Georgetown University Psychiatric Residential Treatment Facilities Waiver Initiative

IMPACT SURVEY & KEY INFORMANT INTERVIEW EXECUTIVE SUMMARY

Background.
In 2005, Congress authorized a five year demonstration grant project to test whether children with serious emotional disturbances who meet the requirements to be served in a Psychiatric Residential Treatment Facility (PRTF) could be served with their families in the community in a successful and cost effective manner, using a 1915(c) Home and Community-based demonstration waiver. The Centers for Medicare and Medicaid Services (CMS) selected 9 states (MD, VA, MS, IN, KS, MT, & AK) for the demonstration. The 9 states provided community alternatives to residential treatment to over 5,000 children by September of 2012, the fifth and final year of the project.

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 using the Georgetown Model of Relationship-Based TA©.

Evaluation.
To assess the quality and impact of the TA, a multi-pronged evaluation approach was developed. Instruments were designed to track short-term, intermediate, and long-term outcomes linked to the TA. 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 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 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).
Impact Survey

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).

**TA Expectations.**

Mean ratings were high, ranging from 4.25–4.89, indicating that expectations were very much met.

The highest rated items were:
- The TA was confidential (4.89)
- The TA was a planful, relationship-based process (4.78)
- The TA helped brainstorm options/solutions to the challenge areas (4.78)

**TA Components.**

Respondents were asked to rate the quality and effectiveness of the major TA components.

- **Monthly calls:** Means ratings were high, ranging from 4.44 to 4.78, suggesting that the calls were of high quality and useful. In particular the calls “helped in strategizing next steps to accomplish goals.”

- **First site visit:** Mean ratings were very high, ranging from 4.50–4.88, indicating that the face-to-face TA provided was effective. More specifically, the visits allowed the states to “reflect on progress, accomplishments, and challenges toward meeting grant goals.”

- **Video project:** Mean ratings were extremely high, ranging from a 4.67–5.00, suggesting that the video project was an incredibly successful and well-done endeavor. “The video shoot resulted in important and useful footage.”

- **Storytelling project:** Mean ratings were somewhat high, ranging from 4.11–4.22. Since the storytelling project was still in progress at the time of the survey, these relatively lower ratings could be a reflection of the unfinished status of the project.
**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.

![Rating Scale Means](image)

**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.
Respondents 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 on a scale of 1 (Poor) to 5 (Excellent).

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 in states.

Challenges.
Respondents were asked to describe challenges encountered and shared difficulties in the following areas:
• Structural issues
• Lack of coordination
• Lack of family involvement
• Lack of evidence-based practices
• Funding concerns
• Inability to demonstrate efficacy
• Sustainability issues

For the majority of respondents, the TA process helped them to identify these challenges and develop strategies to overcome and effectively address the issues. In sum, the TA provider(s) assisted with strategic planning and program improvements to build more cost efficient, high quality service systems for youth and families.

New Knowledge, Awareness, Skills, and Behaviors.
Changes that resulted from the TA experience include the following:
• New ideas and strategies (e.g., how to navigate through a politically-driven environment, be more proactive and less reactive, collaborate more effectively, sustain programming)
• Changes in attitude and perspective (e.g., how to reframe, move from anecdotally-driven to data-driven, coordinate across programs)
• Increased knowledge (e.g., how to develop a care coordination model for behavioral health services, learning from peers)
• Increased awareness (e.g., wraparound facilitation, state’s system of care grant)
• Changes in behavior (e.g., reaching out to peers when questions arise)

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.
Outcomes and Accomplishments.
Emergent themes around outcomes include:

- **Infrastructure developments**
  - Developed a Center of Excellence for Child and Adolescent Behavioral Health
  - Developed provider capacity
  - Collaborated across agencies and grant programs

- **Policy and procedural changes**
  - Developed policy revisions
  - Developed job descriptions for wraparound facilitation

- **Wraparound model implementation**
  - Utilized wraparound training
  - Implemented high fidelity wraparound

- **Demonstrating impact**
  - Documented success stories
  - Provided high quality programming in a large number of jurisdictions serving over 200 children

- **Sustainability planning**
  - Received approval for sustainability plans
  - Received buy-in from key stakeholders for a 1915(c) waiver options, 1915(i), and Money Follows the Person

- **Resource and product development**
  - Developed useful products for training, planning, and sustainability purposes

The majority of respondents affirmed that the **TA process helped facilitate these outcomes**.

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

Most Significant Takeaway.
The most significant takeaway from the TA experience for the respondents revolved around:

- **The power of collaboration at multiple levels**
- **The importance of peer support and learning**
- **The need for quality improvement**
Key Informant Interview (cont’d)

Relationship with TA Provider(s).
On a scale of 1 (Poor) to 5 (Excellent), respondents were asked to rate the quality/strength of the relationship with their TA provider(s). The mean rating was extremely high at 4.78.

Respondents commented on these specific aspects of the 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.”

- **Availability, accessibility, reliability, and flexibility**
  - “My TA provider is reliable...access is one of the biggest things ever.”

- **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.”

- **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.”

- **Open and honest communication**
  - “My TA provider is open to hearing challenges and hearing ideas as well as offering feedback. The feedback is honest...doesn’t tell me just what I want to hear.”

- **Trustworthy nature of the TA provider(s) and the confidential conversations**
  - “There’s a level of trust....when my 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.”

Implications for TA.
The following are things to consider for future TA:

- Use of a relationship-based TA model that is strength-based, builds a partnership, provides supportive guidance, and shares expertise, is useful and facilitates change

- TA provides an opportunity that is not available otherwise to step back from day-to-day operations, gain a renewed perspective, and strategize to move the work forward

- Most productive to offer TA at the beginning of a program

- Provide a menu of options for TA

- Build in opportunities for more intensive face-to-face TA

- Seek out opportunities for more face-to-face peer support