

Georgetown University Psychiatric Residential Treatment Facilities Waiver Initiative

IMPACT SURVEY & KEY INFORMANT INTERVIEW EVALUATION SHORT REPORT



Background. In 2003, the New Freedom Commission on Mental Health released its final report, *Achieving the Promise: Transforming Mental Health Care in America*, outlining significant problems associated with providing community-based alternatives to youth with serious emotional disturbances. Youth and families typically have little influence over decisions affecting service delivery, planning, and the use of financing to deliver care. When community-based options are not available youth are often placed in residential facilities.

The Commission's report sought to remedy these problems by specifically recommending that a demonstration be conducted to help the Centers for Medicare and Medicaid Services (CMS) develop reliable cost and utilization data to evaluate the impact of Medicaid waiver services on the effectiveness of community alternatives for youth with serious emotional disturbances who meet the requirements to be served in Psychiatric Residential Treatment Facilities (PRTFs). Systems of care and wraparound were cited as effective community-based models.

Over the last decade, PRTFs have become the primary provider for youth with serious emotional disturbances requiring an institutional level of care. However, since they are not recognized as qualified institutions along with hospitals, nursing or intermediate care facilities, states have been unable to use the 1915(c) waiver authority to provide home and community-based alternatives to keep youth in their homes with their families.

The Deficit Reduction Act, Section 6063, addressed this issue by providing up to \$218 million to a maximum of 10 states to develop demonstration programs that provide home and community-based services to youth as alternatives to PRTFs. Authorized for up to 5 years, the demonstration was designed to not only meet the needs of youth who are served by Medicaid but may target youth who are not otherwise eligible for any Medicaid-funded, community-based services or supports.

The goal is to test the effectiveness in improving or maintaining a child's functional level and the cost effectiveness of providing coverage of home and community-based service alternatives to PRTFs for youth enrolled in the Medicaid program under Title XIX.

The Georgetown University National Technical Assistance Center for Children's Mental Health is funded by the Centers for Medicare and Medicaid Services to coordinate and provide training and technical assistance to the states and communities implementing the PRTF waivers

Introduction



Demonstration Programs.

In 2007, 10 states were awarded Community-Based Alternatives to Psychiatric Residential Treatment Facilities (PRTFs) Demonstration Grants. The Centers for Medicare and Medicaid Services (CMS) required states to complete a Home and Community-Based Services Waiver application.

The ***9 active state demonstration programs*** are: Alaska, Georgia, Indiana, Kansas, Maryland, Mississippi, Montana, South Carolina, and Virginia.

Technical Assistance.

In September 2010, year 4 of the demonstration, the ***Georgetown University National Technical Assistance Center for Children's Mental Health***, under the direction and leadership of Sherry Peters, MSW, ACSW, in partnership with ***JBS International, Inc.*** and ***The Institute for Innovation and Implementation at the University of Maryland***, began providing direct and targeted technical assistance (TA) to the states and communities implementing the PRTF waivers.

Evaluation.

To assess the quality and impact of the TA delivered to the demonstration programs, a multi-pronged evaluation approach was developed. Instruments were designed to track ***short-term, intermediate, and long-term outcomes linked to the TA***. These tools included a baseline survey, follow-up surveys at regular intervals, and key informant interviews.

In the Spring of 2012, year 5 of the demonstration, the state Project Directors were asked to provide feedback on the TA experience by participating in two evaluation activities:

1) Impact Survey:

The purpose of the brief online impact survey was to better understand whether the TA met the expectations of the Project Directors and the quality and effectiveness of the different TA components.

2) Key Informant Interview Protocol:

More in-depth telephone interviews were conducted with the Project Directors to better understand progress to date in the demonstration programs, the issue areas facing the state, challenges encountered, outcomes achieved, the most helpful components of the TA, and their relationship with the TA provider(s).

The information obtained from the impact survey and interviews will be used for multiple purposes:

- to provide critical information on the effectiveness of the TA to CMS;
- for continuous quality improvement to strengthen the TA going forward; and
- to provide valuable information on the work accomplished to better serve children and families in the community that can be used to help sustain the efforts at the conclusion of the demonstration programs



TA Process



Technical Assistance Approach.

The Georgetown University National Technical Assistance Center for Children's Mental Health, under the direction and leadership of Sherry Peters, MSW, ACSW, began coordinating and providing ***direct and targeted technical assistance*** (TA) to the states and communities implementing the PRTF waivers using the ***Georgetown Model of Relationship-Based TA***©.



The PRTF Waiver Initiative is designed to increase the capacity of states and communities to offer effective and intensive community-based mental health services for children and families who may otherwise be served in a PRTF.



The goals of the TA are to:

- ***facilitate collaboration*** between mental health, the single state Medicaid agency, and the other child serving systems and organizations; and
- ***assist in strategic planning and building service systems*** to support implementation of PRTF waivers in states.



Using a relationship-based approach, the TA provider works to understand the personal, organizational, and environmental ***context*** surrounding the program to inform the TA, builds a ***partnership*** with the recipient, and provides ***individualized TA*** to meet the needs of the state.

TA Strategies.

The ***multi-faceted TA strategies*** could include, but is not limited to:

- providing content expertise,
- providing process expertise,
- identifying tasks,
- helping to identify challenge areas to address,
- brainstorming options/solutions to the challenge areas,
- helping to develop and implement next steps,
- strategic planning,
- meeting facilitation,
- focusing on strategies for infrastructure development,
- supporting leadership development,
- identifying opportunities to achieve goals,
- increasing peer support
- increasing knowledge of consultants and resources, and
- helping to track accomplishments and outcomes.



“Our state has moved leaps and bounds in the past 2 years that we’ve had this TA.”

Overview of Tools

Impact Survey.

The purpose of the brief online survey was to better understand the ***impact of the TA*** provided to the state teams by Georgetown University to meet the goals of the PRTF demonstration programs.

The multi-part survey consisted of a total of 44 Likert scale items with additional space provided for comments.

When the TA process first began, respondents were queried about their expectations. In this follow-up survey, respondents were asked to rate whether those ***expectations were met*** (23 items).

The survey also asked respondents to rate the ***quality and effectiveness of the TA components***:

- monthly calls (8 items),
- first site visit in the fall of 2010 (6 items),
- video project in the fall of 2011 (4 items), and
- storytelling project (3 items).

The survey took between ***5-15 minutes*** to complete. ***Nine respondents*** completed the survey. The responses are shared in aggregate with no identifying information.



Key Informant Interview Protocol.

Through an in-depth key informant interview with a member of the Georgetown University research and evaluation team, each of the Project Directors for the demonstration programs was asked to provide critical feedback about the ***quality, utility, impact, and effectiveness of the TA*** provided to their state team to meet the goals of the grant.

The 20 item interview protocol consisted of Likert scale and open-ended questions focused on the ***TA experience, TA components, and TA process***.

More specifically, the interviewer asked about the:

- Project Director's current role and involvement with the PRTF demonstration grant,
- progress before and since the TA process,
- content and issue areas,
- challenges,
- accomplishments and outcomes,
- changes in attitudes, knowledge, and behavior,
- most significant takeaways from the experience,
- different TA components,
- most important and less effective aspects of the TA process,
- quality and strength of the relationship with the TA provider, and
- suggestions for improvement.

The interviews lasted between ***20-45 minutes*** and were audio-taped for data analysis purposes. ***Nine respondents*** were interviewed. The responses are shared in aggregate with no identifiers.

Impact Survey

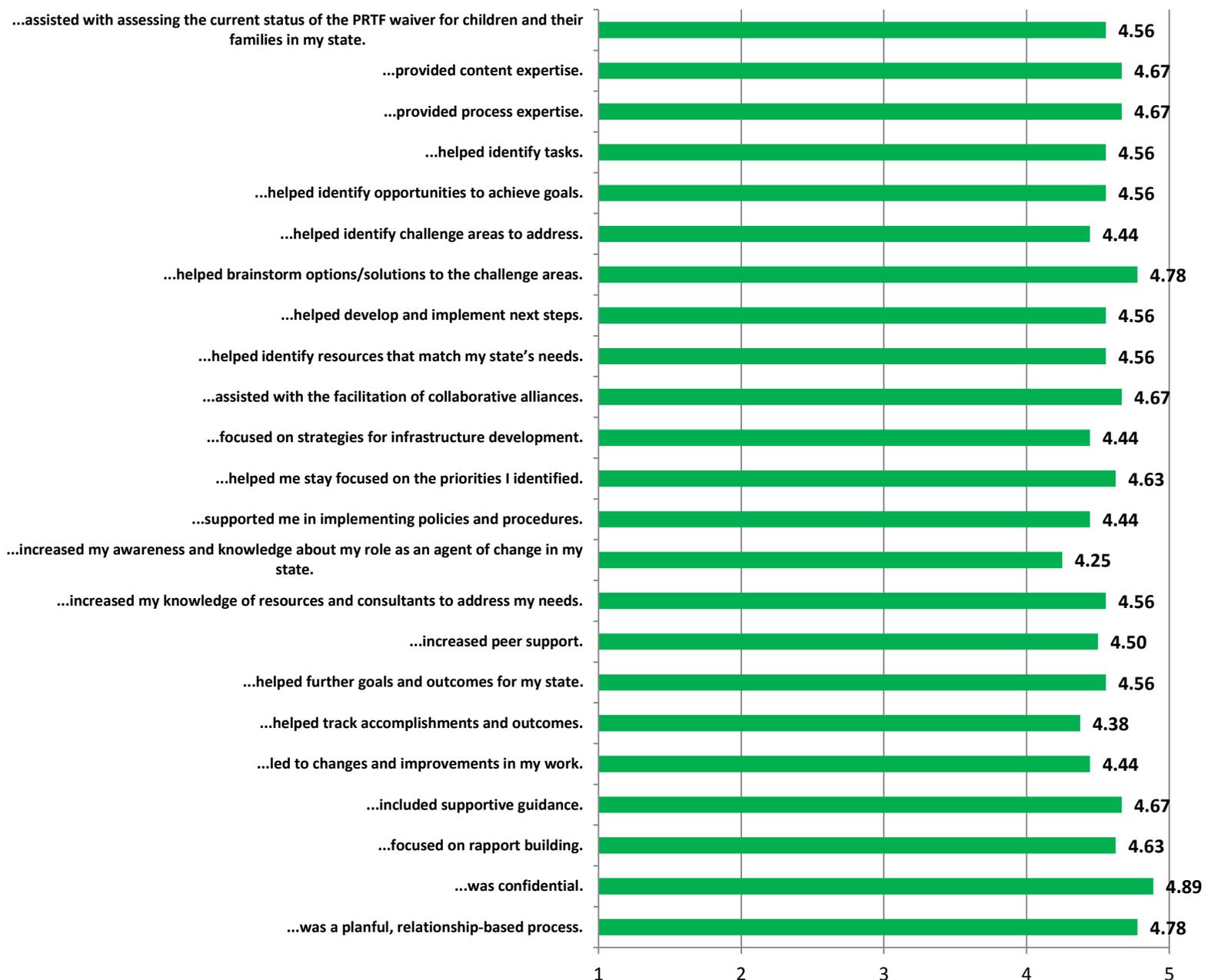
TA Expectations.

At the beginning of the TA process, respondents were asked to indicate their level of expectation for different TA activities. Respondents were now asked to indicate whether those expectations have been met on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

Mean ratings for the 23 items were high, ranging from 4.25 to 4.89. Overall, these ratings indicate that expectations were very much met. More specifically:

- The highest rated item was that the TA was confidential (mean=4.89).
- A lower rated item was that the TA increased my awareness and knowledge about my role as an agent of change in my state (mean=4.25).

Mean Ratings for TA Expectations The TA...



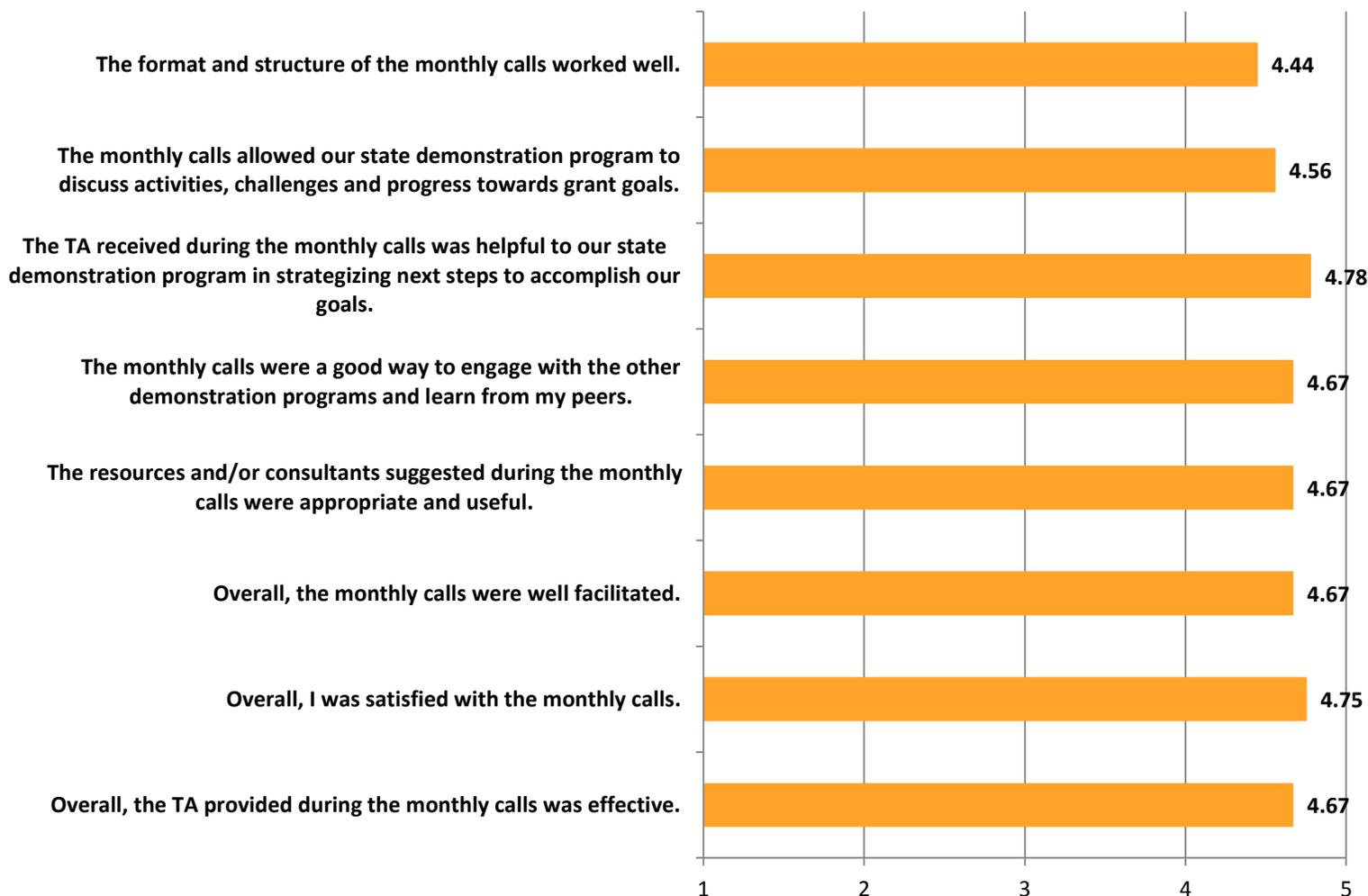
Impact Survey (cont'd)

Monthly Calls.

Respondents were asked to rate a series of items regarding the quality and effectiveness of the monthly calls on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Mean ratings were high, ranging from **4.44 to 4.78**. These ratings suggest that the ***calls were of high quality and very useful*** to the respondents leading to a high degree of overall satisfaction. More specifically:

- The highest rated item was the TA received during the monthly calls was ***helpful in strategizing next steps to accomplish goals*** (mean=4.78)
- A lower rated item was the ***format and structure*** of the monthly calls worked well (mean=4.44)

Mean Ratings for Monthly Calls



Impact Survey (cont'd)

Site Visit #1: Fall of 2010.

Respondents were asked to rate items regarding the quality and effectiveness of the initial site visit to their state on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Mean ratings were very high, ranging from **4.50 to 4.88**. These ratings suggest that the ***face-to-face TA provided was effective*** during these introductory visits. Further, the visit provided an opportunity for the state to reflect and strategize.

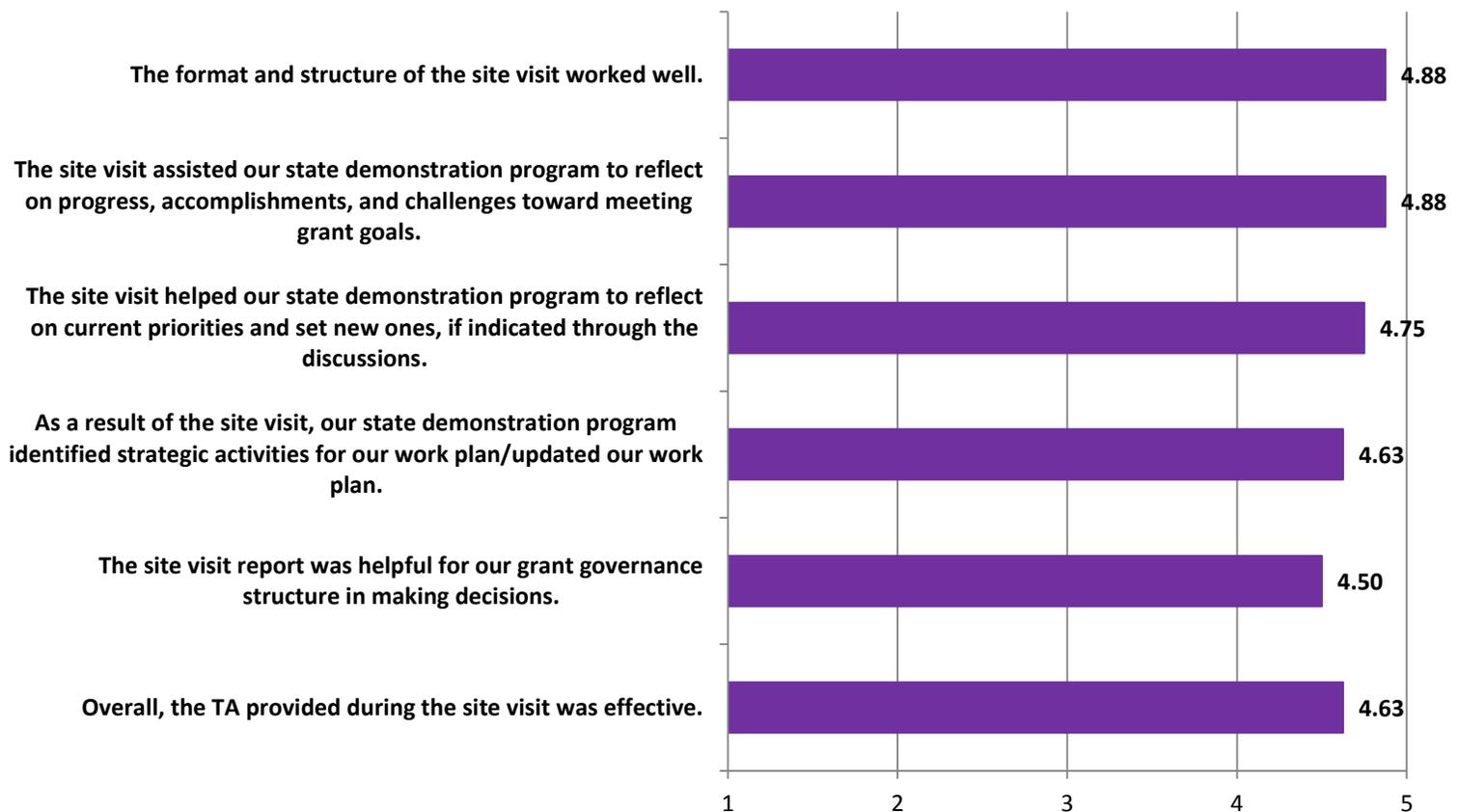
The highest rated items were:

- The ***format and structure*** of the site visit worked well (mean=4.88)
- The site visit assisted our state demonstration program to reflect on ***progress, accomplishments, and challenges*** toward meeting grant goals (mean=4.88)

Although still high, a lower rated item was:

- The ***site visit report*** was helpful for our grant governance structure in making decisions (mean=4.50)

Mean Ratings for 1st Site Visit



Impact Survey (cont'd)

Video Project (Site Visit #2): Fall of 2011.

Respondents were asked to rate items related to the quality and effectiveness of the video project that was completed as a part of the second site visit to the state on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Mean ratings were extremely high, ranging from **4.67 to 5.00**. These ratings suggest that the ***video project was an incredibly successful and well-done endeavor.***

Notably, of all the TA components, the video project received the highest ratings.

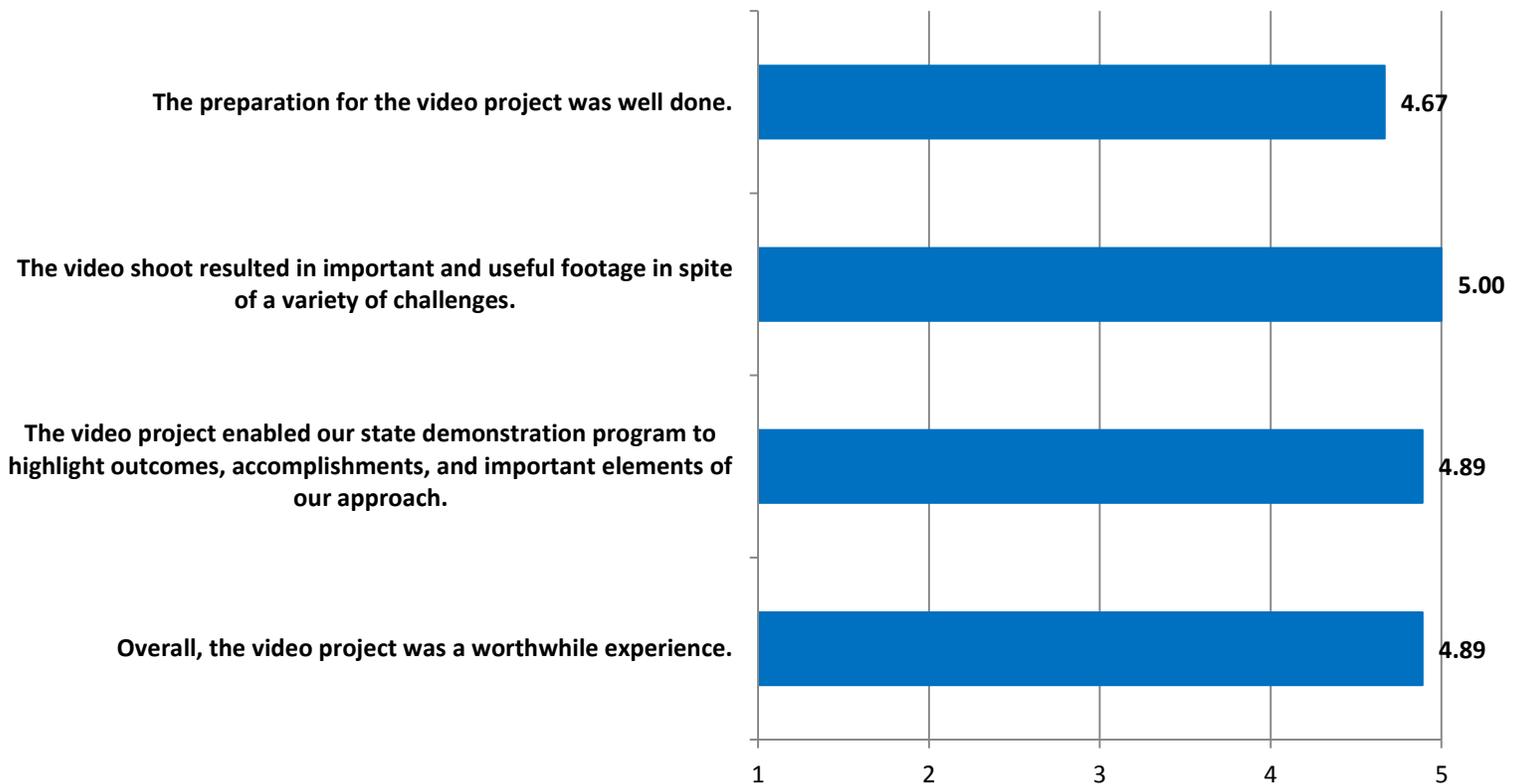
The highest rated item was:

- The video shoot resulted in ***important and useful footage*** in spite of a variety of challenges (mean=5.00)

Although still very high, a lower rated item was:

- The ***preparation*** for the video project was well done (mean=4.67)

Mean Ratings for Video Project (2nd Site Visit)



Impact Survey (cont'd)

Storytelling Project.

Respondents were asked to rate items regarding the quality and effectiveness of the storytelling project on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Mean ratings ranged from 4.11 to 4.22. These relatively lower scores can be attributed, in part, to the fact that at the time of this survey, the storytelling project was still in progress and states were awaiting a product.

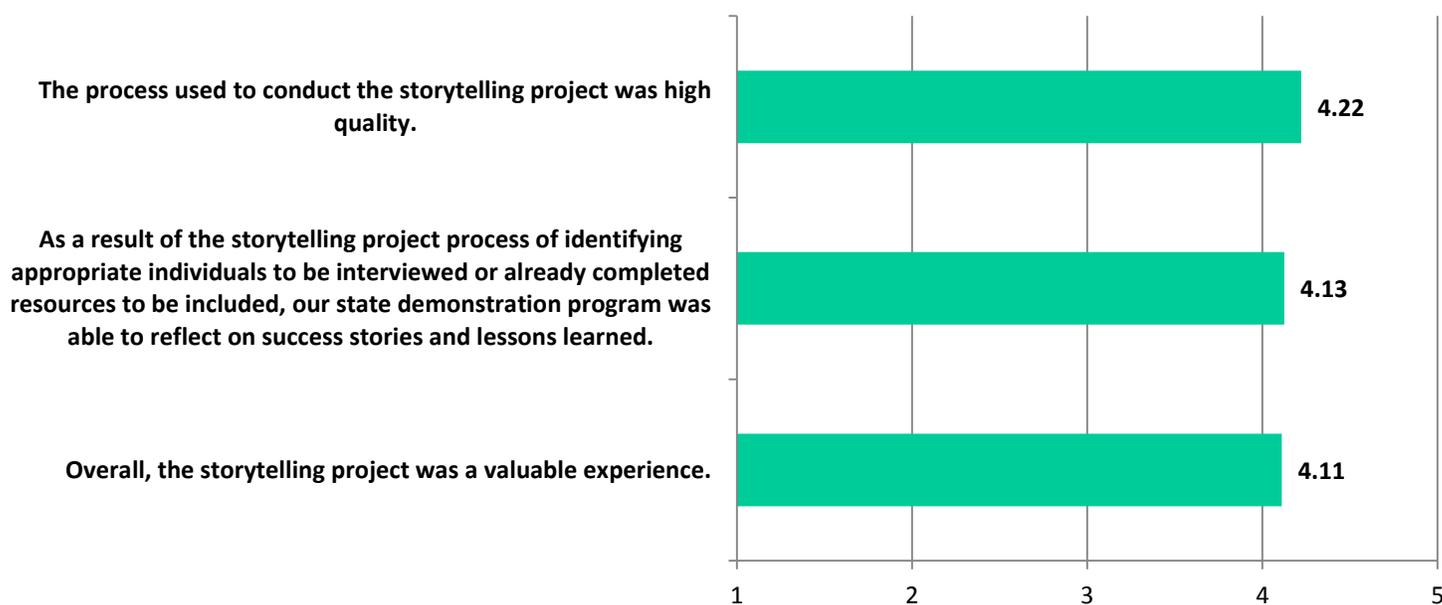
The highest rated item was:

- The process used to conduct the storytelling project was high quality (mean=4.22)

The lowest rated item was:

- Overall, the storytelling project was a valuable experience (mean=4.11)

Mean Ratings for Storytelling Project



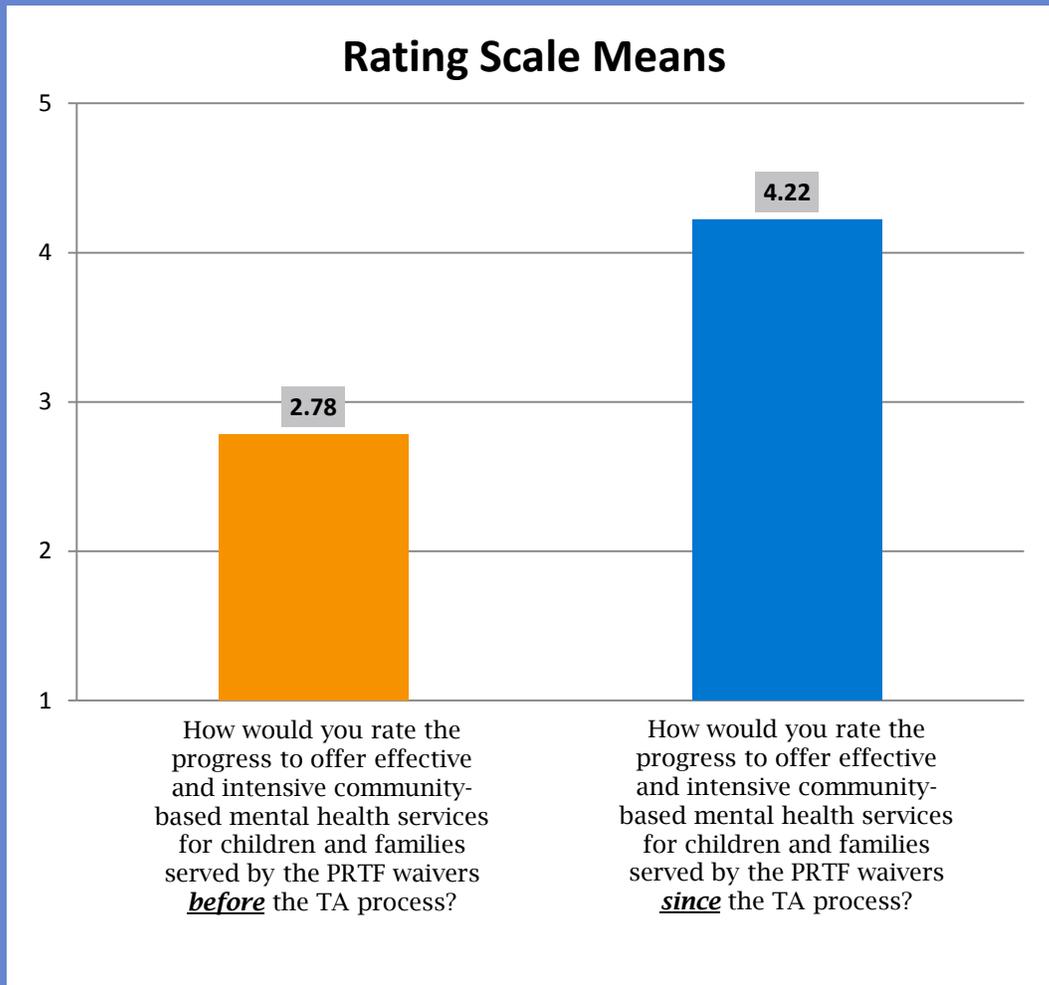
Overall Summary of Results.

- High mean ratings (between 4 and 5) for all of the items in the impact survey suggest that for the respondents the TA was high quality, useful, valuable, and effective.
- The most successful components of the TA were the first site visit in the fall of 2010 and the video project in the fall of 2011. Interestingly, both of these activities were more intensive face-to-face activities.
- Ratings for the monthly calls seemed to be inversely related to the level of independence that the states had when the TA process began, such that the states who were further along tended not to find the calls as beneficial given their higher degree of progress.

Key Informant Interview

Progress.

On a scale of 1 (Poor) to 5 (Excellent), respondents (n=9) were asked to rate the progress to offer effective and intensive community-based mental health services for children and families served by the PRTF waivers *before* and *since* the TA process.



Results.

There was a ***+1.44 point increase*** in the mean ratings from 2.78 before the TA process to 4.22 since the TA process.

A Paired Samples T-Test revealed a ***significant difference*** in ratings of progress suggesting notable movement to offer effective and intensive community-based mental health services for children and families served by the PRTF waivers since the TA was made available to the state demonstration programs ($t=5.51, df=8, p<.01$).



Key Informant Interview (cont'd)



Progress (cont'd).

When asked to describe the progress that their state demonstration programs have made since the TA process began, respondents highlighted movement in the several critical areas:

- Adopted a *new philosophical way* of working with children
- Utilized *wraparound facilitation training*
- Developed *high fidelity wraparound capacity*
- Strengthened *workforce development* activities
- Broke down *silos*
- Increased *cross-agency collaboration* and coordination
- Increased *cross-state peer support* and learning
- Increased *provider networks*
- Increased *family involvement*
- Increased *linkages* across grant programs, e.g., system of care expansion grants
- Developed an ongoing *credentialing* process
- Modified a *care management model*
- Modified the waiver to include *youth peer support*
- Improved *access and quality* of services and supports
- Developed *quality improvement plans*
- Developed *sustainability plans*



Content Areas.

When asked to describe the content areas focused on during the *last year*, respondents overwhelmingly mentioned their *sustainability plans* for the population served by the PRTF demonstration program and how the TA supported this process of developing next steps. In particular:

- One state mentioned *collaborative brainstorming* with peers to plan for back-up options if the waiver did not become permanent, learning more about the *1915(i) and 1915(c) waiver options*, asking Medicaid eligibility questions, and examining different categories of youth being served. To that end, the TA provider identified what a 1915(i) would look like, the population served, and implementation issues surrounding the option.
- Another state described writing a *1915(i) waiver application* for their population with the assistance of the TA provider(s) and learning more about the *1915(b) waiver option* for their dual eligible population. Although the state was not yet ready to address some of these issues, identifying gaps and options proved critical.
- One state that is focused on expanding *statewide* worked with the TA provider(s) on an *expansion plan*.
- Another state described transitioning out of the grant and how best to *transition youth* over to other programs to receive needed services and supports.



Key Informant Interview (cont'd)

Challenges.

When asked to describe the challenges faced with regard to the aforementioned issue areas, the respondents shared the following:

Funding issues

- How to learn more about other funding programs and options
- How to best utilize multiple funding sources for children with many localities in a state
- How to set rates for services that have not utilized Medicaid funding
- How to implement an electronic state billing system
- How to spread the word that the demonstration program saves the state money

Sustainability issues

- How to develop a sustainability plan with the state match and under Money Follows the Person (MFP), e.g., how to define a service under MFP
- How to gain buy-in from the state Medicaid agency to help sustain the program through MFP
- How to understand the 1915(b) waiver option
- How to navigate through and move forward in uncertain times

Demonstrating efficacy

- How to use lessons learned to demonstrate the need for better healthcare options for youth
- How to provide data to Congress to make a compelling case for continuation of the program
- How to develop a quality improvement plan

Structural issues

- How to proceed with a care coordination model for all behavioral health services through the Medicaid Office
- How to encourage greater diversity in staffing

Lack of coordination

- How to establish linkages and coordinate with other state agencies to better serve youth

Lack of family involvement

- How to develop family and peer support and involve family support specialists

Lack of evidence-based practices

- How to get providers trained in evidence-based practices (EBPs), including access to experts and connecting with other states who have rolled out EBPs

Role of the TA.

For the majority of respondents, the TA process helped them to identify these challenges and develop strategies to overcome and effectively address the issues.

Overall, the TA provider(s) assisted with strategic planning and program improvements to build more cost efficient, high quality service systems that positively impact youth and families.



Key Informant Interview (cont'd)

Outcomes and Accomplishments.

Emergent themes around outcomes and accomplishments include:

Infrastructure developments

- Developed a Center of Excellence for Child and Adolescent Behavioral Health in partnership with a university to conduct high fidelity wraparound training, evaluation activities, and fidelity monitoring, provide training and TA, and manage grant work
- Developed provider capacity including crisis providers, peer-to-peer support, and respite services
- Collaborated across agencies and grant programs to better serve youth and families

Policy and procedural changes

- Developed policy revisions, e.g., wraparound facilitation as a service
- Developed job descriptions with specific responsibilities related to wraparound facilitation

Wraparound model implementation

- Utilized the wraparound training
- Implemented high fidelity wraparound

Demonstrating impact

- Captured and documented the success stories of youth and their families
- Provided high quality programming in a large number of jurisdictions throughout the state serving over 200 children

Sustainability planning

- Wrote and received approval for sustainability plans
- Received buy-in from key stakeholders for a 1915(c) waiver option, 1915(i), and MFP

Product development

- Developed useful products such as the video and storytelling projects for training, planning, and sustainability purposes



Role of the TA.

The majority of the respondents affirmed that the TA process helped facilitate these outcomes and accomplishments and that the outcomes and accomplishments could be **attributed, at least in part, to the TA** provided.

Importantly, respondents thought that the TA provider(s) used the information learned to better inform CMS to make the **demonstration program sustainable as a 1915(c) waiver.**

“Since the TA we had, in 2010, our highest rate of enrollment into the children’s mental health program, and have been able to sustain a fair number of youth from one year to the next.”



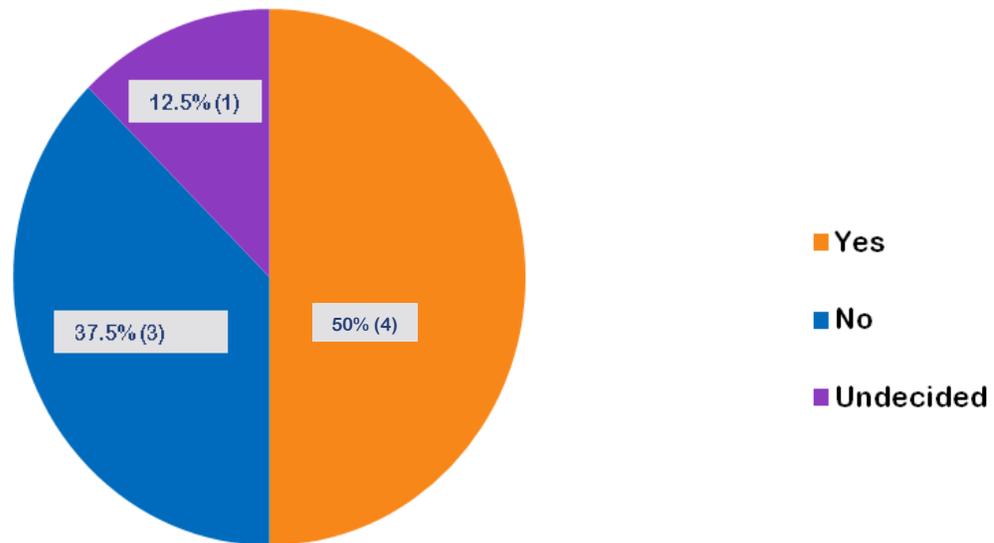
Key Informant Interview (cont'd)

New Values and Principles.

When respondents (n=8) were asked whether their state demonstration program embraced new values and principles because of the TA provided, there was a divide:

- 4 respondents (50%) answered yes they did embrace new values and principles,
- 3 respondents (37.5%) said no because they believed that they already had good values before the TA, and
- 1 respondent (12.5%) was undecided.

Embracing Values and Principles



If so, how?

With regard to how the demonstration programs embraced new values and principles, the respondents who answered positively shared the following:

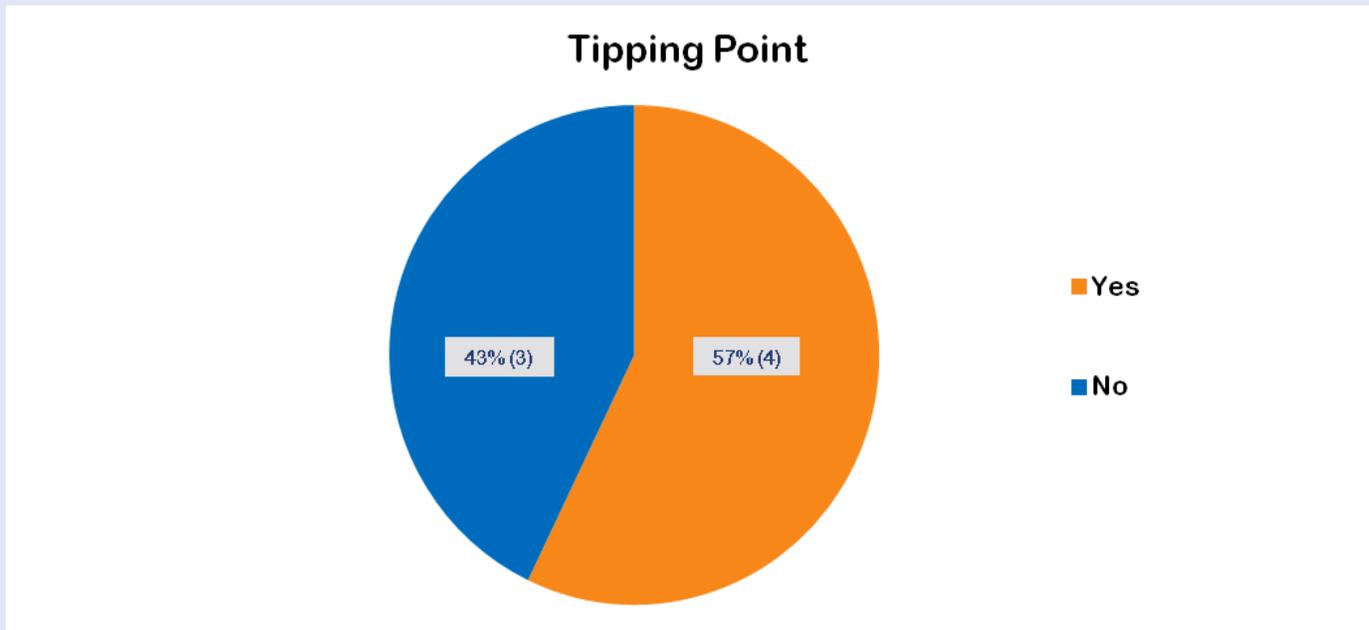
- *“Absolutely. Our TA provider has helped us embrace system of care values and principles, high fidelity wraparound philosophy, and recognizing the two different initiatives and ways in which they can be combined based on their philosophical similarities. And how to not look at a system that’s completely broken, but areas where you can start plugging the holes, fixing it, and building it to be a much better system in general.”*
- *“Embracing the idea of celebrating successes and the family support piece were essential. Reaching out to get some TA on diversity and how to move it forward in our project was instrumental. We actually have a trainer right here in the state so once our TA provider talked with us about it we immediately reached out and had some training.”*
- *“Data-driven...I think our state has never really been, we just make decisions. In the past, we have just made decisions because that’s what felt good at the time. They never really looked at data...we have been able to embrace data-driven on a whole different level.”*
- *“It did strengthen because of our TA provider’s input – the focus on how important it is for a community alternative...it fits with the state’s guiding principles about serving children. We happen to have an agency director who believes in alternatives to inpatient or hospital-like care so that’s played into this, but our TA provider has really helped us organize and strategize much better than what we were doing.”*

Key Informant Interview (cont'd)

Tipping Point.

When respondents (n=7) were asked if the TA experience provided a tipping point to move the work to implement the PRTF waiver forward, the responses were *mixed*:

- 4 respondents (57%) answered yes believing that the TA did provide a leverage point, and
- 3 respondents (43%) said no the TA was not the tipping point; however, the TA either complemented their efforts or supported specific aspects of the work.



If so, how?

For respondents who thought the TA process acted as a tipping point, they stated:

- *"Absolutely. Having a third person to facilitate has been extremely valuable for our state. Our TA provider having the experience that they've had in other states and being able to bring what worked and what didn't work. Having a good finger on the pulse of these systems in our nation was incredibly impactful. Helped bring new eyes to things. Helped us be less defensive...a little less reactive and trying to find ways that we could be more proactive and move forward."*
- *"I do. When our TA providers came out and did a site visit and we were asked to put together a meeting with a lot of the players at the high level...I was quite dubious that we would get them to come to the same room together over our project...we didn't have a whole lot of clout...So, the fact that they came out and we were able to get all of those people to the table and they were pretty supportive and learned a lot about what our project is and was, I think that the TA helped. I don't know that we could have found a way to get those people around the table any other way."*
- *"Yes...When the TA providers got involved, it was easy to share what was going on in other states because we were so busy implementing the project and trying to make sure we're moving forward. The TA provider was an instrumental force making sure that all the states knew what all the other states were doing. Sharing that knowledge."*
- *"Yes...We had people in our community that were like, "Oh gosh, it's going to end so there is no point in becoming a provider anymore and we're not going to refer kids anymore because it's just going to get kicked out," but with the TA and the sustainability plan in place...people are still enrolling as providers, they are still making referrals."*

Key Informant Interview (cont'd)



New Knowledge, Awareness, Skills, Strategies, and/or Ways of Behaving.

When asked to describe any changes that resulted from the TA experience, respondents spoke about:

New ideas and strategies

- Learning how to navigate through a politically-driven environment
- Learning how to be more proactive and less reactive
- Learning how to collaborate to maximize the benefits for youth and families being served
- Learning more about sustainability options

Changes in attitude and perspective

- Reframing, processing, and looking at situations differently
- Moving from being anecdotally-driven to data-driven when making policy changes
- Coordinating across programs

Increased knowledge

- Understanding how to develop a care coordination model for behavioral health services
- Learning about what other demonstration grantees/peers were doing

Increased awareness

- Learning about wraparound facilitation training
- Learning about the state's system of care expansion grant

Changes in behavior

- Reaching out to other demonstration grantees when questions arise



Role of the TA.

The majority of respondents felt that there were **tangible benefits** to the TA that impacted them both personally and professionally. Oftentimes, interactions with the TA provider(s) and peers would lead to discrete **action steps** to propel the work forward.

Interestingly, one respondent mentioned that the discussions were usually **mutually beneficial**. The **partnership** that developed over time between the TA provider and the TA recipient helped frame the work and was a notable outcome of the TA experience.

Other respondents described the TA provider(s) as a **peer mentor and facilitator** gathering information, sharing knowledge, and helping them to process.



Key Informant Interview (cont'd)

Most Significant Takeaway.

The most significant takeaways from the TA experience for the respondents revolved around:

- the power of ***collaboration*** at multiple levels,
- the importance of ***peer support and learning***, and
- the need for ***quality improvement***.

“I think our TA provider has really demonstrated well to us how we do get so siloed, focused on our problems and our issues, how it affects us as a state, and how we can pull together as state agencies to resolve it. No state agency has the power alone to make the change. Collaboration among other state agencies is imperative to any success. I don’t know that our TA provider ever said that, but that’s what I truly pulled away.”

“We know, as a state, the collaboration between other agencies is fundamental in the success of any program. On the bigger scale is the collaboration among the states. We had been having routine calls, but we did not reach out to any other states. For me, that was a pivotal thing that Georgetown brought full circle...we knew that state level collaboration was the key to it.”

“Data-driven with quality and collaboration with our state Medicaid agency in sustaining this project.”

“I think it was the strategies that we can use for expansion and for improving the quality of what our providers are doing. Since the TA provider visits and has knowledge of other states, they can bring that information to us directly and that’s been really helpful.”

“How we can work with our other agency to actually do something together... what could that look like, what other places have done. The other thing was...making that connection (with another state).”

“I really enjoyed learning how to support a huge geographic area and I would not know how to support such a diverse program. Finding a way to be able to get us all together and to be able to talk about what was going on in our states and making things work.”

“Bridging the gap between the awardee states and the Project Directors.”

“The project as a whole probably will be beneficial to other states. Hopefully, the part that our state contributed can benefit other states that are going on with this.”



Key Informant Interview (cont'd)

TA Components.

Respondents were asked to comment on the major components of the TA and why a certain component may or may not have been helpful.

Monthly Calls.

- Provided an ongoing and scheduled opportunity for **peer sharing, learning, and collaboration**
- Provided a venue for the TA provider to talk through issues with the grantees and **strategize** next steps
- Allowed for critical updates to stay up to date on **CMS' perspective and priorities**
- Led to **greater feelings of support and less isolation**
- Helped to keep everyone **on task**
- Generated **further discussions** between the states

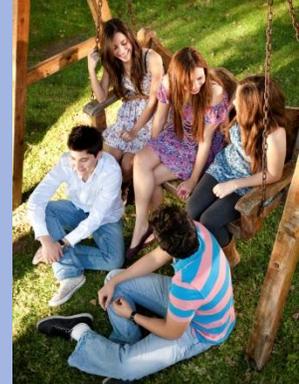
Interestingly, respondents noted that once the TA provider facilitated the calls, the tone changed from didactic to interactive leading to **greater participation and involvement** by the Project Directors.

First Site Visit.

- Provided an opportunity for key stakeholders and high level leaders to **buy-in and support** the program
- Provided an opportunity for the TA provider(s) to articulate their **role and approach** and learn about the program in a more hands-on way
- Allowed for the establishing of rapport and building of a **relationship**
- Set a precedent for **future TA** interactions
- Allowed face time for **in-depth strategizing**
- Identified **issues, gaps, and challenges**, celebrated accomplishments, and organized and focused the work
- Led to interesting **insights** with external TA provider(s) coming into a state to facilitate a conversation
- Brought about useful **observations** and constructive **feedback** for states
- Increased the **importance and legitimacy** of the program and made it more real for key stakeholders

Overall, respondents thought the first site visit was extremely **engaging, positive, and productive**.

A few states mentioned feeling worried, guarded, and defensive because they felt it might be a punitive monitoring visit. Any misconceptions about the nature of the visit were quickly dispelled as the TA provider(s) gained trust and credibility and demonstrated their intent to **truly partner**.



Key Informant Interview (cont'd)

TA Components (cont'd).

Respondents were asked to comment on the major components of the TA and why a certain component may or may not have been helpful.

Video Project (Second Site Visit).

- Conducted in a very **professional** manner, **well organized**, and **easy** for the states to fully participate
- Led to more opportunities for **peer support** with states that were filmed earlier sharing their lessons learned to help other states prepare
- Served **multiple purposes**, e.g., resource for websites, planning, training, legislators, and making the case for a permanent waiver

The video project was highly touted and **very successful**. States commended **the process and the product**.

Respondents stated that the TA provider did an excellent job of **guiding** the states through the process as opposed to over-advicing. The TA provider framed the project, was flexible, and gave **states ownership** over designing the process. The preparation was well done.

"The TA provider explained the bigger picture of this project...that just really brought it home for families. The importance of their voice, their choice, their stories, and their success with the program."

A state shared that the youth and families felt **energized** by the process. One respondent called the video, "**a real gift**."

One state mentioned that the video seemed expert heavy.

Storytelling Project.

- Was a **great idea** and concept
- Shifted perspectives to focus on **success stories**, strengths, and positive outcomes
- Provided an opportunity for **different perspectives** to be catalogued, e.g., parent, state, child-serving agency

Since the project was still **in process**, the responses were less favorable than the other TA components. Also, the respondents seemed less directly involved and the **slower pace** in comparison to the video project made a difference. The process to make connections with families to share their stories was also cumbersome for some states.

States commented that the lead on the project was **excellent, engaging, respectful, and helpful**.



Key Informant Interview (cont'd)



Most Important Aspects of the TA Process.

Emergent themes and illustrative quotes about the most important and effective aspects of the TA process include:

Supportive guidance, knowledge, and expertise

- *“Willing to get their hands on things and sort through the mess to come up with an answer. Great listener. Very helpful with the problem-solving process and helping us find resolution.”*
- *“Having a third party perspective, ears, eyes, knowledge, to add into what our state was doing, areas to consider, help us prioritize.”*
- *“The problem solving...reinforcing to us the importance of coordinating...now people are really energized and empowered to go ahead and continue the coordination and assisting children overall.”*

Single point of contact

- *“Being able to, if we have questions, if we have problems, to have one person who we can call and say, “Ahhh, help!” who was able to assist us in getting the help that we need.”*
- *“The connection...CMS {does not} have the time to be that single point of communication for all the states...we used the TA provider when we had questions, deficits, challenges, or needed guidance.”*
- *“Having a go-to person that you can call for a resource.”*

Accessible, responsive, and receptive nature of the TA provider

- *“So hands on, we didn’t hesitate to pick-up the phone. The TA provider was so accessible.”*

Open and honest communication

- *“If the TA provider knew that CMS was looking for something that was instrumental in driving this demonstration forward, they would reach out to the states.”*

Facilitation of peer support

- *“Pulling together the directors.”*



Less Effective Aspects of the TA Process.

Themes and quotes related to the less effective aspects of the TA process include:

Lack of understanding of the TA options and how to best utilize

- *“It’s very possible that our state didn’t use the TA to its fullest capacity so maybe having a better understanding of when the TA can be pulled in would have been more helpful.”*

Not enough time in-state

- *“In some ways, I wish our TA provider could have spent more time here. I know some things are continuing on and we may see that, but that would be helpful.”*

Nothing

- *“I don’t know if I have a response for that one. I think everything our TA did was effective.”*



Key Informant Interview (cont'd)

Relationship with TA provider(s).

On a scale of 1 (Poor) to 5 (Excellent), respondents rated the quality/strength of the relationship with their TA provider(s). The mean rating was a **4.78** (100% selected a 4 or 5) indicating that the respondents felt they had ***extremely strong relationships*** with their TA provider(s).



Respondents commented on the following aspects of the TA relationship and attributes of the TA provider that enabled them to do their work more efficiently and effectively:

Consistent guidance and consummate support

- *“Offers a lot of support and guidance without being overbearing or directive. Great listener.”*
- *“I respect the TA provider. Very helpful and useful...went out of their way to do what was needed.”*
- *“They offered moral support.”*

Availability, accessibility, reliability, and flexibility

- *“My TA provider is reliable...access is one of the biggest things ever. There’s nothing like chasing your tail.”*
- *“I really appreciated my TA provider, how flexible they were, and how understanding.”*
- *“The willingness to offer that technical guidance was very invaluable.”*

Ability to establish rapport, engage, be collegial, and encouraging

- *“My TA provider was a person that you felt you could talk to right off the bat, just very open.”*
- *“Very warm and cordial.”*

Role of mentor, partner, ally, sounding board, connector, liaison, and resource person

- *“I really see my TA provider as a mentor as opposed to a TA provider.”*
- *“My TA provider was an ally and a resource. A good pick for the role.”*

Open and honest communication

- *“My TA provider is open to hearing challenges and hearing ideas as well as offering feedback. The feedback is honest. My TA provider doesn’t tell me just what I want to hear.”*
- *“There’s open communication. I trust that when my TA provider finds new information, it’s shared.”*

Trustworthy nature of the TA provider(s) and the confidential conversations

- *“I would say that there’s a level of trust. Confidence in the fact that when my TA provider says they are going to do something, they do it.”*

Balance of professionalism, friendliness, and approachability

- *“Very professional and experienced and doesn’t talk down to us as a content expert.”*

Level of experience, commitment, and interest

- *“You could tell that my TA provider had a compassion about the project itself, and had a true interest in what was going on with the project...Equally invested.”*

Depth of knowledge, expertise, and a national perspective

- *“I called and they knew what I was talking about...There’s just no one around me that has the knowledge of this like they do.”*

Next Steps



Implications for Technical Assistance.

Using the suggestions for improvement and other comments provided by the states, the following are things to consider for future TA:

- Use of a ***relationship-based TA approach*** that is strength-based and focused on building a partnership, providing supportive guidance, and sharing expertise, is useful and facilitates change
- TA provides an ***opportunity*** that is not available otherwise to step back from the day-to-day operations of a program, gain a renewed perspective, and strategize to move the work forward
- Most productive to ***offer TA at the beginning of a program to maximize the benefits***
- Useful to provide a ***menu of options*** for TA so states know what is available
- Build in opportunities for more intensive ***face-to-face TA***, if possible, e.g., annual site visits
- Seek out opportunities for more ***face-to-face contact between states***, if possible, e.g., peer visits between states, grantee meetings

Next Steps.

Although the 5 year demonstration program concludes at the end of September 2012, each state will continue with ***sustainability efforts over the next 2 years***. To support their sustainability work, training and TA activities will also continue.

Presently, the evaluation plan consists of 3 major components:

1. ***Continued evaluation of the TA process***
2. ***Secondary data analysis of diagnosis, paid claims, and assessment data from states***
3. ***Qualitative data analysis of transcripts from the video project***

The intent is to help demonstrate the effectiveness of home and community-based alternatives to PRTFs and make the waiver a permanent option for all states.

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