families served by NCTSN and their outcomes;
 - Assess the development and dissemination of effective products, treatments and services;
 - Evaluation intra-network collaboration; and
 - Assess the network's impact beyond the NCTSN.

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The Cross-site Evaluation Design and Methodology

- Combined cross-sectional and prospective data collection strategy**
- Combined qualitative and quantitative approach**
- Comprehensive and standardized set of instruments to assess descriptive characteristics and clinical outcomes (utilizing the Core Data Set to decrease burden)**
- Eight study components assessing the Network as a whole along multiple domains; technology enhanced**
- Training and technical assistance to NCTSN centers to enhance evaluation capacity and to support implementation and participation in the Cross-site Evaluation**
- Training on data collection, evaluation, and tracking system software use**

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Eight Study Components of the Cross-site Evaluation

- Descriptive and Clinical Outcomes of Children Receiving Direct Clinical Mental Health Services
- Satisfaction with Direct Clinical Mental Health Services
- Network Collaboration
- Provider Knowledge and Use of Trauma-informed Services
- Product/Innovation Development and Dissemination
- Adoption of Methods and Practices
- NCTSI National Impact
- Utilization of National Registry of Evidence-based Programs and Practices (NREPP)

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Component 1: Descriptive and Clinical Outcomes

- Research Questions**
 - Who are the children and families provided direct mental health services by NCTSN centers?
 - To what extent do outcomes improve over time?
- Data Collection Goals**
 - Support Core Data Set implementation for children receiving direct mental health services
- Instrumentation**
 - Core Clinical Characteristics: Baseline Assessment Form
 - Core Clinical Characteristics: Follow-up Assessment Form
 - Core Clinical Characteristics: General Trauma Form
 - Core Clinical Characteristics: Trauma Detail Form
 - Child Behavior Checklist For Ages 1.5–5 and Ages 6–18
 - Trauma Symptom Checklist for Children (TSCC-A)
 - UCLA PTSD Index for DSM-IV (Parent Version, Revision 1)

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Component 2: Satisfaction with Mental Health Services

- Research Question**
 - What is the family consumer perspective on the direct services that their child has received through NCTSN centers?
- Data Collection Goals**
 - Examine service capacity, service utilization patterns, and related satisfaction among caregivers of children receiving services from NCTSN centers
 - Assess progress in meeting an NCTSI goal and key GPRA indicator: to increase the access to and capacity of trauma-informed services for children and their families
- Instrumentation**
 - Youth Services Survey for Families

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**Component 3:
Network Collaboration**

- **Research Questions**
 - ✓ What is the level of collaboration among Network members?
 - ✓ How does collaboration influence NCTSN center development and outcomes?
- **Data Collection Goals**
 - ✓ Track the nature and extent of collaboration as it develops over time
 - Network analysis
 - Analysis or organization and performance of collaborative structures
 - ✓ Determine factors influencing levels of collaboration among NCTSN centers
- **Instrumentation**
 - ✓ Network Survey (web-based)
 - ✓ Child Trauma Partnership Tool (web-based)

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**Component 4:
Provider Knowledge & Use of TIS**

- **Research Questions**
 - ✓ What impact has the NCTSN had on the knowledge and practice of trauma-informed services among human service providers associated with the Network?
- **Data Collection Goals**
 - ✓ Further define the concept of trauma-informed services
 - ✓ Determine the extent to which Network-involved human service providers have learned and practice trauma-informed services (TIS)
- **Instrumentation**
 - ✓ Key informant interviews and focus groups (telephone)
 - ✓ TIS Provider Survey (web-based)

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**Component 5:
Product/Innovation Development & Dissemination**

- **Research Questions**
 - ✓ What products/innovations have been developed and disseminated within the Network?
 - ✓ What factors influence product/innovation development and dissemination?
- **Data Collection Goals**
 - ✓ Document product development and dissemination
 - ✓ Identify variables influencing development & dissemination
 - ✓ Assess existing product development activities
 - ✓ Case studies to qualitatively understand product/innovation development and dissemination process occurs
- **Instrumentation**
 - ✓ Product Development and Dissemination Survey (PDSS)
 - ✓ Workgroup coordinator interviews
 - ✓ Case studies

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**Component 6:
Adoption of Methods and Practices**

- **Research Questions**
 - ✓ What Network-generated products/ innovations have been adopted by NCTSN centers and by associated providers?
 - ✓ What factors are associated with adoption?
- **Data Collection Goals**
 - ✓ Assess the degree of adoption of interventions, methods, knowledge, practices, and infrastructure generated or supported by the Network
 - ✓ Assess factors affecting adoption and implementation
- **Instrumentation**
 - ✓ General Adoption Assessment Survey (GAAS) (Web-based)
 - ✓ Adoption and Implementation Factors Interview (AIF)

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**Component 7:
National Impact**

- **Research Question**
 - ✓ What impact has the NCTSN had on mental health and non-mental health child-serving agencies external to the Network?
- **Data Collection Goal**
 - ✓ Assess the extent to which the existence of the NCTSN has impacted the information and knowledge bases, policies, planning, programs, and practices--related to trauma-informed care--among mental health and non-mental health child serving agencies external to the Network
- **Instrumentation**
 - ✓ National Impact Survey (Web-based)

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**Component 8:
Utilization of National Registry of Evidence-based Programs and Practices (NREPP)**

- **Research Question**
 - ✓ What evidence-based and promising practices are currently being disseminated by the NCTSN through registration in NREPP?
- **Data Collection Goals**
 - ✓ Address the critical need to enhance the availability of information about evidence-based and trauma-informed treatments, interventions, and practices by promoting and monitoring NCTSN submissions of such practices to NREPP
- **Implementation Process**
 - ✓ Provide technical assistance and track the progress of centers submitting practices for NREPP review

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Reaction/Thoughts/Comments

- **Revisiting earlier questions...**
 - ✓ What is Network Impact?
 - The sum of its parts?
 - Should evaluation be core specific?
 - Is child and family outcome information necessary?
 - Is child and family outcome information sufficient?
- **Other Comments/Reactions/Thoughts...**

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For More Information on the NCTSN:
www.NCTSN.org

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