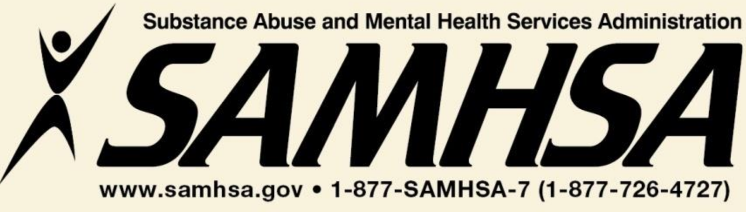

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Toward "Evidence Based TA": Examining Technical Assistance Needs and Usage of System of Care Grantees

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This presentation was prepared by The National CMHI Evaluation Team at Westat and the University of Washington's Wraparound Evaluation and Research Team, partners in the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.

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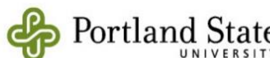
Overview of presentation

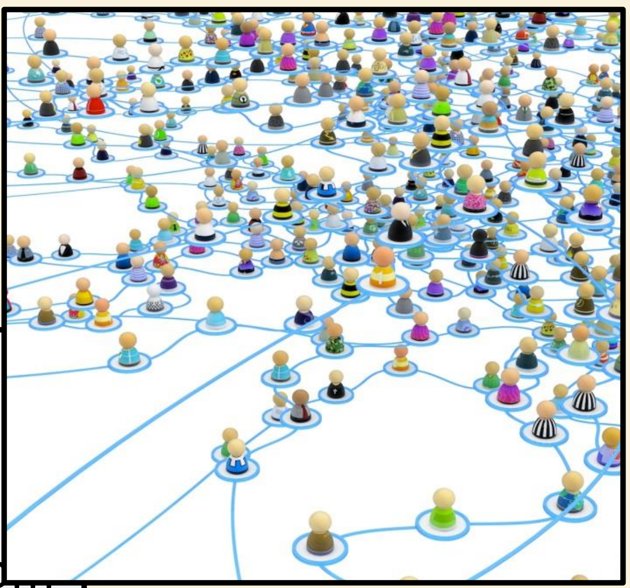
- The TA Network for Children's Behavioral Health
- TA Network CQI: Evaluating satisfaction and appropriateness of TA provided
- Assessing impact: Does TA actually promote positive outcomes?
- Conclusions and Next steps

The National Technical Assistance Network for Children's Behavioral Health (TA Network)

The TA Network operates SAMHSA's National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC)



A Network Model of Technical Assistance



- Field-driven and based upon identified needs
- Flexible capacity with ready access to technical assistance
- Diverse perspectives and content from experts from across the country
- Extensive expertise, operational skills, lived experiences, ethnic and cultural backgrounds, and sexual orientation and gender identity diversity reflecting the multifaceted richness of the states, tribes, territories, and communities

Types of Technical Assistance

Generalized TA:

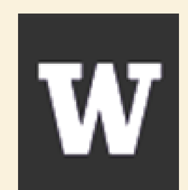
- Weekly *TA Telegram*
- Monthly Minutes, TA Tidbits
- Webinars, learning communities and other distance learning opportunities
- Dissemination of content-specific publications, products, and technical assistance resources

Individualized TA:

- Assignment of a lead consultant, available as needed, to support individualized and dynamic TA plans
- Rapid Response TA system for specific questions or requests for resource material

Intensive TA:

- Intensive and customized approach to accelerate ability to advance system of care expansion and sustainability
- Peer-exchanges and virtual and on-site technical assistance



Concept of levels of TA (Blasé 2009)

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Intensive TA

Blended Intensive and Basic TA

Basic TA

Systems Change
Capacity Building

Increased Knowledge
Increased Access to Information
Changes in Attitudes

Figure 1. *Technical Assistance Pyramid*

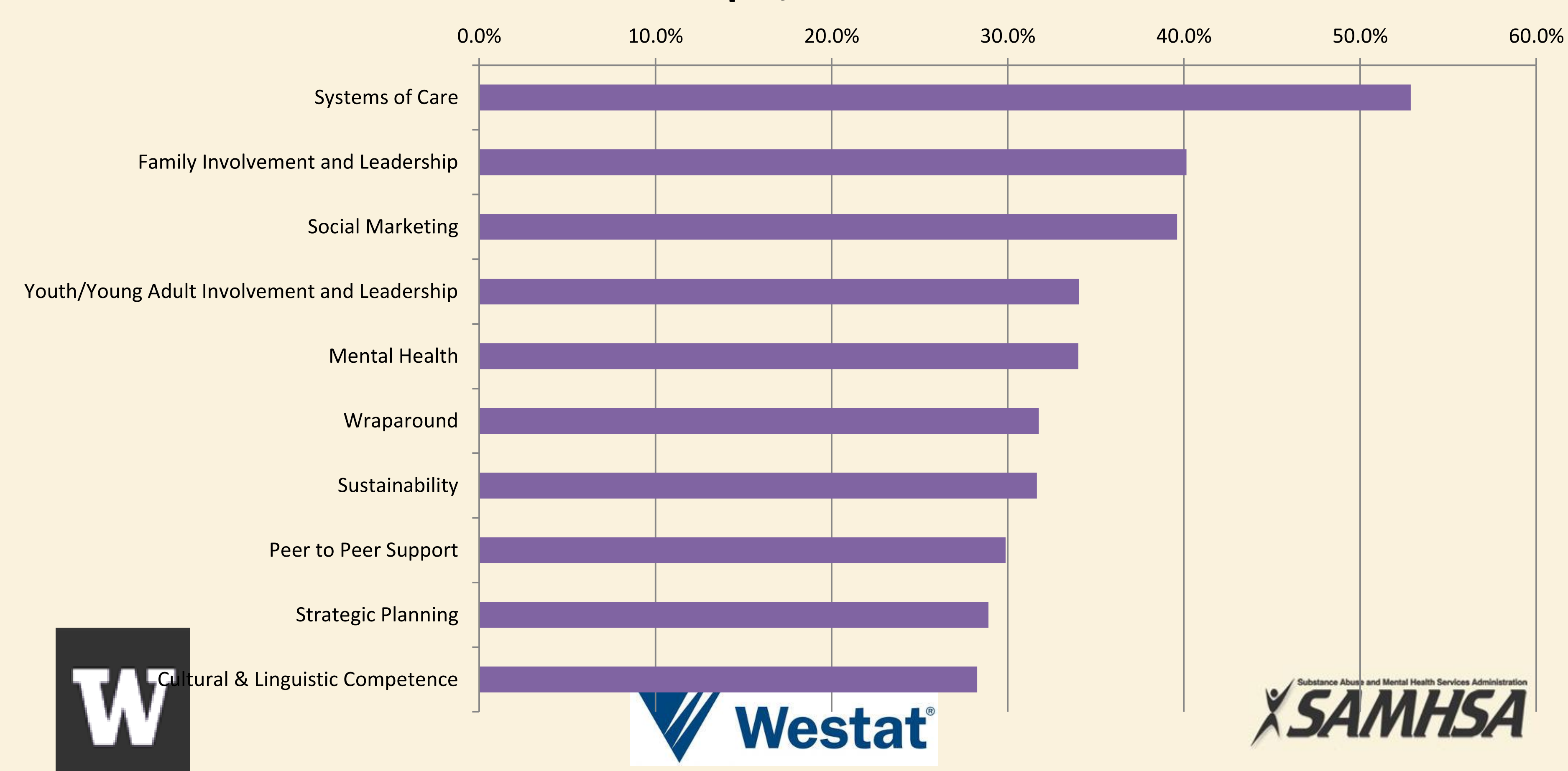
CQI Efforts for the TA Network

- Satisfaction and impact of individualized TA
- Large Group Meeting evaluations
- Evaluations for each webinar
- SAMHSA Site Visit Survey
- State and Community Information Exchange
- Satisfaction and impact of generalized TA products
  - *TA Telegram* and *Honoring Innovations Newsletter*
  - *Monthly Minutes, TA Tidbits*

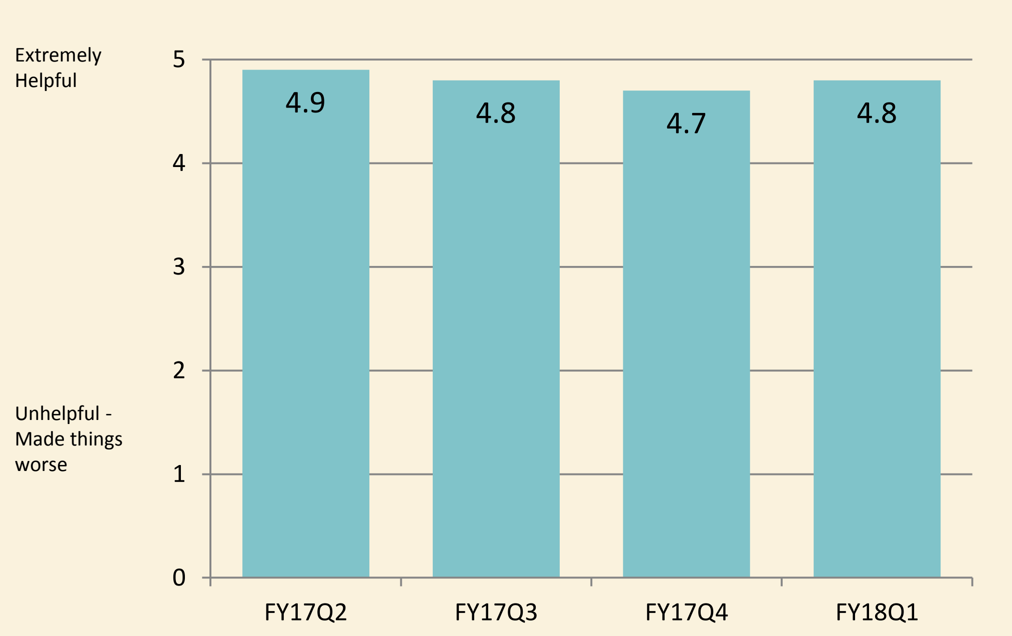
Individualized TA Survey Recipients

	FY17Q1 (10/1/16-12/31/16)	FY17Q2 (1/1/17-3/31/17)	FY17Q3 (4/1/17-6/30/17)	FY17Q4 (7/1/17-9/30/17)
TA Recipients identified in TARS	247	269	220	231
TA events provided	679	498	739	365
TA providers	51	44	48	37
Survey respondents	65	56	64	55
Response rate	26%	21%	29%	26%
Percent of TARS entries rated	28%	24%	30%	29%
Percent of TA providers rated	69%	73%	81%	81%

Top TA topics provided



Respondents rate Their TA Providers as Very Helpful



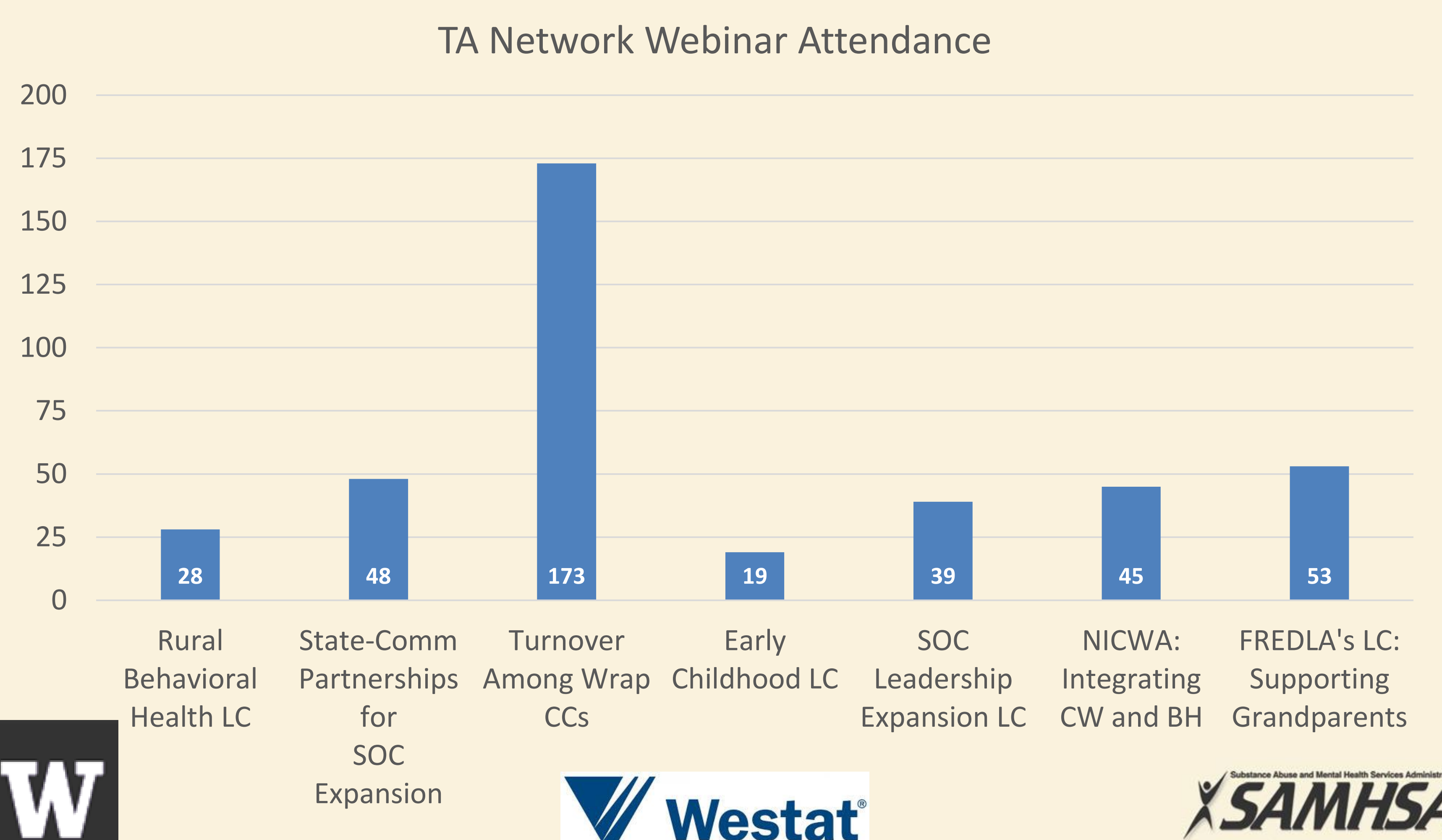
- Presented with a list of the people who provided TA, and asked to rate their satisfaction with each provider
  - Option to indicate that they did not recall receiving sufficient TA from each provider to rate them

Respondents are very satisfied with TA, felt it would have impact

	FY17Q2	FY17Q3	FY17Q4	FY18Q1
Satisfaction with Individualized TA	8.6	8.4	8.8	8.8
Impact of Individualized TA	7.6	7.2	7.8	7.8

Scale: 0 (Low) – 5 (Moderate) – 10 (High)

TAN Webinar Attendance in October and November, 2017



Ratings of webinar quality were high

Quality of Webinar

Item	Rating
Average of Focused and On Schedule	3.8
Average of Knowledgable Presenter(s)	3.7
Average of Helpful Resource Materials	3.6
Average of Engaging and Participatory	3.6
Average of Well-organized and Coherent	3.7
Average of Convenient Timing	3.7
Average of Easy Hosting Platform	3.6

0 1 2 3 4

Response Rate: 44.1% (range: 15.6-60.7%)

Toward “Evidence Based TA”

WHAT DOES THE LITERATURE SAY?

Research on how to deliver effective TA is sparse

- Le et al. (2016):
  - “There have been few attempts to systematically identify critical components of successful TA, and even fewer rigorous attempts to evaluate its effectiveness” (p. 381).
  - “Most studies have focused on describing the needs of the recipients rather than effective TA models… [and] most research that has tried to examine the impact of TA has tended to be theoretically and methodologically inadequate” (p. 381).

Characteristics of effective TA

- Blase (2009) reviewed three studies from the human services literature that evaluate factors associated with positive TA impact:
  - Feinberg, Ridenhour and Greenberg (2008)
  - Kahn, Hurth, Kasprzak, Diefendorf, Good and Ringwalt (2009)
  - Fixsen & Blasé, 1993; Fixsen, Blasé, Timers, & Wolf, 2001)

Summary of lessons learned from research

- Onsite TA more effective, newer initiatives benefit more
  - Feinberg, Ridenhour and Greenberg (2008)
- Better results when TA provider and recipient co-lead process
- Better results when TA is based on a continually updated plan
- More stakeholders participating did not increase impact
- More total TA time only had only a slightly positive impact
- TA delivered must match readiness/preferences of the site
  - Kahn, Hurth, Kasprzak, Diefendorf, Good and Ringwalt (2009)
- TA focused on organizational capacity building = more success
  - Fixsen et al., 2001

Toward “Evidence Based TA”

ASSESSING APPROPRIATENESS AND IMPACT OF TA USING NATIONAL EVALUATION DATA

UW/TA Network is partnering with Westat to address these questions

1. What are the TA needs of stakeholders?
2. Does the TA being provided align with needs of users?
3. What is the "reach" of the TA Network? Who is using the TA?
4. How satisfied are TA recipients and the field overall with TAN assistance and products?
5. What is the short-term impact (e.g., on achieving local goals for funded states and sites) of TA provided?
6. What is the long-term impact (e.g., on system of care development and child/family outcomes) of TA provided?

Combined TA Network and National Evaluation data

From TA Network:

- Technical Assistance Reporting System (TARS) Contact Entries
- Quarterly NTTAC CQI Satisfaction Surveys

From National Evaluation (Westat):

- Grantee Summary Reports
- Self-Assessment of Implementation Survey (SAIS) Data

Analysis focused on 2013/2014 grantee cohort

Cohort	# of Grantees	Mean (Range) Grant Amount	Grant Jurisdiction		
			# County	# State/ Territory	# Tribal
2013	14	$924,124 ($328,744 - $1.00M)	3	7	4
2014	21	$1.81M ($447,851 - $4.00M)	8	8	5
ALL	**35**	**$1.45M ($328,744 - $4.00M)**	**11**	**15**	**9**

Most grantees had goals in the following areas

Grant Goal Topics	2013 Grantees		2014 Grantees		ALL Grantees	
	n	%	n	%	**n**	**%**
SOC Infrastructure, Governance & Collab	14	100%	21	100%	**35**	**100%**
Service array and access	14	100%	21	100%	**35**	**100%**
Cultural & Linguistic Competence	10	71%	20	95%	**30**	**86%**
Workforce development	12	86%	18	86%	**30**	**86%**
Family Involvement & Leadership	9	64%	20	95%	**29**	**83%**
Youth Involvement & Leadership	8	57%	21	100%	**29**	**83%**
Financing Strategies	14	100%	14	67%	**28**	**80%**
Communications & Advocacy	10	71%	17	81%	**27**	**77%**

Other goal areas were prominent but less common

Grant Goal Topics	2013 Grantees		2014 Grantees		ALL Grantees	
	n	%	n	%	**n**	**%**
Wraparound & other CC Approaches	9	64%	15	71%	**24**	**69%**
Trauma-informed Services/Systems	7	50%	16	76%	**23**	**66%**
EBPs	9	64%	12	57%	**21**	**60%**
Evaluation, CQI, & Research	9	64%	11	52%	**20**	**57%**
Peer Support (Youth or Family)	4	29%	8	38%	**12**	**34%**
Rural considerations	3	21%	8	38%	**11**	**31%**
Technology	4	29%	6	29%	**10**	**29%**
Referrals, Screening, & Eligibility	6	43%	3	14%	**9**	**26%**
Tribal considerations	4	29%	5	24%	**9**	**26%**

2013 grantees rated their SOC as more fully developed than 2014 grantees

Degree of strategy implementation by SAIS theme as of 2016

Degree of Strategy Implementation (scale 0–6)

SAIS theme	2013 Grantees	2014 Grantees
SOC Governance	4.02	3.75
Management, Policies, Procedures	3.97	3.60
Support of Local Service Delivery	4.15	3.94
Information Sharing *	4.41	3.84
Continuous Quality Improvement *	3.91	3.27

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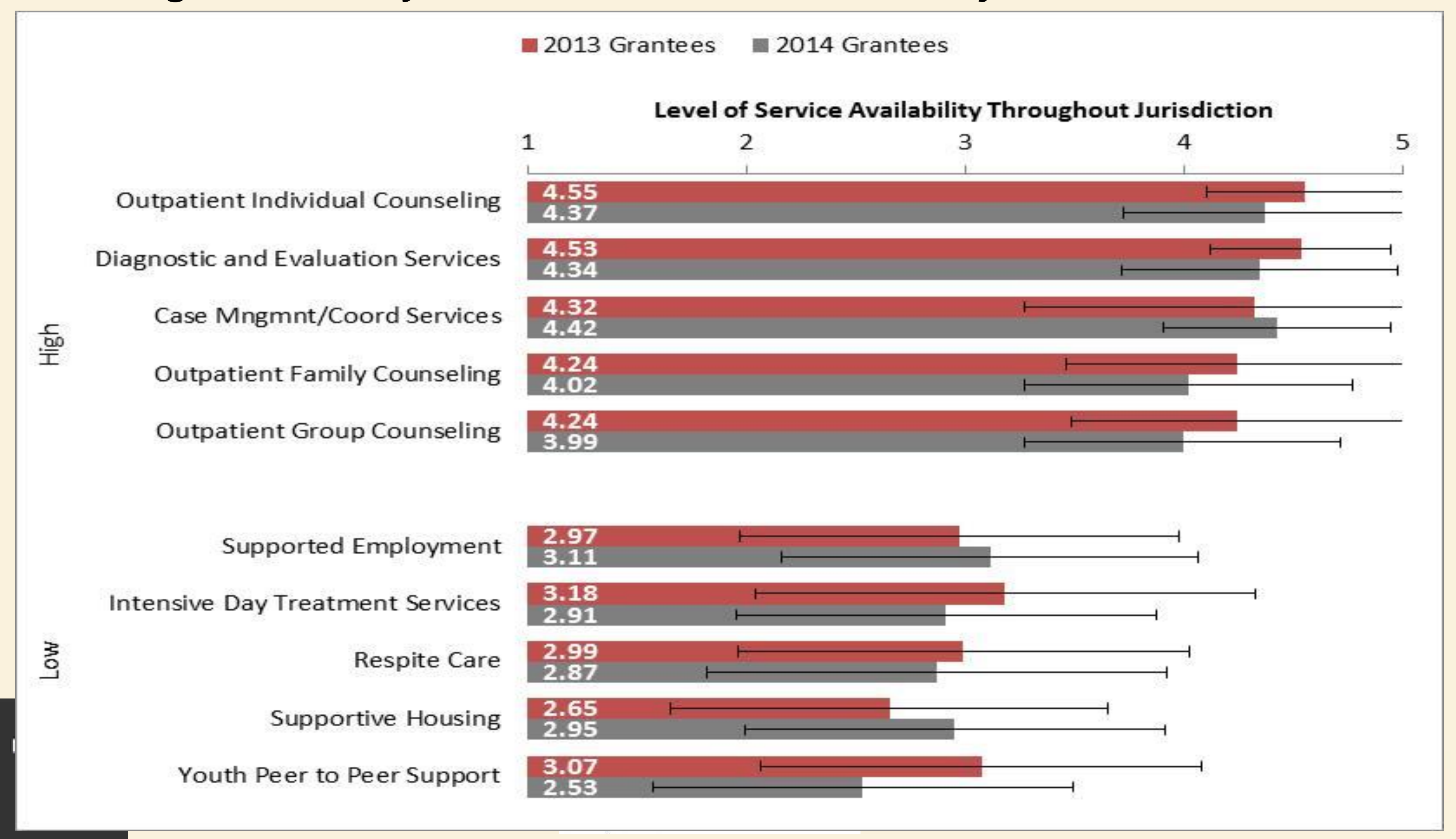
* Statistically significant mean difference at the .05 level.

Some services were more likely to be widely available than others

Average availability of core SOC services across jurisdiction as of 2016



Considerable alignment between TA delivered and grantees' goals

Alignment of the TAN: TA Topics by Grantee Goals vs. TA Received

Service Array
SOC Inf
Workforce
Cult Comp
Fam Involve
Youth Involve
Financing
Communications
Trauma
EBPs
Wrap/CC
Eval/CQI
Rural
Tech
Peer Support
Refer/Screen

Number of Sites that had Topic as a Grant Goal
0
10
20
30

Number of Sites that Received TA about the Topic
0
10
20
30

Approximate Number of TA Hours Received per Grantee per Topic
5
10
15
20

Grant goals based on Nat. Eval.'s grantee summaries.

Grantees who reported less SOC implementation accessed more TA

Relationship of hours of TA received and SAIS ratings for 2014 grantees

Jurisdiction ● County ● Statewide ● Tribal

Total Hours of TA Received (0, 100, 200, 300)

Self-rating on SAIS SOC Governance Theme (1, 2, 3, 4, 5)

r(20) = -.51,
p = .020

Jurisdiction ● County ● Statewide ● Tribal

Total Hours of TA Received (0, 100, 200, 300)

Self-rating on SAIS Management, Policy and Procedure Theme (1, 2, 3, 4, 5)

r(20) = -.46,
p = .042.

TA utilization varied dramatically by grantee

Characteristics of high and low TA utilizers in 2014 grantee cohort

TA Usage Cat	# of 2014 Grant-ees	Mean/ Range TA Hours Received	Grant Jurisdiction			SAIS Ratings of Strategy Implementation	
			# County	# State/ Territory	# Tribal	Gov	Mngmt
Low	9	24.9 (7-53.2)	6	3	0	3.99	3.83
Med	7	82.4 (68.1-107.5)	2	4	1	3.82	3.65
High	5	242.54 (162.8-322.3)	0	1	4	3.09	2.97
ALL 2014 Grantees	21	95.9 (7-322.3)	8	8	5	3.75	3.60

Toward “Evidence Based TA”

FINDINGS, CONCLUSIONS, AND NEXT STEPS

Grantees' stated SOC goals align with topics on which TA is provided

- Grantees appear to be appropriately seeking out TA in needed areas, and the TA Network (TAN) appears to be resourced adequately to meet this need.
- EBP implementation, trauma-informed supports, and rural issues may have been under-provided by the TAN and its TA providers.
- Peer support, referral and screening, care coordination, and evaluation/CQI may be provided more often than needed

More success (SOC development and goal attainment) for sites funded in 2013 than 2014

- Possible result of:
  - Having one more year of funding to implement strategies
  - Maturation of the TA Network, and effectiveness of its support, or both

“Right sizing” TA

- Relationship found between self-ratings of SOC implementation and total hours of TA received.
  - TAN appropriately adjusts the intensity of its support to the neediness of grantee sites
  - Sites that feel more well-developed do not seek out as much TA

Who receives more TA?

- Tribal grantees get far more hours of TA
  - May be a function of TARS reporting
- County grantees get far less than state grantees
  - Perhaps due to the focus among TA providers on state fiscal and policy context?
  - Less capacity to receive TA among county sites?

Extraordinarily high satisfaction and proposed impact of TA Network TA

- We analyzed over 100 open ended responses from TA users. Not a single comment indicated dissatisfaction, and many noted specific impacts of TA:
  - "Due to the tremendous support I received, we were able to meet the goal of providing services by our 6-month mark. This would not have been possible without guidance and resources from the TA Network."
  - "We implemented a Statewide Mobile Response System, Children's Health Homes, and Certified Community Behavioral Health Centers, all as a result of TAN support."
  - "Our TA is allowing our state to bring all of our service and policy grants together to discuss how we can work better together."

Extraordinarily high satisfaction and proposed impact of TA Network TA

- “[Name Redacted] has supported our SOC leadership in prioritizing Wraparound coaching and using data to tailor implementation strategies.”
- “We were shown how to use our data to develop strategic strategies for ongoing sustainability.”
- “[Name Redacted]’s assistance during the ramp-up period has been invaluable to initial staffing and longer term operating plans.”

Next steps:
Deeper examination of impact

1. Analyze data for 2015/2016 cohort that has more complete TA data
2. Examine longitudinal change in SAIS scores for 2013/14 and association with TA received
3. Examine longitudinal trends in TA use for sites across SOC grantee cohorts
4. Conduct mixed-method case studies (quantitative data from TARS, SAIS, other Nat Eval measures) with purposeful sample of sites to assess TA impact
5. *What are your ideas?*

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