
Attachment A: NCTSI Evaluation Design and Data Collection Instruments

The various components of the redesigned NCTSI evaluation and associated instrumentation are described below.

Component 1: Descriptive and Clinical Outcomes

To address the GPRA goals of increasing access to services and improving outcomes, we propose continuing the use descriptive and clinical outcome data to describe the characteristics of children in formal treatment at NCTSN-funded centers, monitor the type and amount of services that they receive, and assess whether children's outcomes improve over time. The focus is on children and families receiving intensive treatment for trauma exposure. This approach is built on the **Core Data Set (CDS)** (*see Attachment B*), which includes instruments specifically designed for this initiative as well as standardized checklists from the field. The CDS provides both baseline and longitudinal data on the children being served by the program at each of the funded NCTSN centers on various domains including, but not limited to:

- Demographics
- Residential placement/domestic environment
- Family characteristics
- Service use
- Trauma exposure
- 'Real world' functioning
- Standardized assessments
 - Emotional/behavioral problems: Child Behavior Checklist (Achenbach, 2000, 2001) and Children's Depression Inventory-2 Short (Kovacs, 1992)
 - Trauma Sequelae: Trauma Symptom Checklist for Children-Alternate Version (Briere, 1989, 1995) and Trauma Symptom Checklist for Young Children (Briere, 2005)
 - Trauma symptoms: UCLA PTSD Index for DSM IV (Pynoos, Rodriguez, Steinberg, Stuber, & Fredrick, 1998)
 - Substance Use: Global Appraisal of Individual Needs Modified Short Screener (Dennis, Chan, & Funk, 2006)
 - Parental Stress: Parenting Stress Index Short Form (Abidin, 1995)

All NCTSN centers that provide direct clinical services using NCTSN funds are required to collect data using the CDS and submit the data to the NCTSI evaluator. Data are collected by grantees at baseline and at three-month intervals through the end of treatment. The purpose of the CDS measures is to provide client-level baseline and longitudinal outcome information to evaluate the impact of services provided at NCTSN funded centers. CDS data help the NCTSN to clarify the kinds of traumas children experience, which children are being served, what types of treatment are being provided, and the relationship between child traumatic stress and contextual factors. The CDS has also helped to enhance the capacity of centers to administer standardized measures, and collect and analyze data using such measures on a routine basis.

Component 2: Access to High Quality, Trauma-informed Services

The NCTSI mission is to expand access to high quality, trauma-informed services for trauma-exposed children and adolescents and their families nationwide. This component of the evaluation is designed to assess NCTSI program progress in achieving this mission by collecting and analyzing data from a variety of sources addressing the question of whether access to high quality, trauma-informed services has improved and for which demographic groups. This component includes three subcomponents focused on: 1) child-serving systems targeted by NCTSN center training efforts; 2) children served by NCTSN centers; and 3) NCTSI program national reach. Descriptions of each subcomponent follow.

Related to child-serving systems (i.e., mental health, child welfare, juvenile justice, education, and primary care), the newly proposed **Evidence-based Practice (EBP) and Trauma-informed Systems Change Survey (ETSC)** (*see Attachment C*) is a Web-based survey designed to assess the extent to which NCTSN training and other dissemination activities have enhanced the knowledge base and use of trauma-informed services (TIS) within child-serving agencies, centers and organizations that are not a part of the NCTSN but rather have received training from the NCTSN as well as to assess the extent to which such services are evidence-based. The survey branches into two versions adapted for project directors/administrators and human service providers (e.g., mental health providers, child welfare case workers, teachers, primary care health care providers and others), allowing for questions tailored to the professional orientation and activities of each group. The survey collects information on the following domains:

- Adoption/implementation of evidence-based practices
- Adoption/implementation of assessment measures
- Degree to which agency or organization screens for trauma
- Degree to which agency or organization assesses trauma impact
- Degree to which agency or organization provides or refers for trauma treatment
- Degree to which clinical practice is trauma-informed
- Degree to which organizations are trauma-informed
- Facilitators and barriers to providing trauma-informed care

The ETSC survey will be used to assess the extent to which NCTSN training and dissemination activities *have improved access to* high quality, trauma-informed services for trauma-exposed children and their families that are served through such child-serving systems. The ETSC survey is administered twice over the grant period of the NCTSN centers (i.e., during the first year and third year of the 4-year grant period).

Related to children directly served by NCTSN centers, this component will examine disparities in receipt of quality care for children served by NCTSN centers by assessing the characteristics of the children served (age, gender, race, income, insurance status, assessment and diagnosis), service utilization, and consumer satisfaction. Secondary analysis of data in the CDS (*described above, see Attachment B*), will be conducted to examine service use by different subgroups of children and youth served by the NCTSN. Service use will be assessed based on characteristics such as age, gender, race, income, insurance status, involvement in other child-serving sectors, and presenting problems. Such data will be used to compare the use of services and emergency rooms prior to and after entry into NCTSN services. In addition, a review of literature and non-

NCTSN datasets will be conducted to identify data that may allow for a comparison of NCTSN and non-NCTSN service use. It may be feasible to compare NCTSN service use to data on overall access to care or data on access to care among specific subgroups (e.g., children in child welfare). A thorough literature review will be conducted to determine available data sources and to assess their appropriateness for comparison. If appropriate data sources are identified, summary statistics on NCTSN service use will be compared to summary statistics on non-NCTSN service use. In addition to the CDS secondary analysis, to assess the disparities in receipt of quality care within the NCTSN program, information on characteristics of the children and youth who are waitlisted to receive services and on average how long clients are on the waitlist will be extracted from the newly proposed **Online Performance Monitoring Report (OPMR)** (see Attachment D and description of this report below).

In addition, related to children directly served by NCTSN centers, secondary analysis of data elements from the Transformation Accountability (TRAC) system and the CDS will be conducted to assess consumer perspectives on services. TRAC items regarding the perception of care by caregivers and youth, particularly around access to services, participation in treatment, cultural sensitivity, appropriateness, and client satisfaction will be drawn from the Perception of Care instrument. These data will be analyzed in relation to child and youth characteristics from both the TRAC system and the CDS. Characteristics examined may include client demographics, outcomes, service use, and dropout rates.

Related to national reach, this component will also assess the extent to which the NCTSN has impacted the knowledge and awareness, policies, planning, programs, and practices related to trauma-informed care among state and national child-serving organizations external to the NCTSN centers. A revised version of the OMB-cleared, Web-based **NCTSI National Reach Survey** (see Attachment E) will be used to assess the extent to which the NCTSN has impacted trauma-informed services information/knowledge, policy, and practices among mental health and non-mental health child-serving organizations external to the Network. As a clarification, respondents for the ETSC Survey are 1) administrators who interact with NCTSN centers who are from agencies, centers, and organizations that provide a variety of types of services directly to children and adolescents and 2) providers from similar agencies, centers and organizations who are trained by NCTSN centers. Respondents for the National Reach Survey are the directors of state and national professional associations and organizations (specific respondents will be identified by the NCCTS and NCTSN centers). The survey is administered in alternate years of the evaluation contract to all state and national associations representing the child serving systems. The National Reach Survey collects information on the following domains:

- Extent of familiarity with NCTSN centers
- Types of collaboration with these centers
- Familiarity with NCTSN products
- NCTSN products implemented
- Extent to which staff members in these organizations have knowledge about childhood trauma (i.e., consequences, treatment needs, and interventions)
- Organization's use of specialized interventions for child trauma
- Policies, screening and assessment procedures
- Plans for developing services, training materials, management information, funding, and dissemination of information to support trauma-exposed children and adolescents

- Interaction with the NCTSN on the above plans

As described, the Web-based National Reach Survey was developed as part of the currently OMB-approved evaluation. Revisions to the survey are described, along with other revisions to the evaluation, in *Section 2.b*.

Component 3: Training, Evidence-based Practices (EBPs), and Family/Consumer Partnerships

As described above, a major goal of the NCTSN is to enhance the capacity of administrators and service providers from agencies, centers and organizations associated with child-serving systems (including mental health, child welfare, juvenile justice, education and primary care) to use trauma-informed services (TIS) with trauma-exposed children and their families. NCTSN centers promote the use of TIS within child-serving systems to increase public awareness and knowledge about trauma exposure, trauma impact, and the range of trauma-informed assessments and services that are available. Specifically, NCTSN centers are involved in activities including training, dissemination of resources, education, and consultation regarding topics such as trauma-related evidence-based practices, interventions, and methods. As described above, as part of Component 2, the **ETSC Survey** will be used to assess the extent to which NCTSN training and dissemination activities *have improved access to* high quality, trauma-informed services for trauma-exposed children and their families. For Component 3, the **ETSC Survey** will be used to assess the ways in which agencies, schools, and organizations that are a part of child-serving systems have changed their service approach as a result of participating in educational activities or trainings supported by NCTSN centers; in particular, this survey will assess the extent to which the respondents' service activities *have become evidence-based and trauma-informed* as a result of the dissemination efforts of the NCTSN.

While the **ETSC Survey** assesses change in practice among agencies, centers and organizations that are trained by (or otherwise educated by) NCTSN centers, the **OPMR** (*see in-depth description of this report below*) collects similar information about implementation of evidence-based practices and trauma-informed practice from administrators of NCTSN centers. As part of Component 3, this data from the OPMR will be used to assess changes in practice within NCTSN centers related to the implementation of evidence-based practices as well as organizational shifts within NCTSN centers resulting in greater attention to and use of trauma-informed services.

Two additional forms will support data collection for Component 3, including a **Training Summary Form (TSF)** (*see Attachment F*) that will be completed by professionals associated with the NCTSN who are delivering the trainings provided by NCTSN centers. In general, these trainers are NCTSN or NCCTS center staff members. Information related to training will be collected on the TSF at the conclusion of trainings. This form will collect information on the number of participants trained, the type of training (including the trauma types addressed in the training), and the topics emphasized in the training. In addition, a **Training Sign-In Sheet (TSIS)** (*see Attachment G*) will be completed by the participants of NCTSN-sponsored trainings. Participants will provide their names; agency, organization or center for which they work; their roles; and contact information including an email addresses. In addition, they will be asked to indicate whether the evaluation may contact them for participation.

Finally, data will be collected through the **OPMR** to assess the extent to which, and the specific ways in which, consumer/family-driven approaches to care and consumer/family involvement are incorporated into the design, development and implementation of grant activities among NCTSN centers. This study will assess activities pertaining to both clinical practice and organizational/program practice. SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development. A key component of that commitment is involvement of consumers and family members in the design, development and implementation of projects funded through SAMHSA's grant programs, which, in the case of the NCTSI program, could result in improved, higher quality care for trauma-exposed children and their families.

Informal, preliminary assessment suggests that only a portion of NCTSN centers actively involve consumers/family members in grant planning and implementation; however some are engaged in innovative approaches that are not being captured (e.g., focus groups with consumers/family members to solicit opinions on approaches to training service providers). Such approaches, if more thoroughly documented, could serve as an example for other centers. In addition, it is important to assess formally the range of activities centers are engaged in to address this goal.

In addition to assessing centers' activity related to promoting consumer/family involvement in the planning and implementation of grant activities, the data gathered through the **OPMR** will provide information on centers' efforts to engage families and promote retention in service delivery. Responses will be compared to the **CDS** to assess whether centers' efforts to promote retention are resulting in higher quantities of follow-up data and to understand center needs around training and technical assistance or other supports needed to improve retention and follow-up.

Lastly, the data collected through the **OPMR** on consumer/family involvement, along with data collected through the TRAC system regarding consumer satisfaction, will be analyzed and the findings used to design a qualitative study that includes consumer/family in the target respondent group. The qualitative study will include either interviews or focus groups and will be submitted in Year 1 of the NCTSI Evaluation for OMB clearance. The qualitative investigation is needed both to conduct an in-depth assessment of consumer satisfaction and to assess the consumer/family perspective on the strengths and weaknesses of NCTSN family partnership activities and the impact on service delivery.

Component 4: Sustainability

Assessing the sustainability of the progress made by the NCTSN and its partners is a key evaluation priority identified by stakeholders advising on the redesign of the NCTSI Evaluation. Therefore, while this issue was not addressed as part of the previous evaluation design, it has been included as a new area of importance for future NCTSI evaluation. This component of the evaluation focuses on understanding the degree to which NCTSI grant activities continue after funding has ended and the factors associated with the continuation of—or lapse in—grant activities such as the implementation of evidence-based practices or approaches to strengthen trauma-informed service provision. The newly proposed Web-based **Sustainability Survey—For Funded Centers** (see *Attachment H.1*) collects data from administrators and evaluators of

funded NCTSN centers annually to assess plans for sustainability and factors associated with such planning activity among currently funded centers. A second version of the survey, nearly identical, the Web-based **Sustainability Survey—For Affiliate Centers** (*see Attachment H.2*), will be administered annually to administrators of affiliate centers, which are centers that no longer receive SAMHSA funding but have continued involvement with the NCTSN and are defined by SAMHSA as affiliates. These surveys collect information on the following domains:

- NCTSI grant history
- Funding sources and fiscal strategies
- Program mission
- Infrastructure
- Service delivery
- Continuation of practices and programs
- NCTSN involvement and collaborations
- Involvement with non-NCTSN centers

Additional Evaluation and Monitoring Activity

SAMHSA is also requesting clearance for the **OPMR** (*Attachment D*), which is primarily a mechanism for SAMHSA to monitor centers' progress towards achieving stated goals and a fulfillment of SAMHSA requirements for accountability and performance monitoring. In addition, as a result of collaborative efforts to streamline, consolidate, and reduce data collection required of grantees to report on grant activities for national monitoring and evaluation purposes, this form will also serve as an important data source informing several components of the NCTSI evaluation. The form incorporates evaluation domains that were previously a part of either the currently OMB-approved evaluation or other monitoring and evaluation efforts conducted by SAMHSA or the NCCTS, each of which impacted NCTSI grantees (*detailed information about the consolidation of monitoring and evaluation activities in the OPMR is included in Section 2.b*) The OPMR will be completed by NCTSN center administrators on a quarterly (Q), annual (A), or ongoing (O) basis using an online reporting system (ORS). The form collects data related to the following domains:

- Major project goals, activities, and accomplishments (Q)
- Local evaluation activities (Q)
- Project accomplishments (Q)
- Public Awareness activities (Q)
- Service Capacity (A)
- Number of clients served with Direct clinical, Client-related, and Family services provided by the Center (Q)
- Trauma-Informed Practices and Interventions (Q)
- Products Developed under the Auspices of the NCTSI Grant (Q)
- Collaborative Activities at the local level (Q)
- Interagency planning and coordination (A)
- Collaborative activities within the NCTSN (Q)
- Workgroup participation (A)
- Sustainability of services (A)
- Data collection progress (Q)

- Financing (A)

Attachment B: NICON Screen Shots

Race/Ethnicity Variables and Child Behavior Checklist (CBCL)

Issue Summary:

The NCTSI Evaluation will not use the race/ethnicity variable from the Child Behavior Checklist (CBCL). Rather, data regarding race/ethnicity is collected using the baseline Core Clinical Characteristics form. Following are screen shots from the NICON system displaying the Core Clinical Characteristics Form and CBCL.

NICON screen shot of the Core Clinical Characteristics form, which includes questions about race and ethnicity:

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0276. Public reporting burden for this collection of information is estimated to average 24 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

1. *Date of Visit:

2. Is this the child's first visit at this center for the current episode of care?

No

Yes

If No: How many visits (including today's visit) has the child had at your center for the current episode of care?

3. From whom are you collecting information for this form? (Check all that apply)

Parent

Other adult relative

Foster parent

Agency staff

Child/adolescent/self

Other, specify

4. Who is currently the legal guardian for this child?

Parent

Other adult relative

State

Emancipated minor (self)

Other, specify

Unknown

5. Child's ethnicity

Hispanic or Latino

Not Hispanic or Latino

Unknown

6. Child's race (If multiracial, check all that apply)

American Indian or Alaska Native

Asian

Black/African American

Native Hawaiian or other Pacific Islander

White

Unknown

7. Was the child born in the United States?

No

If No: In what country was the child born?

NICON screen shot of the Child Behavior Checklist, which excludes questions about race and ethnicity:

Child Behavior Checklist For Ages 1 1/2 to 5 - Microsoft Internet Explorer provided by ICF International

https://www.nctsi-nicon.com/nicon/baseline/child_behavior_checklist_young.aspx

Child Behavior Checklist For Ages 1 1/2 to 5

Protected mode is currently turned off for the Local intranet zone. Click here to open security settings.

NICON
NCTSI INTERACTIVE COLLABORATIVE ONLINE NETWORK

BASELINE | FOLLOW UP | REPORTS | PRINT

Home | ENROLL | ENROLLMENTS | INQUIRY | SERVICES | CLINICAL | CHECKPOINT | RB | RSLC

Enrolled Clinics

New Enrollment

NCTSI Data & Evaluation Calendar

Child Behavior Checklist For Ages 1 1/2 to 5

ICF Macro Atlanta Test Center - 9998-00-00002 - DOB: 03/01/2006 - Gender: Female

Form Approved
OMB NO. 0930-0276
Exp. Date: 7/31/2012

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0276. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Be sure to answer all items.

Below is a list of items that describe children. For each item that describes the child now or in the past 30 days, please select 2 if the item is very true or often true of the child. Select 1 if the item is somewhat or sometimes true of the child. If the item is not true of the child, select 0. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

*Method of Administration of CBCL(Y):

Hard copy - English

Hard copy - Spanish

Computer Assisted

Medicinal data from Inform

1. Aches or pains (without medical cause; do not include stomach or headaches) 0 1 2 Unknown

2. Acts too young for age 0 1 2 Unknown

3. Afraid to try new things 0 1 2 Unknown

4. Avoids looking others in the eye 0 1 2 Unknown