

A Mixed Methods Outcome Evaluation of the Technical Assistance Network for Children's Behavioral Health

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This presentation is hosted by the Wraparound Evaluation and Research Team at the University of Washington, a partner in the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.

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Technical Assistance is an individualized approach to providing support and promoting CQI

- TA encompasses various strategies:
 - Training, coaching, educating, problem-solving, and generally supporting relevant stakeholders
- General approaches include:
 - Generalized
 - Individualized
 - Intensive



Chinman et al., 2008; Fixsen et al., 2005; Le et al., 2016; Wandersman et al. 2012

Recent literature has identified characteristics of high-quality TA

- Sufficient dosage:
 - Long-term, ongoing efforts
- High quality:
 - Participants satisfied with TA quality
- Collaborative approach:
 - Relationship-based
- Proper fit:
 - Good match between TA and needs
- Proactive:
 - TA providers anticipate need
- Mixture of approaches:
 - Low touch (generalized) and high touch (intensive) efforts



Katz & Wandersman, 2016; Le et al., 2016; Mitchell et al., 2002; Wandersman et al. 2012

A small number of studies have examined the impact of TA on implementation

- TA successfully promotes system-level change when:
 - Representing and educating stakeholders on multilevel issues
 - Creating a vision and comprehensive plan for desired outcomes
- TA dosage is associated with implementation fidelity, but the relation is not linear
- Targeted trainings are associated with team functioning and improved staff skills
- Timely TA is associated with collaborative team functioning

Bryson & Ostmeyer, 2014; Chilenski et al., 2016; Chinman et al., 2008; Feinberg et al., 2008; Kahn et al., 2009

TA is provided by the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC)

- Part of the TA Network



- Provides support in implementing, operating, and sustaining systems of care (SOC)

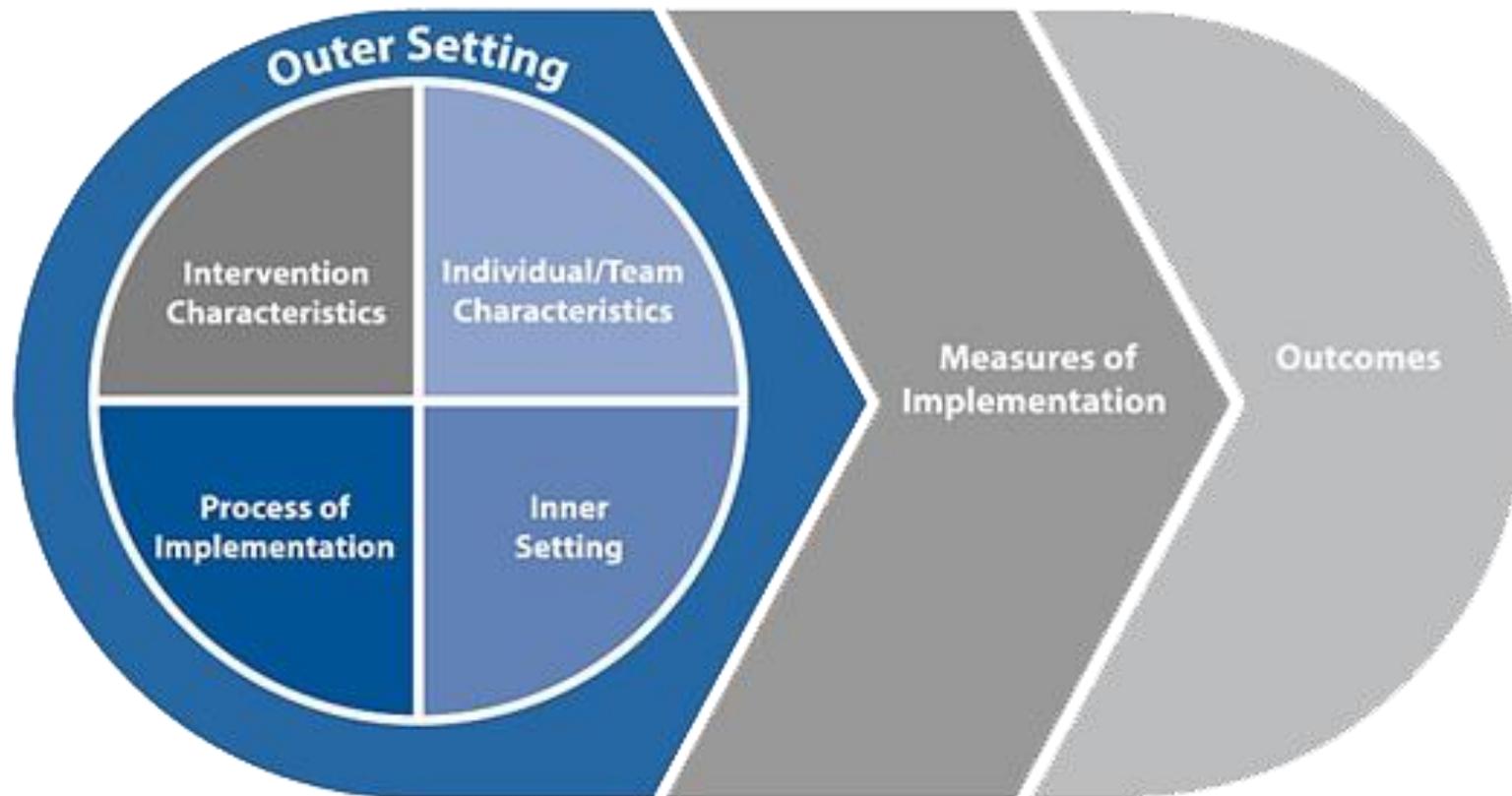


- Today's presentation focuses specifically on TA provided to SAMHSA-funded SOC grantees

NTTAC TA strategies vary by level of need

- **Generalized TA:**
 - Weekly communications, regular updates, webinars, learning communities
- **Individualized TA:**
 - One-on-one TA with expert consultants
- **Intensive TA:**
 - Regular telephone and electronic communication, site visits, and peer-to-peer connections

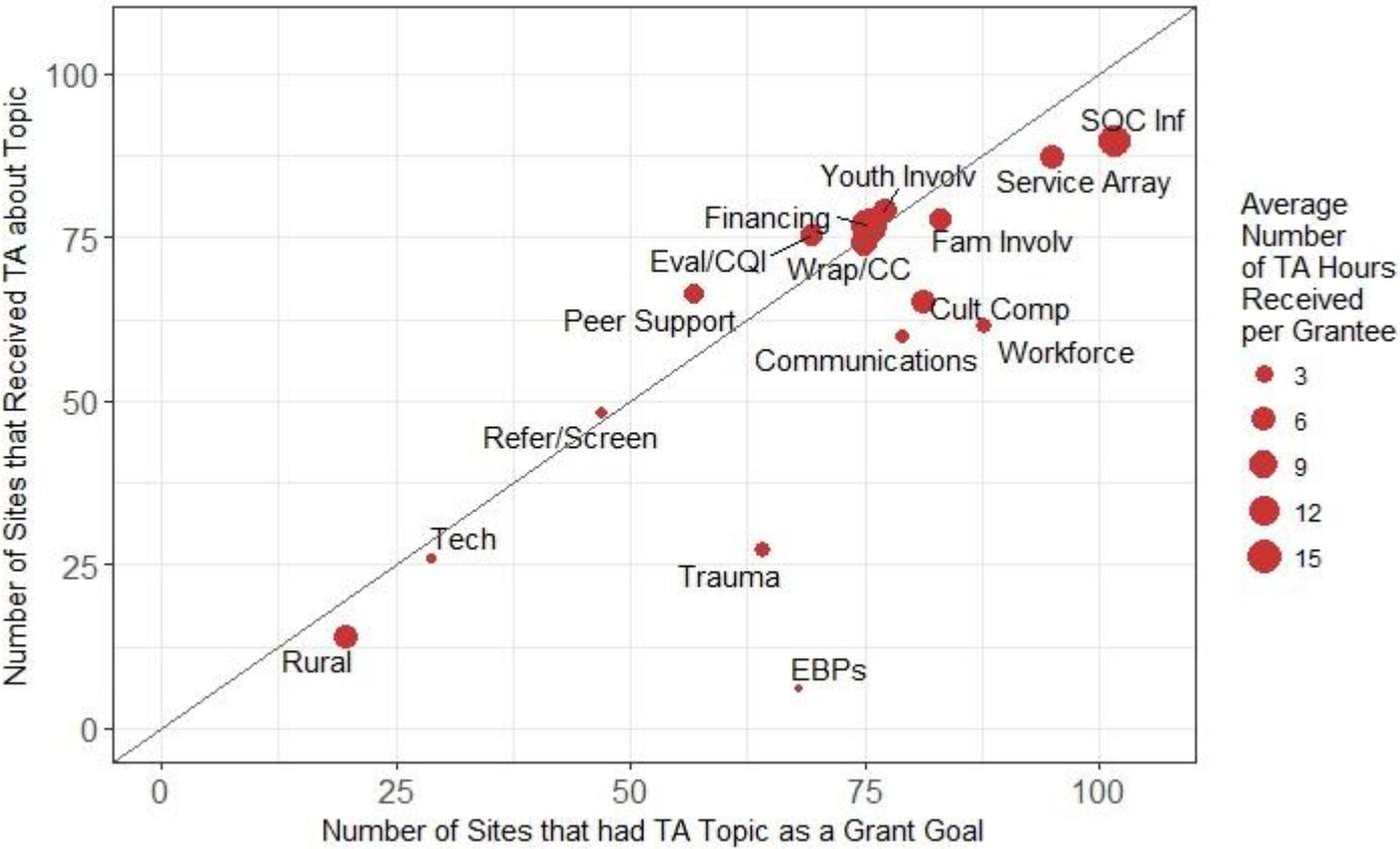
NTTAC efforts focus on the intersection of inner and outer settings:



Smith et al., 2014

Previous analyses suggest that NTTAC TA topics generally match need:

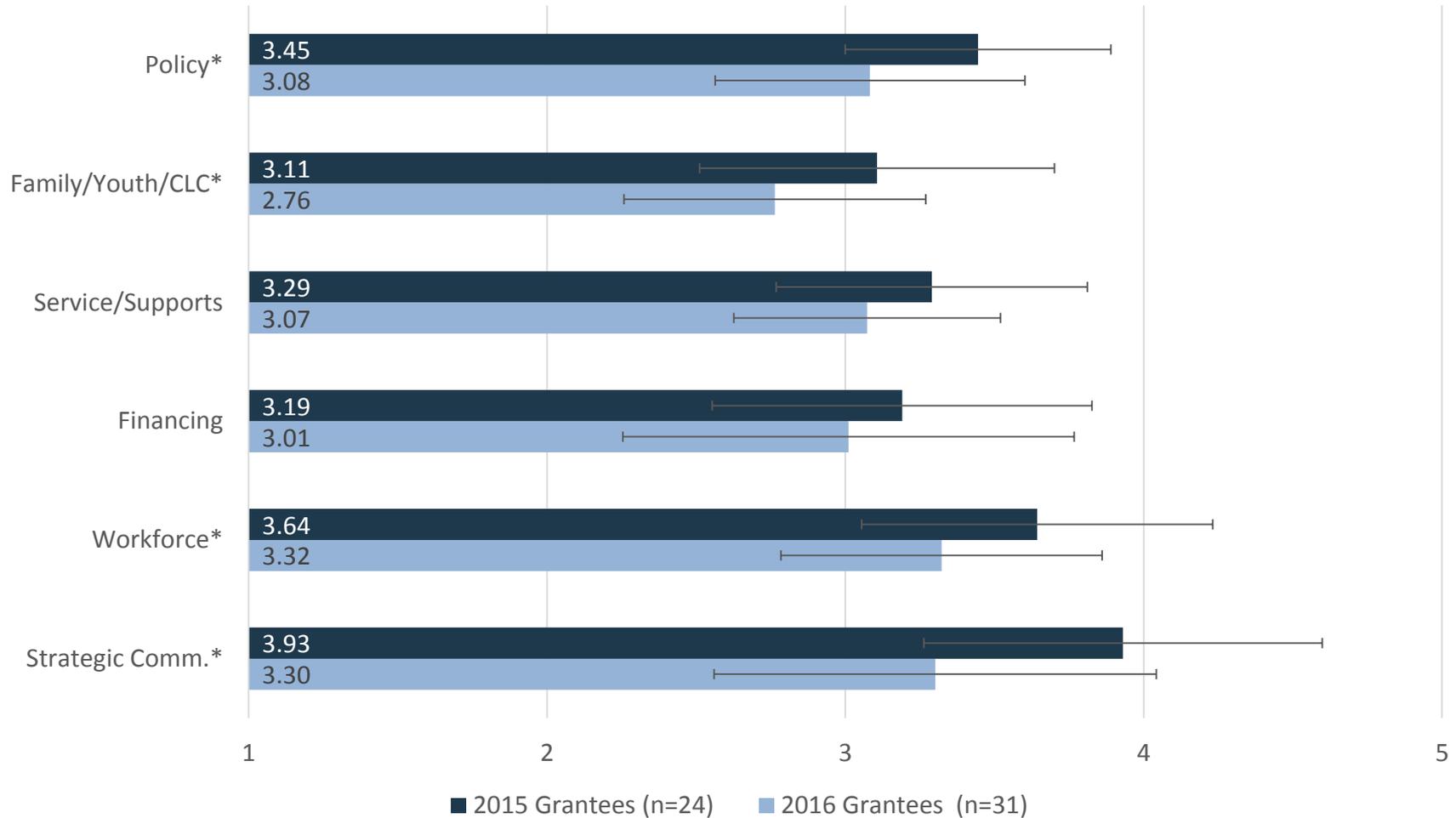
Number of Grantee Sites with Specific Goals vs. Number that Received TA on those Goals (All Grantees; N = 102)*



*Topics of “Tribal Considerations” and “Other” (See Table 2) were excluded from the graph; “tribal considerations” was not a selectable topic in TARS and goals were not coded on “other.” Data on the first year of TA provided to 2013 grantees are not available, so hours may be lower than what was actually provided.

We have seen some progress towards system-level outcomes:

Average level of sustainability and expansion strategy implementation as measured by the SOCESS by analytic domain



* Statistically significant mean difference at the .05 level.

Current study is designed to assess processes and impact of TA delivered through NTTAC

- How much TA do grantees use?
- How satisfied are they with the TA?
- What do TA provider/recipient relationships look like?
- How well do TA services fit with grantee needs?
- What type of impact has TA had on system-level outcomes?
- What types of factors promote positive systems-level SOC grant outcomes?

In short, we plan to contribute to the small but growing literature on evidence-based TA

Methods

Sample

- 3 to 5 project staff from 12 active SOC grant sites drawn from a population of 102 sites
 - Principal Investigator (PI), Project Director (PD), Evaluator, Team Members
- Stratified random sample based on:
 - TA usage (high, medium, low)
 - Jurisdiction (local, county, state, territory, tribe)
 - Grant year (2013 through 2017)
- Demographics:
 - To date: n = 11
 - 72.7% Female
 - 100% Bachelor's degree or higher; 81.8% Master's degree

Quantitative measures

- New measure:
 - Self-report survey included demographic questions, predictors of TA success, outcomes
- Existing measures:
 - TARS: Technical Assistance Reporting System
 - CQIS: Continuous Quality Improvement Survey
 - SAIS: Self-Assessment of Implementation Survey
 - SOCESS: System of Care Expansion and Sustainability Survey

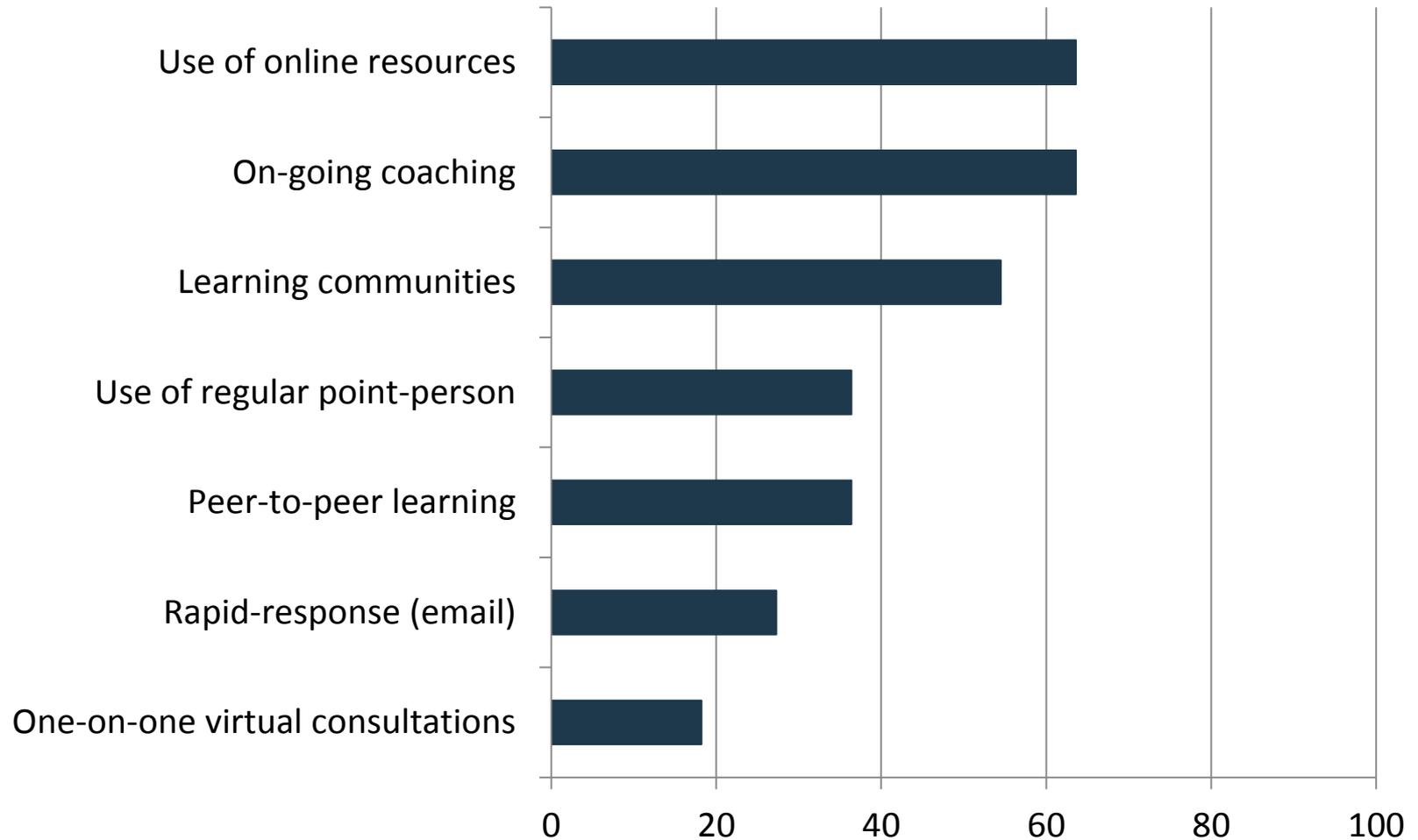
Independent Variables		Dependent Variables	
Variable	Measures	Variable	Measures
Dosage	Self-report survey TARS	Impact on grant goals	Self-report survey
Satisfaction	Self-report survey CQIS quarterly surveys	Progress on system-level change	SAIS SOCESS
Relationship quality	Self-report survey		
Fit	Self-report survey		
Proactive TA approach	Self-report survey		

Qualitative measures

- Follow-up with quantitative sample
- Focus on reasons behind quantitative responses
- Sample questions:
 - Why do you reach out for TA support?
 - How has your TA provider helped you achieve grant goals?
 - How has TA helped promote change in the work that you do?
 - How has TA fit with grant community's needs, values, priorities?
 - How do you initiate contact with your TA providers?
 - How would you describe your relationship with TA providers?
 - How can your TA providers better meet your needs?

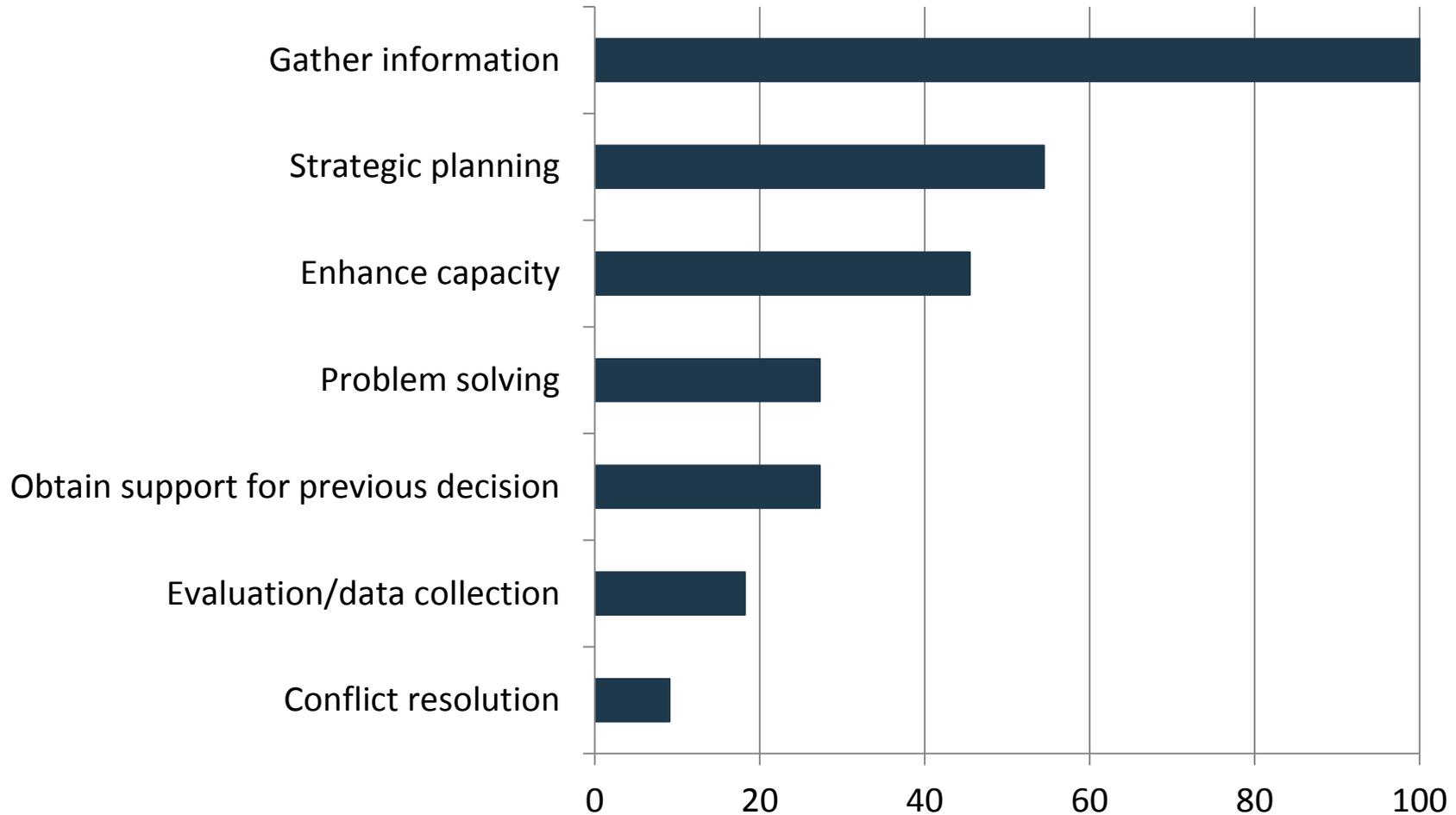
Preliminary Quantitative Results

Grantees used various TA services



Percentage of grantees that report using each service (n = 11)

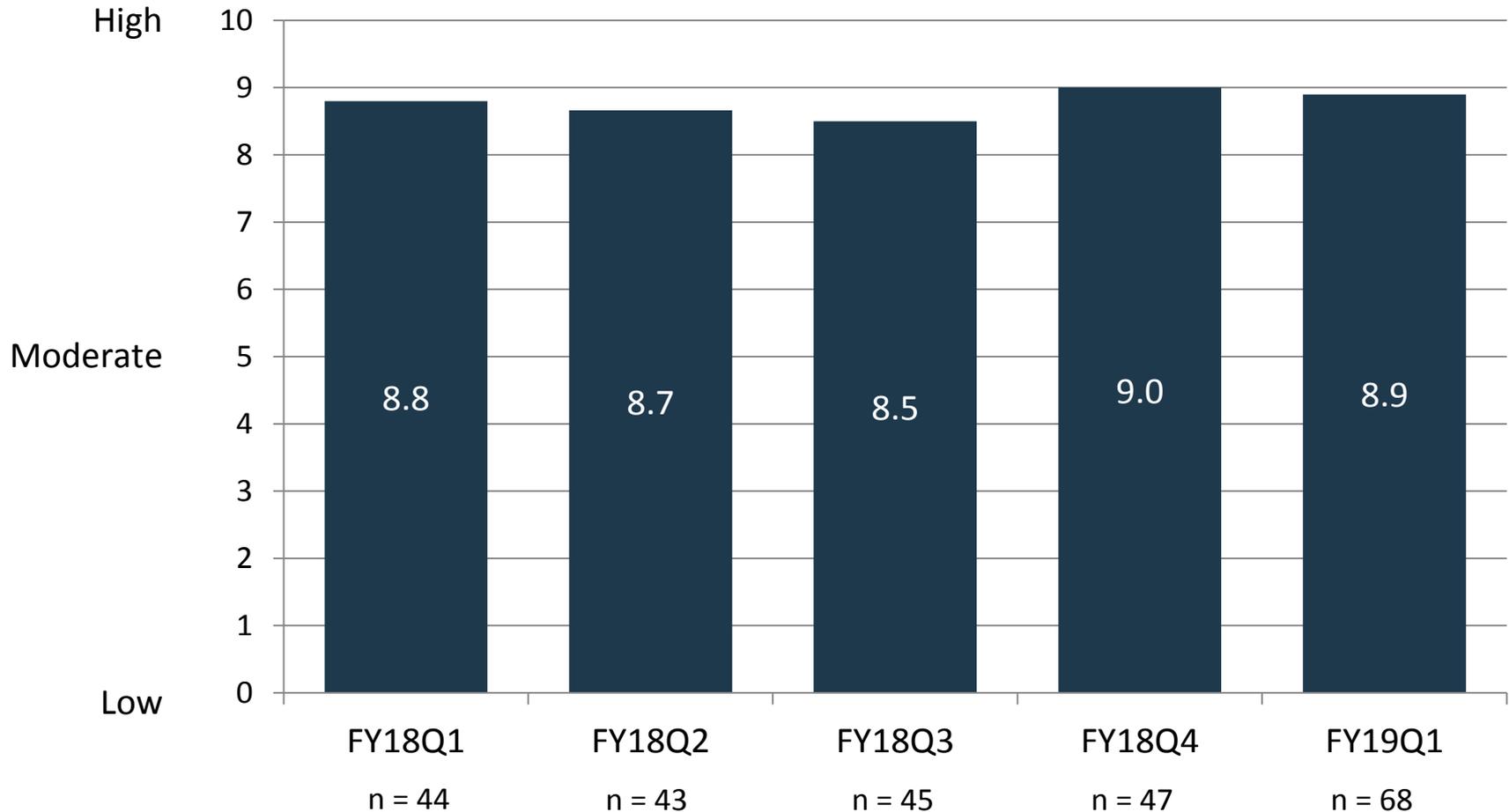
Grantees sought TA for various reasons



Percentage of grantees that report seeking TA on each topic (n = 11)

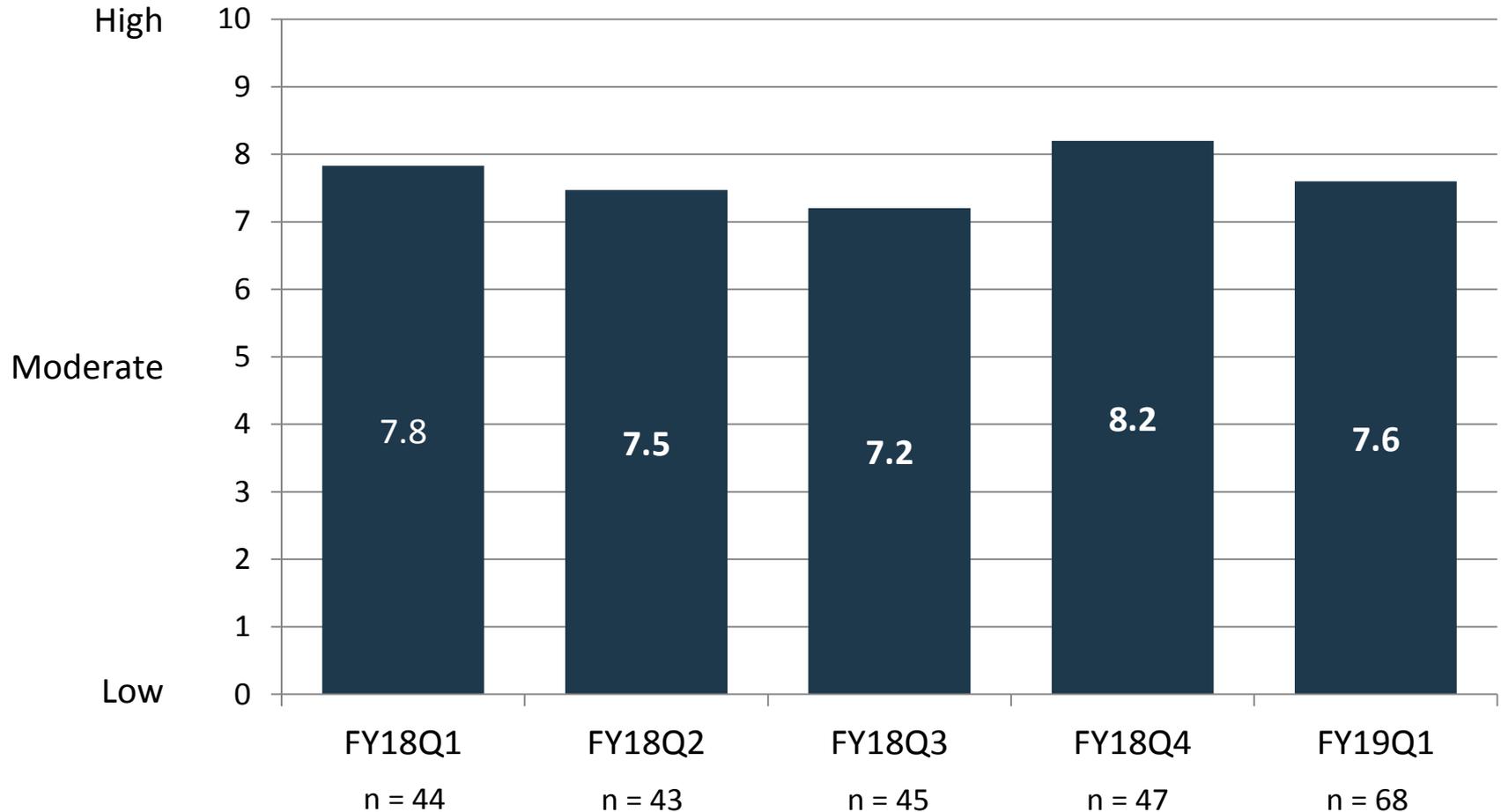
Respondents were very satisfied with TA

Satisfaction with Individualized TA

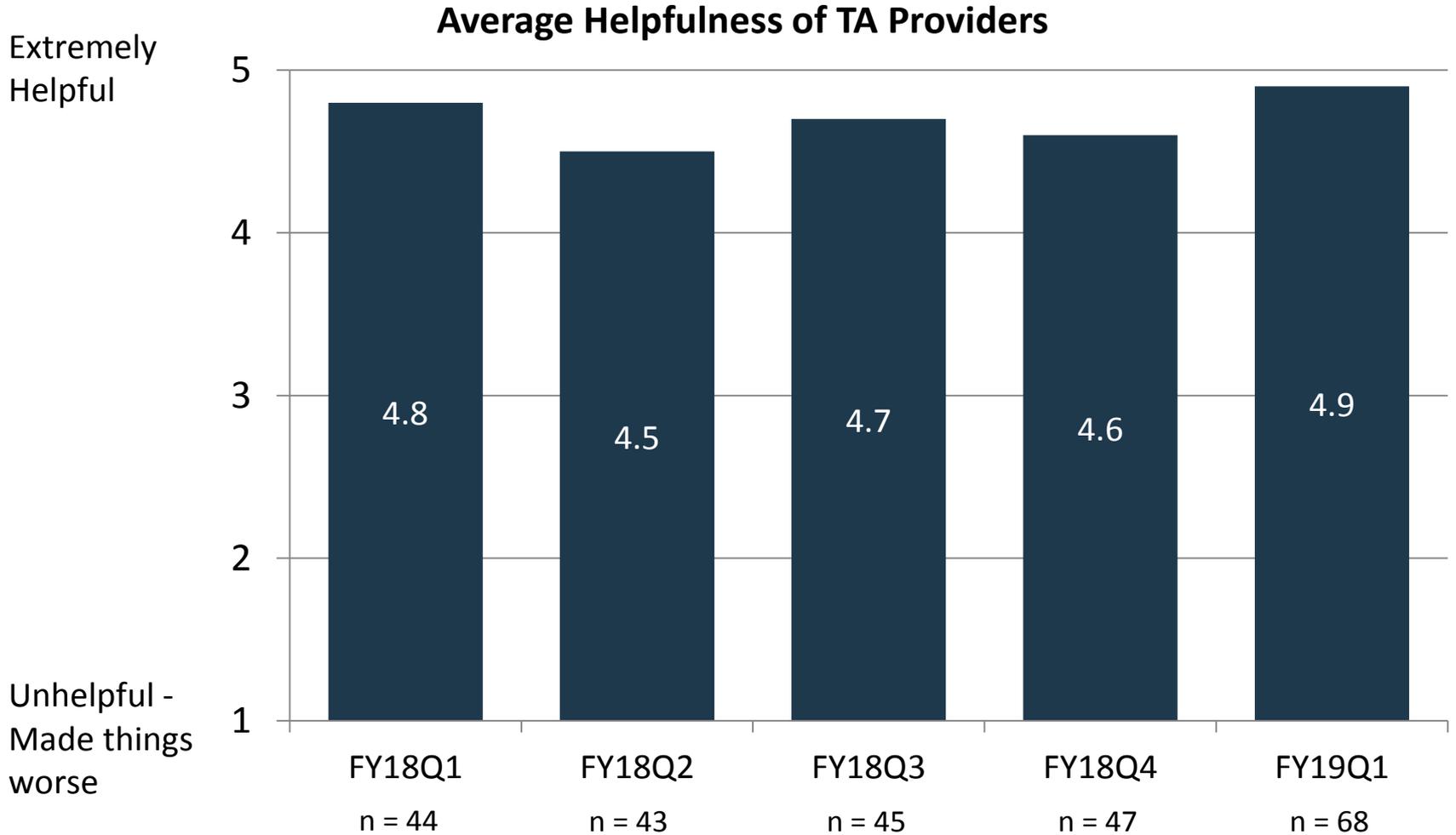


Respondents felt that TA would have a positive impact

Impact of Individualized TA

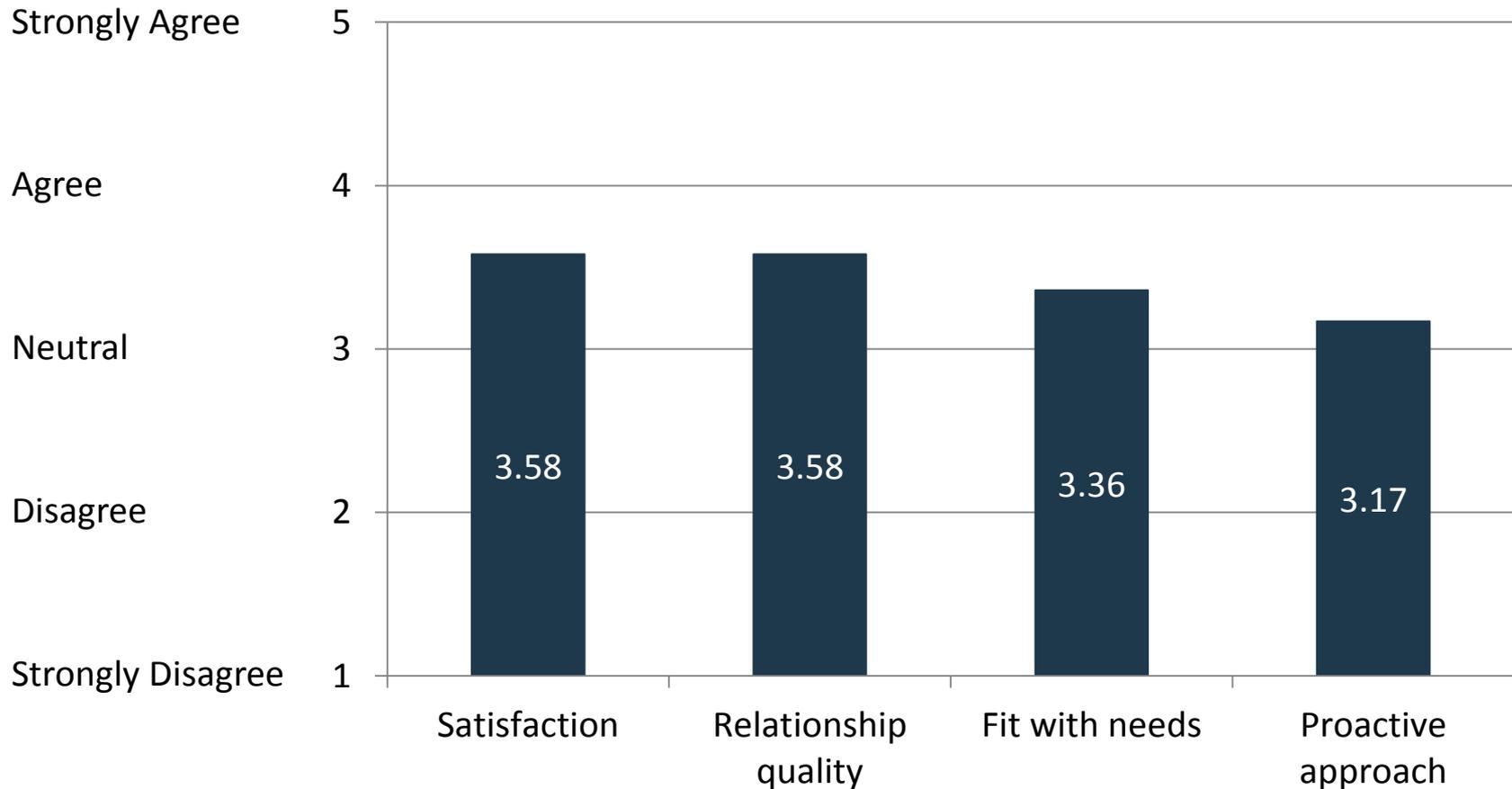


Respondents rated their TA providers as very helpful



Participants report moderate agreement on each predictor variable

Level of agreement with statements related to each predictor variable (n = 11)



Proactive TA is associated with positive outcomes

Variable	B	SE B	β	t	r	p value
Satisfaction with TA	-.579	.424	-.751	-1.37	.59	.24
Relationship with TA providers	.242	.560	.227	.43	.69	.69
Fit between TA and needs	.586	.509	.623	1.15	.82	.31
Proactive TA	.732	.306	.760	2.39	.95	.08
R ²	.94					

(n = 11)

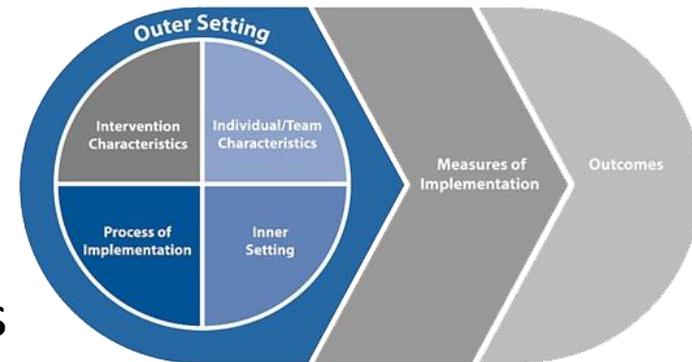
Conclusions and Implications

Summary of findings

- SOC grantees:
 - Used a wide variety of TA services
 - Reached out for TA for a variety of reasons
- Grantees report they experience moderate levels of factors associated with high-quality TA:
 - Satisfaction with overall quality
 - Positive relationships with TA providers
 - Good fit with needs
 - Proactive approach by providers
- Proactive TA predicted positive outcomes

Implications for TA efforts

- TA providers should establish positive relationships, ensure a good fit, and be proactive in their approach
- Data tracking systems can help promote TA responsiveness
- Carefully targeted TA can promote outer settings that are supportive of systems of care
- Future directions:
 - Continue quantitative data analysis
 - Conduct interviews with participants



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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