

REPORT

REPORT

Providing TA to Local Programs and Communities: Lessons from a Scan of Initiatives Offering TA to Human Services Programs

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Scott Baumgartner
Adam Cohen¹
Alicia Meckstroth

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200 Independence Avenue, SW
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Project Officer: Amy Nevel

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Submitted by:

Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763

Project Director: Alyssa Crawford

Reference Number: 50295.11.22N

¹ Truman Fellow, Health Resources and Services Administration, Department of Health and Human Services

A. INTRODUCTION

The federal government makes sizable investments each year to provide grants to state and local agencies and community organizations working to address poverty and child well-being. A small but key component of these grants is program technical assistance (TA) to increase the capacity of organizations and communities to improve the circumstances of children, families, and communities.

Program TA is nonfinancial assistance designed to help programs build their knowledge and capacity and enhance partnerships and services. It typically involves the transfer of knowledge, expertise, and skills to individuals, organizations, or groups of organizations to identify service gaps and needs, to plan for change, and to develop innovations and solutions to address longstanding and emerging challenges (Lyons et al. 2016). If TA is provided successfully, it can improve programs and services and, in turn, the likelihood that child, family, and community outcomes will be positively impacted. However, little is known about the effectiveness of TA efforts. It is important to develop the knowledge base about what TA strategies work well, for whom, and in what circumstances.

To that end, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS), commissioned Mathematica Policy Research to conduct a scan of public and private TA initiatives to synthesize lessons, challenges, and best practices for providing program TA. This scan, encompassing 18 TA initiatives (highlighted on the next page), is intended to inform decisions about how best to target TA efforts for different situations, audiences, and objectives. To that end, this brief describes considerations for designing and delivering program TA, factors that facilitate and challenges that impede the delivery of TA, and lessons learned from our analysis of TA initiatives. The box on the right highlights the key findings and takeaways across these facilitating factors, challenges, and lessons.

Summary of Key Findings

- **TA is delivered using formats that vary along four key dimensions, which have implications for the intensity of the TA and engagement of the provider and recipient.** The four dimensions are: (1) individualized vs. group; (2) on-site vs. virtual; (3) active vs. passive; (4) peer-to-peer vs. directed. The appropriate TA format relates to the nature and scope of the goals of TA.
- **TA initiatives should be accessible to recipients and oriented around clear objectives.** Using a framework for delivering TA can help to clarify goals and provide TA in a systematic way. TA designers such as federal staff can play a primary role in shaping the direction of the TA and navigating complexity.
- **Relationships—among providers, between providers and recipients, and among recipients—play a key role in successful TA provision.** Developing strong relationships allows for a clear understanding of the challenges TA is trying to solve and encourages stakeholders to maximize their strengths and expertise.
- **To succeed, TA should be adaptive to changing needs and circumstances.** TA should be responsive to its recipients, which means providers should be willing and able to shift gears, as needed, during TA provision.
- **TA requires significant investment from the provider and the recipient.** TA is a collaborative and ongoing process. Recipients should be motivated and have an appetite for change.
- **More research is needed on how to effectively provide TA to local programs and communities.** Ongoing evaluations will add to our current understanding.

The 18 TA initiatives discussed in this brief were identified through a literature search and consultation with ASPE and other federal partners (Table 1). These initiatives were sponsored by federal human services agencies, foundations, member organizations, and (in one case) a county agency. Appendix A summarizes each initiative we identified.

Table 1. TA initiatives in the study

Initiative name	Sponsors/funders
Federal agency initiatives	
Child Welfare Capacity-Building Collaborative	Children's Bureau ¹
Systems to Family Stability Policy Academy	Office of Family Assistance ¹
PeerTA Network	Office of Family Assistance ¹
Bridging Refugee Youth and Children's Services	Office of Refugee Resettlement ¹
Domestic Violence Resource Network	Family and Youth Services Bureau ¹
ACF Early Childhood Training and Technical Assistance System	Office of Child Care, Office of Head Start ¹
Compassion Capital Fund Demonstration	Office of Community Services ¹
Building Neighborhood Capacity Program	U.S. Department of Justice
Early Childhood Peer Learning and Action Network	U.S. Departments of Health and Human Services; Education; Agriculture; and Housing and Urban Development
The Partnership for Sustainable Communities	U.S. Department of Transportation; U.S. Department of Housing and Urban Development; and Environmental Protection Agency
Promise Zones	U.S. Departments of Housing and Urban Development; and Agriculture
Regional Partnership Grants and Related In-Depth Technical Assistance Program	Children's Bureau; ¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
Rural Integration Models for Parents and Children to Thrive (Rural IMPACT)	U.S. Departments of Health and Human Services; Agriculture
Strong Cities, Strong Communities	U.S. Department of Housing and Urban Development; Domestic Policy Council
Private and philanthropic initiatives	
Making Connections	Annie E. Casey Foundation
National Collaborative for Integration of Health and Human Services and Related Organizational Effectiveness Practice	American Public Human Services Association
Work Support Strategies Initiative	Ford Foundation; Open Society Foundation; Annie E. Casey Foundation; Kresge Foundation; and J.P. Morgan Chase Foundation
Local initiatives	
Cuyahoga County Early Childhood Initiative	Cuyahoga County Office of Early Childhood

¹ Agencies within the Administration for Children and Families in the U.S. Department of Health and Human Services

B. CONSIDERATIONS FOR DESIGNING AND DELIVERING PROGRAM TA

To be successful, TA initiatives should be accessible to recipients and oriented around clear objectives. The objectives of the initiatives we investigated centered on “capacity building”—an evidence-informed process to increase a system’s potential to be productive and effective (Morgan et al. 2017). Specific goals within a capacity building agenda can range from broad, such as developing and disseminating knowledge to a wide range of providers, to narrow, such as facilitating program improvement in one agency or community. These objectives can influence the way that TA is provided. In our scan of initiatives, we explored four key considerations that affect the design and delivery of TA. These considerations – based on our conversations with stakeholders and review of initiative reports – can be framed as a set of questions:

1. **What format(s) should the TA use?** Different formats should be aligned to the goals of the TA, and will have implications for the intensity of the TA and the level of engagement between the TA provider and recipient.
2. **What organizations are targeted to receive TA?** Targeting more than one type of organization, as did several of the initiatives we reviewed, can result in a complex system with many moving parts.
3. **What is the process for guiding the provision of TA?** Using a common TA framework can reduce complexity and increase an initiative’s chance of success.
4. **What role can federal staff play in the TA initiative?** Federal staff may be well-suited to helping TA recipients navigate the complexity of serving different types of organizations and using multiple TA formats in large, comprehensive initiatives.

1. TA is delivered using formats that vary along four key dimensions

Initiatives we reviewed seemed to take approaches that varied along four fundamental dimensions. TA sponsors should consider the context when making decisions about each dimension of TA. Each option in a dimension may be best suited for specific types of objectives or certain contexts and has implications for the intensity of the TA (both duration and dosage) and the frequency and depth of engagement between the TA provider and recipient.

1. **Individualized vs. group:** Individualized, one-on-one TA is the most intensive type of TA we identified, and it seems to be best deployed when there is an opportunity for frequent, long-term engagement. Relationships and trust take time to develop—between the TA provider and recipient and between partners who may be engaged in community-wide systems change (Brown and Fiester 2014). An extended time period also gives the TA

Methodology

ASPE and Mathematica Policy Research worked together to select TA initiatives, identify key elements of each initiative, and complete an analysis summarizing lessons from across the initiatives. We selected 18 initiatives for thorough investigation based on a literature search and consultation with key federal partners. The literature search – which identified 21 articles for in-depth review – aimed to find TA models to address poverty and improve child well-being and summarize the available research on the effectiveness of TA. We supplemented these articles with discussions with ASPE and Mathematica experts to identify federal-to-local and other TA initiatives of interest.

To conduct the analysis, we used publicly-available documents, supplemented by calls with stakeholders of a subset of initiatives, to complete profiles on each initiative, as well as a cross-initiative matrix summarizing elements across initiatives. These materials supported our analysis of themes.

provider and recipient the space to develop buy-in and develop a fully realized approach to solving their challenge, rather than feeling pressured to rush.

Group TA, such as a roundtable, webinar, or other one-time event, can convene TA recipients who have similar interests and needs. Our analysis suggests that it may work best when these interests and needs—and thus the topics of the event—are defined in advance. Group TA can have a broader impact than individual TA in terms of the number of recipients, but it may be limited in the extent to which it creates lasting change unless followed by more intensive, individualized TA.

Group and individualized TA can be combined. For example, group TA provided through the National Center on Substance Abuse and Child Welfare deliberately brought together partners from the fields of child welfare, substance abuse treatment, and courts to educate themselves about evidence-based practices and approaches to service provision. Select grantees were invited to participate in an individualized, in-depth TA program, called IDTA, which provided support to help partners address local challenges.

2. **On-site vs. virtual:** On-site TA is helpful for more intensive, tailored efforts. One private initiative we studied found that it was important to have a consistent on-site presence for individualized TA to gain a full understanding of the community and to keep the TA recipient motivated. TA providers in this initiative were required to be on site regularly (Annie E. Casey Foundation 2013). Face-to-face TA activities get partners in a room together, which allows them to have frank, in-depth discussions about their organizational objectives, develop a shared understanding and mission, and strengthen their personal and organizational relationships. Reports from a range of initiatives noted that recipients strongly emphasized the value of in-person meetings.

Virtual TA is less resource intensive than on-site TA and can reach a broader audience. Traditional methods of virtual TA, such as webinars or conference calls, may be most appropriate for conveying knowledge. Not all virtual TA is created equal, however. Stakeholders reported that the federal government has been experimenting with innovative uses of technology to enhance interactivity and conversation, such as virtual roundtables and web-based coaching. These technologies are unproven, but they could facilitate peer learning and strengthen federal staff involvement, as they are often unable to travel to provide on-site TA. However, participants in some TA initiatives reported mixed take-up of virtual TA, even when it involved interactive features such as an online message board.

It is common for on-site and virtual TA to be combined. For example, a key stakeholder noted that one TA initiative decided to try to follow every set of virtual TA activities (e.g. calls, webinars) with an in-person meeting. We also conclude that virtual engagement between on-site visits can keep recipients engaged in their change process.

3. **Active vs. passive:** Active TA includes all TA delivered to individual organizations or groups through on-site or virtual means. Passive TA consists primarily of products, such as briefs, websites, or other publications. Both kinds of TA can be request-based.

Although passive products may be geared toward a particular audience, they may not be significantly tailored to particular communities' needs and typically involve minimal dialogue between the TA provider and recipient. Furthermore, passive TA may sometimes (but not always) require more effort from the recipients to find resources themselves. That

said, passive TA products have value to disseminate information and evidence that can be used for program improvement. For example, nine national centers in the ACF Early Childhood Training and Technical Assistance System generate knowledge and information on a range of topics concerning effective practices for serving children in different age groups and with different backgrounds. Regional TA providers use these products to inform their active TA activities.

4. **Peer-to-peer vs. directed:** Peer-to-peer TA refers to the sharing of challenges, solutions, and resources across communities that are tackling similar issues. The TA provider's role is to identify opportunities for productive exchanges and facilitate them. Peer-to-peer TA can be on site, such as neighboring Temporary Assistance for Needy Families (TANF) agencies hosting each other for visits to learn from one another, or virtual. It can be active, such as a roundtable, or passive, such as setting up a web forum. According to several initiative reports, however, recipients reported that in-person events encouraged more dialogue than virtual engagement.

In directed TA, the TA provider's role is to present information to an individual or a group of TA recipients or to lead them in a capacity-building exercise.

Several stakeholders stressed the value of peer-to-peer exchanges. Some TA recipients view information from their peers as having more practical relevance than from the federal government or its contractors. One federal project officer noted that state and local agencies have practical on-the-ground experiences that peer agencies find helpful, with peer sharing often taking into account many factors beyond program compliance. Peer agencies can share promising strategies and best practices derived from their firsthand implementation experience.

Peer-to-peer and directed TA may be combined. For example, directed TA may be a helpful way to describe a policy change—a straightforward transfer of knowledge—while peer-to-peer exchanges can share promising or emerging best practices to adapt to the policy change, particularly when there is no evidence base to draw on.

In general, we conclude that more intensive TA efforts require more active engagement from the recipient and are also likely to be delivered to an individual or small group of organizations. Intensive TA efforts often require TA providers to engage with recipients on-site and use a mix of directed and peer-to-peer formats. TA formats can, and often are, combined when the goal is program improvement. Knowledge and skill development are critical for redesigning services and improving programs.

2. Complex initiatives that target diverse TA recipients can be challenging for providers to coordinate and for recipients to navigate

The TA initiatives we examined covered a wide range of policy areas related to human services, from child welfare and early childhood to community development and low-income families. Across these areas, the initiatives served four types of organizations.

1. **Formula grantees:** Some initiatives served all recipients of a formula grant or funding stream. These TA initiatives tended to focus on developing grantees' knowledge and

helping them respond to program and policy challenges, given the predictability associated with formula funding.

2. **Discretionary grantees:** Some initiatives served organizations that received time-limited discretionary grants. Because of the finite length of the grants, these initiatives tended to focus on helping grantees refine and implement their programs.
3. **TA network members and affiliates:** Some initiatives provided passive TA and resources to a network of other TA providers, who in turn provided active TA to community agencies and programs.
4. **Recipients that demonstrate capacity and/or commitment for intensive TA:** Other initiatives provided individualized TA to a subset of TA recipients, such as discretionary or formula grantees. These grantees had to complete an application to be considered. Intensive TA can be part of TA initiatives for formula or discretionary grantees, though not always.

Some initiatives served several types of organizations. Such initiatives tended to involve complex, multi-level systems, organized into multiple TA centers that each had a topical focus or served a specific type of recipient or specialized in a specific type of TA. However, findings from an external, multicomponent evaluation of the child welfare TA system suggest that complex systems may be challenging to navigate and difficult to coordinate (Morgan et al. 2017). Following the evaluation, in 2014 the Children’s Bureau simplified the way it provides TA to child welfare programs (Box 1).

Box 1. Streamlining the TA approach for child welfare organizations to improve access and service quality

From 2009 to 2014, the Child Welfare TA system had ten National Resource Centers, which provided subject matter expertise on different topics and populations of interest; five Implementation Centers, which supported organizational and systems change in different regions of the country; and one center responsible for ensuring that TA was coordinated across centers for a particular state or tribal child welfare system.

In 2014, the network of sixteen centers was replaced by the Child Welfare Capacity-Building Collaborative, three centers that each focus on one population: states, tribes, or courts. The Children’s Bureau hoped that this change would result in a system that was easier for TA recipients to understand and access, reduced redundancy, broke down silos around the centers, and encouraged a holistic look at recipients’ needs.

Source: Morgan, Jane, Brian Deakens, David Kelly, and Roshanda Shoulders. “The Children’s Bureau’s Technical Assistance Redesign.” Presented to stakeholders. Webinar. April 19, 2017.

Reducing the number of centers involved in a TA system may not always be appropriate for achieving the goals of the TA sponsor. Contrary to the approach taken in the redesign of the Child Welfare TA System, the ACF Early Childhood Training and Technical Assistance System sought to break down silos that had developed between the separate TA systems for grantees of Head Start and the Child Care and Development Fund, both of which support child care and early education, by merging these systems (Yandian et al. 2015). The resulting ACF Early Childhood Training and Technical Assistance System is currently being evaluated.

3. Using a framework helps to clarify goals and provide TA in a systematic way

At least seven initiatives used a framework to guide programs through the successful selection and implementation of evidence-based practices for program improvement. One example of a framework is the Organizational Effectiveness Model, which was developed by the American Public Human Services Association and uses a process known as DAPIM to build capacity. Another example is the Interactive Systems Framework (Wandersman et al. 2000), which uses a “Getting to Outcomes” process (Box 2). These commonly used processes follow a similar set of steps: (1) diagnosing the problem and assessing strengths and needs, (2) identifying an intervention and articulating an implementation plan, (3) implementing the plan, and (4) testing and refining the intervention. After refining the intervention, the TA recipient can repeat Steps 3 and 4 until it achieves its desired outcomes.

Box 2. Two processes for facilitating program improvement

<p>American Public Human Services Association “DAPIM” process</p>	<p>Interactive Systems Framework “Getting to Outcomes” process</p>
<ol style="list-style-type: none"> 1. Define: Define, in concrete terms, the Desired Future State for the program or community 2. Assess: Conduct an assessment to identify the strengths, priority gaps, and the root causes of the gaps 3. Plan: Develop an action plan that includes short-, mid-, and long-term improvements that will be made 4. Implement: Put the action plan into practice 5. Monitor: Continually track and adjust progress and impact, using lessons learned along the way to make adjustments 	<ol style="list-style-type: none"> 1. Identify needs and resources 2. Set goals to meet needs 3. Determine evidence-based practices 4. Assess actions to ensure the evidence-based practices will fit the organizational context 5. Assess capacities needed to implement the evidence-based practices 6. Develop a plan for developing capacities 7. Conduct a process evaluation to assess the fidelity of implementation 8. Conduct an outcomes evaluation to see if the evidence-based practices are working 9. Determine improvements to the practices to improve outcomes 10. Ensure sustainability of the practices

Source: Barbee, A., J. DeSantis, and T. Richards. “APHSA Introduction to the Special Issue: Building Capacity in Child Welfare Systems.” *Journal of the National Staff Development and Training Association*, vol. 9, no. 1, 2017, pp. 1-5.

Using a change framework such as the ones just described improves an initiative’s chance of success by promoting three elements of implementation fidelity—satisfaction, quality, and consistency (Keith et al. 2010). First, by encouraging TA providers and recipients to collaborate on identifying problems and solutions, a framework increases enthusiasm for systems change and gives the TA recipients ownership over it (Chinman et al. 2008). Second, a framework

encourages advance planning and documentation so that all parties have a common understanding of the problem and potential solution, know the process for implementing the intervention and assessing its success, and can adjust easily to emerging challenges (Pipkin et al. 2013). Finally, we conclude that a prescribed approach to TA promotes consistency across providers and recipients. Both the DAPIM and Getting to Outcomes processes, as well as others, include monitoring to ensure that the TA recipient adheres to the implementation plan.

Some of the complex initiatives we studied, such as the Child Welfare Capacity Building Collaborative and the ACF Early Childhood Training and Technical Assistance System, had broader goals related to capacity building. These complex systems supported multiple types of TA, with varied formats, intensity, and engagement that worked toward different levels of capacity building across multiple levels of a system. An overarching framework that defines different types of TA and their reach can clarify how each type of TA contributes to a broad overall goal.

In the 2014 redesign of its TA network, the Children’s Bureau used an overarching framework to define three types of capacity building TA (Barbee et al. 2017). This framework can be illustrative for the different types of TA provided through a complex or multi-level initiative. “Universal” TA services were designed to increase broad awareness, understanding, and engagement across the child welfare system. “Constituency” TA services were designed to increase knowledge, skills, and relationships among targeted groups of professionals with common interests or challenges. “Tailored” TA services were designed to develop organizational capacity and improve program performance at the level of an individual organization or locality. Each of these categories are crucial elements of the Children’s Bureau’s TA system (Morgan et al. 2017).

Using different terminology, Wandersman and colleagues (2012) describe how tools (developed and disseminated through “universal” TA), training (provided through “constituency” TA), and technical assistance (“tailored” TA) work together in a TA system designed to support program innovation. To these three components, they add a fourth: quality assurance and quality improvement, a process that reinforces the other three components by ensuring they are used properly. This fourth component can include evaluation, performance monitoring, and documentation and dissemination of evidence-based practices.

4. Federal staff have a key role in shaping the topics, format, and types of TA provided

Federally sponsored initiatives have to decide the extent to which federal staff will be involved in providing TA. In the initiatives we examined, federal involvement varied along a continuum.

- **Direct provision.** At the most involved end of the spectrum, federal staff could directly provide TA to communities. This direct provision was generally limited to opportunities that were close to Washington, DC or regional federal offices, or that required minimal travel.
- **High involvement.** In some initiatives, federal staff played a major role in charting the direction of the TA. With complex initiatives involving several TA providers, federal staff may help allocate TA requests among providers. They may also provide substantial

assistance with passive TA products. For example, they may help maintain a website, solicit topics, assign responsibility for product development, and review product drafts to ensure they are consistent with the aims of the federal agency.

- **Low involvement.** At the lowest end of the spectrum, federal staff were relatively hands-off, primarily focusing on contract management and oversight. Federal staff may be more hands-off if the focus of TA is highly specialized or if the TA provider is well-established. Box 3 provides an example of low federal involvement in a TA initiative.

Box 3. An example of low federal involvement in BRYCS

BRYCS is funded by the Office of Refugee Resettlement (ORR), but the topic of the TA—serving refugees in the child welfare system—required considerable expertise in child welfare, which was outside the typical purview of ORR at the time BRYCS initially began. The current TA provider, the U.S. Catholic Conference of Bishops (USCCB), has been at least one of the initiative’s providers for over 15 years and has served refugee families and children for over 35 years. And unlike other TA initiatives that are conceptualized by the federal government, USCCB and another TA provider, Lutheran Immigration Refugee Services, first identified the need for BRYCS, developed the initiative, and sought funding from ORR to provide it.

Source: Morland, L., J. Duncan, J. Hoebing, J. Kirschke, and L. Schmidt. “Bridging Refugee Youth and Children’s Services: A Case Study of Cross-Service Training.” *Child Welfare*, vol. 84, no. 5, 2005.

Most of the federally sponsored TA initiatives we examined had high involvement from federal staff, who played a larger role in planning and carrying out group TA than individual TA. Federal staff have several capabilities that lend themselves to group TA activities. Reports on multiple initiatives concluded that some TA recipients find that federal staff are uniquely situated to bring recipients—and experts or other stakeholders—together. Federal staff can make a connection between national experts and local opportunities and can provide a neutral space for mutual collaboration. One federal stakeholder pointed out that federal staff are also likely to be connected to the priorities of the government and can respond to and explain shifts in federal priorities, linking those priorities to recipient needs and goals.

Nothing we identified makes federal staff less skilled at providing intensive, tailored TA, but barriers such as travel limitations and budget restrictions can make it challenging for them to engage in the regular, on-site contact that seems to be central to the success of this type of TA.

C. FACILITATORS OF TA

This section presents two factors that TA sponsors and providers cited as important for facilitating successful TA. Both factors—(1) understanding the TA recipients’ contexts, strengths, and weaknesses and (2) collaborating with other TA providers—speak to the central role that relationships play in providing TA.

1. Strong relationships to support a clear understanding of TA recipients' contexts, strengths, and weaknesses

Establishing new relationships—developing trust, establishing new ways of doing things, and formalizing relationships—is a long process. Our analysis suggested that it can take upwards of a year to put generative partnerships in place. Data from multiple initiatives suggests that pre-existing relationships between local partners and the TA providers can imbue the process with credibility and speed it up because the TA provider will have an intimate understanding of the local context and partners' strengths and weaknesses. In one initiative, staff created TA teams that incorporated local, on-the-ground consultants as well as national representatives from the initiative sponsors. Another initiative temporarily placed federal staff in communities for direct TA provision.

When local relationships are strained, a TA provider from outside the community can be seen as a neutral party for bringing both sides of the table together, but this largely depends on context. At one Strong Cities, Strong Communities site, a representative from the U.S. Department of Housing and Urban Development helped the city overcome long-term disagreements with the local housing commission (Abt Associates 2014). But a federal project officer for another initiative noted that local and regional actors may view the involvement of the federal government with hesitation, given the focus may often be on compliance.

The federal government and its contractors may be well-suited to facilitate successful partnerships between peer agencies and community partners. Federal staff coordinating the Office of Family Assistance's PeerTA program reported that they sought to match states based on their strengths, interests, and proximity. For example, the initiative helped two human services departments of neighboring states arrange site visits to learn from one another. One state wanted to learn about the other's data system, and the second state wanted to know more about a parent education program run by its counterpart. The Compassion Capital Fund Demonstration was structured in a similar way. Instead of providing TA directly from the federal government, the Office of Community Services funded 44 "intermediary" organizations to provide program TA to small, grassroots faith- and community-based organizations. These intermediaries were larger and more established than the recipients, but they had firsthand experience with the same challenges facing the grassroots organizations, such as obtaining nonprofit tax status and establishing a board of directors (Abt Associates 2010).

2. Collaboration between multiple TA providers

In some cases, multiple organizations may need to be involved to provide the necessary wide-ranging expertise across multiple topic areas. Most of the federal initiatives we examined—whether they served a single system or many policy areas—had multiple contractors providing TA. The sponsors of two collaborative, cross-system TA networks encouraged providers to work with each other on cross-cutting issues and to pull each other into TA activities requiring their expertise. For example, for the Domestic Violence Resource Network collaboration between TA providers helped create universal definitions of family violence concepts for the field. Though different organizations ran different centers in the network, the federal project officer found that a common set of definitions helped the system provide more unified, comprehensive, and consistent TA to recipients. Such collaboration may help to break down silos between providers or discourage them from forming in the first place.

D. CHALLENGES OF PROVIDING TA

Our analysis shows that TA does not occur in a vacuum; changes in circumstances, such as funding availability, staff turnover, external processes, time pressures, and federal priorities can all slow the TA process or shift its focus. This section presents three TA challenges—maintaining engagement, managing timelines, and navigating shifts in federal and funder priorities—and the ways in which the TA initiatives responded to them.

1. Maintaining engagement

Maintaining recipient engagement in TA was difficult for some providers. According to one federal project officer, TA providers cannot compel recipients to participate in TA except when it is a condition of their funding. Motivation to participate in TA was highly variable. For example, in the Compassion Capital Fund Demonstration about one-third of organizations received 8 hours of TA or less, whereas one-tenth got more than 100 hours of support (Abt Associates 2010). Several initiatives used applications to identify motivated TA recipients, but even when initially motivated, aspects of state and local environments (such as funding changes, elections, and staff turnover) can affect participation in TA.

2. Managing timelines

Several initiatives cited time as a key challenge for providing TA. TA should be timely and responsive to immediate needs, but one TA provider found that formal federal review processes made it challenging to release briefs and products when they were most relevant to their target audience. Other TA stakeholders have found that proactively engaging recipients annually to discuss their TA needs can be more effective than trying to react quickly after a request comes in, in some cases once an issue has become a crisis (Morgan et al. 2017). If recipients perceive a lack of responsiveness from the TA provider, they may be less interested in requesting assistance.

It often takes a long time for programs to build capacity, institute new systems, and establish new practices. Several intensive TA initiatives lasted for two or more years. Stakeholders reported to us that challenges can emerge in intensive TA projects with a long timeline, such as leadership changes and staff turnover for the recipient or the provider.

Some providers broke their initiatives into phases, with different expectations for each phase. These initiatives typically involved a planning phase, and only the TA recipients with the strongest plans were selected to move on to an implementation phase. In this way, providers were able to minimize the risks associated with making a long-term commitment to participants whose plans for systems change might fizzle out.

3. Navigating shifts in funder priorities

Shifts in priorities can affect which TA providers receive funding, depending on whether their expertise lines up with emerging issues of significance. Dramatic shifts can lead TA providers to scramble to identify new experts and resources. For example, although different centers address public health and substance use issues related to domestic violence, the focused

and specific opioid abuse crisis – an emerging priority for HHS – has become a special interest for the Domestic Violence Resource Network.

Changes in policy can also have downstream effects on TA requests. For example, according to one federal project officer some agencies focus primarily on compliance, which has resulted in fewer requests for help innovating and developing new services. Greater involvement from federal staff—in communicating with both TA providers and recipients—could mitigate this challenge, since federal staff are generally well-connected with the priorities of the federal government.

E. KEY FINDINGS

To build the capacity of community organizations to improve outcomes for their target populations, the 18 initiatives in our scan used TA of varying intensity for a range of purposes — from increasing organizations’ knowledge and understanding to facilitating systems change. The initiatives we reviewed covered an array of programs and policy areas related to human services, and they served audiences ranging from all recipients of a funding stream across the nation to a select number of applicants.

Overall, we draw three key lessons from our analysis on TA provision to human services programs.

1. Systems change and program improvement require significant commitment from both TA providers and recipients

Systems change takes a major investment of time and resources. We saw a wide range of durations of intensive TA efforts, but even one initiative that lasted 10 years had not met all of its goals (Annie E. Casey Foundation 2013). Allocating appropriate time and resources can be difficult given changes in political and regulatory conditions at multiple levels of government, staff turnover for the TA provider and recipient, and finite funding periods. Faced with these challenges, some TA initiatives have sought to ensure successful, long-term, intensive TA by seeking out commitments from TA recipients, defining the planning and implementation phases of systems change initiatives, and conducting needs assessments to identify stable project champions and leaders. We suggest that TA initiatives focused on systems change should use a systematic approach to seek out recipients with a healthy appetite and capacity for change and to assess readiness.

2. Flexibility is critical for providing responsive, relevant TA

Most of the TA initiatives we examined were request-based, and the topics of individual TA activities were driven by the interests and needs of the recipients. For example, one federal initiative uses an annual network survey to identify the interests and priorities of constituents and to determine the focus of products and activities for the coming year. We conclude that needs assessments conducted at the beginning of and periodically throughout an initiative can focus the nature of the TA request and the goals of TA.

In intensive, tailored TA efforts, the priorities of TA recipients can evolve over time. TA providers should be responsive to emerging needs. They may partner with other providers or seek out experts when they do not have the capacity to respond to a request.

We find that an important first step to providing TA is to listen to recipients and help them diagnose their problem before presuming a solution. Otherwise, recipients may not engage. For example, one federal stakeholder noted that recipients of a TA initiative limited their engagement in some initial webinars because the webinars focused on preselected topics that they did not find relevant. As suggested in Box 2, only after providers learn a recipient's needs can they identify evidence-based or promising practices and tailor them to the recipient's local context.

3. Current ways of measuring TA do not adequately gauge its effectiveness

Measuring the outcomes of TA has been challenging for TA providers and the federal government. Initiatives we reviewed used a variety of strategies to try to assess the influence of TA. One method is to count the activities performed and the topics addressed. These steps may help evaluators assess TA recipients' needs and target future TA activities, but they do not clearly indicate the quality of the TA. Most other attempts to measure outcomes from TA involve self-reported measures, such as TA recipients' satisfaction and their perceived gains in knowledge. But self-reported outcomes are not objective measures and are subject to validity errors such as recall and inflation bias. Another method is to use client outcomes to assess TA, but TA activities are not usually proximate to client outcomes. In addition, the TA efforts we examined that were focused on wide-scale systems change had system-level goals, which did not always lend themselves to easily identifiable or timely outcome measures.

Ongoing research may provide insight into effective TA practices. In an ongoing evaluation of the Child Welfare Capacity Building Collaborative, the study teams are using multiple methods to evaluate key activities of each of the three TA centers, depending on the center's aims, and attempting to answer questions about implementation of service strategies and effectiveness across centers. Evaluators are using techniques like social network analysis to examine inter- and intra-center collaboration, capturing data about dosage or exposure of recipients to different types of TA, tracking time to completion of service activities, measuring change in common organizational outcomes, and assessing centers' adherence to a shared TA approach as well as fidelity to center-specific models of service delivery (James Bell Associates and ICF International 2016). Adherence is an important measure of success given that a key goal of the TA redesign sponsored by the Children's Bureau was to create a coherent, integrated, and unified approach to TA (Morgan et al. 2017).

The ACF Early Childhood Training and Technical Assistance System is also being evaluated. The evaluation team explained that this multi-phased, mixed-methods evaluation first focused on how TA is delivered and how various providers at different levels (federal, state, and local) collaborate with each other, and will next focus on the experiences of intended beneficiaries with TA within and outside the system.

F. CONCLUSION

Despite the ubiquity of TA efforts designed to help agencies and organizations working to address poverty and child well-being, rigorous evaluation of specific initiatives and research on strategies for maximizing the effectiveness of TA initiatives are limited. This brief summarizes learnings from our scan of 18 separate initiatives to begin to help decision makers better understand how to target and design TA initiatives for different circumstances, audiences, and goals. The ongoing evaluations mentioned will make substantial contributions to our understanding of how to provide program TA to local agencies and communities. Future research should focus on developing the evidence base on strategies to provide TA and identifying key factors that contribute to the success of TA initiatives.

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APPENDIX A: SUMMARIES OF TA INITIATIVES

This appendix provides summaries of the 18 TA initiatives discussed in this report. The initiatives are listed in Table A.1.

Table A.1. TA initiatives in the study

Initiative name	Sponsors/funders
Federal agency initiatives	
Child Welfare Capacity-Building Collaborative	Children's Bureau ²
Systems to Family Stability Policy Academy ¹	Office of Family Assistance ²
PeerTA Network ¹	Office of Family Assistance ²
Bridging Refugee Youth and Children's Services ¹	Office of Refugee Resettlement ²
Domestic Violence Resource Network ¹	Family and Youth Services Bureau ²
ACF Early Childhood Training and Technical Assistance System ¹	Office of Child Care, Office of Head Start ²
Compassion Capital Fund Demonstration	Office of Community Services ²
Building Neighborhood Capacity Program	U.S. Department of Justice
Early Childhood Peer Learning and Action Network	U.S. Departments of Health and Human Services; Education; Agriculture; and Housing and Urban Development
The Partnership for Sustainable Communities	U.S. Department of Transportation; U.S. Department of Housing and Urban Development; and Environmental Protection Agency
Promise Zones	U.S. Departments of Housing and Urban Development; Agriculture
Regional Partnership Grants and Related In-Depth Technical Assistance Program	Children's Bureau; ² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
Rural Integration Models for Parents and Children to Thrive (Rural IMPACT)	U.S. Departments of Health and Human Services; Agriculture
Strong Cities, Strong Communities	U.S. Department of Housing and Urban Development; Domestic Policy Council
Private and philanthropic initiatives	
Making Connections	Annie E. Casey Foundation
National Collaborative for Integration of Health and Human Services and Related Organizational Effectiveness Practice ¹	American Public Human Services Association
Work Support Strategies Initiative	Ford Foundation; Open Society Foundation; Annie E. Casey Foundation; Kresge Foundation; and J.P. Morgan Chase Company
Local initiatives	
Cuyahoga County Early Childhood Initiative	Cuyahoga County Office of Early Childhood

¹ Initiative summaries reviewed for accuracy by key stakeholders

² Agencies within the U.S. Department of Health and Human Services, Administration for Children and Families

Federal agency initiatives

The following 14 initiatives were sponsored by federal agencies:

Child Welfare Capacity Building Collaborative (Children’s Bureau)

The Child Welfare Capacity Building Collaborative provides program-related TA to state and tribal child welfare agencies and Court Improvement programs. The ultimate goal of the TA is to build the capacity of child welfare agencies and courts to improve outcomes for children and families. The Children’s Bureau launched the Capacity Building Collaborative in 2014, after a redesign informed by literature reviews, conversations with stakeholders, and an evaluation of the previous model for providing TA, which was in operation from 2009–2014. This redesign consolidated the activities of ten topical resource centers, five regional “implementation centers,” and a coordinating body into three centers: one for states, one for tribes, and one for courts (Morgan et al. 2017). The Capacity Building Collaborative is currently being evaluated by each center’s internal evaluators and through a separate cross-center study conducted by an independent evaluation team (James Bell Associates and ICF International 2016).

Systems to Family Stability National Policy Academy (Office of Family Assistance)

The Systems to Family Stability National Policy Academy was a 24-month initiative sponsored by the Office of Family Assistance (OFA) to support state and local TANF agencies developing strategic plans for systems change. The eight participating agencies (Connecticut, Colorado, Maryland, North Carolina, Ramsey County [Minnesota], Utah, Washington, and West Virginia) developed plans in substantive areas selected by OFA as high priority for the TANF field. Examples included two-generation initiatives, integrating TANF and Workforce Innovation and Opportunity Act services, and coaching. Federal staff directly provided program TA through in-person gatherings and on-site and virtual consultations. Consulting expert faculty provided their substantive expertise to Policy Academy sites.

PeerTA Network (Office of Family Assistance)

The goal of PeerTA is to facilitate peer learning across TANF agencies and their partners serving TANF and low-income families at the state, county, local, and tribal levels. Through the PeerTA initiative, OFA hosts webinars and other virtual activities to increase the knowledge base of TANF programs nationwide. The PeerTA website has resources for agencies and is a forum where TANF agencies can ask and answer questions and share best practices. Federal PeerTA staff field individual requests for program TA, assess the requests using a set of criteria designed to determine the benefit of the TA to the broader TANF field, and identify contractors to fulfill requests. Examples of PeerTA requests include organizing local roundtables, facilitating site exchanges, and developing products such as environmental scans, literature reviews, and practitioner briefs. The average length of engagement in a PeerTA activity is about 90 days.

Bridging Refugee Youth and Children’s Services (Office of Refugee Resettlement)

Bridging Refugee Youth and Children’s Services (BRYCS) is a TA initiative designed to improve services to refugee and newcomer youth and their families who may be involved with the child welfare system. The U.S. Conference of Catholic Bishops (the grantee that operates the BRYCS initiative) convenes groups of mainstream child welfare organizations and organizations that serve refugees in order to understand their needs and strengths, and develops and provides

program TA in response to these needs and strengths. TA activities include providing one-on-one consultations; facilitating an online blog and forum; disseminating a monthly newsletter; creating practical publications; and holding webinars and virtual peer-exchange opportunities. BRYCS also maintains a website that acts as a clearinghouse for information on and best practices for serving newcomer youth and their families.

Domestic Violence Resource Network (Family and Youth Services Bureau)

The Domestic Violence Resource Network coordinates services between the ten resource, special issue, and culturally specific TA centers and national hotline mandated by the Family Violence and Prevention Services Act, and four capacity-building centers. These independently operated centers are designed to promote promising practices and strategies to improve the nation's response to domestic violence and enhance safety and justice options for victims of domestic violence and their dependents. They have different substantive priority areas and populations of focus, yet all provide TA to survivors of domestic violence, victim advocates, community-based programs, tribes, educators, law enforcement, mental and health care professionals, policymakers, and government leaders at all levels, as well as constituents within their specific area of expertise. The centers develop and disseminate resource materials; work across multiple systems and influence public policy to better meet the needs of survivors and their families; and support research to build an evidence base for effective intervention and prevention models to help end domestic violence.

ACF Early Childhood Training and Technical Assistance System (Office of Child Care, Office of Head Start)

The Office of Child Care (OCC) and the Office of Head Start (OHS), within the U.S. Department of Health and Human Services, Administration for Children and Families, both support child care and early education for low-income families in the United States. OCC administers the Child Care and Development Fund (CCDF) through block grants to state, tribal, and territorial governments, who use the funds to invest in high quality child care options for low-income working families. The Office of Head Start funds about 1,700 public, private and nonprofit agencies to provide comprehensive early childhood services for children from birth to age 5 whose families have low incomes. Both agencies allocate funds to provide technical assistance to grantees. The Early Childhood Training and Technical Assistance System brings the program TA provided by OHS and OCC together into one integrated system. The system serves Head Start grantees and delegates and CCDF grantees, including states, territories, and tribes. The system has multiple levels, including nine national centers that cover different substantive areas, TA specialists for each of 12 Head Start Regions, and the Office of Child Care State Capacity Building Center. The national centers are topically focused and develop evidence-based practices, resources, and materials. Regional TA specialists in turn use the materials to deliver targeted and individualized training and TA to grantees. The State Capacity Building Center also supports up to 10 "impact projects" for CCDF grantees—intensive TA projects 18 to 48 months in length, selected through a competitive evaluation process. The ACF Early Childhood Training and Technical Assistance System is currently being evaluated.

Compassion Capital Fund Demonstration Program (Office of Community Services)

The Compassion Capital Fund (CCF) (2002-2009) was established as a part of the George W. Bush Administration's Faith-Based and Community Initiative. CCF is intended to help small

faith- and community-based organizations improve their effectiveness, scale up quality programming, diversify funding, and collaborate on similar issues or to serve comparable populations. The Office of Community Services initially selected 44 larger, more experienced organizations to act as intermediaries and to provide program training and TA to smaller, grassroots organizations, which also received grants of up to \$50,000 (Abt Associates 2012). These intermediary organizations were trained on how to provide effective TA (National Resource Center 2010). TA formats included a host of group training and individual activities. A 2012 evaluation revealed that grassroots organizations receiving TA experienced higher growth in five domains of organizational capacity (organizational development, program development, community engagement, revenue development, and leadership development) than those who did not receive TA (Abt Associates 2012).

Building Neighborhood Capacity Program (U.S. Department of Justice)

Primarily over four years (2012–2016), the Building Neighborhood Capacity Program (BNCP) supported change processes, collaboration, and development in under-resourced neighborhoods (Brown and Fiester 2014). BNCP focused on building community capacity, defined as knowledge, skills, relationships, processes, and resources that community residents, partner organizations, and city-level stakeholders need to work together to improve services in their communities (Brown and Fiester 2014). BNCP provided resources and sponsored TA in its first phase to eight neighborhoods in four cities: Flint, Michigan; Fresno, California; Memphis, Tennessee; and Milwaukee, Wisconsin. The cities were selected through a competition and received \$225,000 each to participate. The Center for the Study of Social Policy provided intensive TA to help neighborhoods complete two primary activities: a neighborhood revitalization plan and a “learn while doing” project designed to give community partners a chance to develop their ability to work together while achieving a short-term goal for their community. The TA took three primary forms: coaching, knowledge and skill development, and direct assistance in resolving community-level challenges. In 2014, the program was expanded, giving each city two additional years of support to expand to a third neighborhood and develop a citywide strategy to sustain revitalization efforts.

Early Childhood Peer Learning and Action Network (U.S. Departments of Health and Human Services, Education, Agriculture, and Housing and Urban Development)

Promise Zones (PZs) are high-poverty communities where the federal government partners with local leaders to increase economic activity, improve educational opportunities, leverage private investment, reduce violent crime, enhance public health, and address other priorities identified by the community. The sponsoring agencies supported 23 urban, rural, and tribal PZs through three rounds of grants awarded between 2014 and 2016. The Promise Zones Early Childhood Peer Learning and Action Network (EC PLAN), which operated between 2015 and 2016, was a community-driven TA initiative that supported collaborative action and learning for federal PZs working to strengthen early childhood systems in their communities. EC PLAN provided a platform for peer exchange, access to federal subject matter experts, and support for PZs to take action and measure progress to advance their early childhood work. Participating PZs and their community partners participated in monthly virtual interactive webinars. TA providers operated a LISTERV to encourage peer-to-peer communication. Federal subject matter experts and external researchers provided individualized support to help Promise Zones measure progress toward the goals in their strategic plans.

The Partnership for Sustainable Communities (U.S. Department of Transportation, U.S. Department of Housing and Urban Development, and Environmental Protection Agency)

The Partnership for Sustainable Communities (PSC) (2009-2016) was launched to coordinate federal investments in housing, transportation, water, and other infrastructure with the goal of making neighborhoods more prosperous, allowing people to live closer to their jobs, saving households time and money, and reducing pollution. PSC was grounded in the understanding that the traditional siloed way of doing business could keep communities from making progress on the complex and pressing problems they faced. More than 1,000 communities have been directly involved in implementing a partnership activity or grant. For example, HUD dispersed \$240 million to 143 regions and communities in multi-year Sustainable Communities Regional Planning and Community Challenge grants. In another effort, the sponsoring agencies selected five communities (located in Boston, Massachusetts; Indianapolis, Indiana; Iowa City, Iowa; Denver, Colorado; and National City, California) to receive direct TA through a “Brownfield Pilot” (Environmental Protection Agency 2012). The Partnerships used several strategies to build community capacity including a comprehensive capacity builder network of TA organizations that offered one-on-one assistance to grantee communities, an online network, topical gatherings for grantees with common interests through regional workshops and webinars, in-person convenings, publications, and coaching.

Promise Zones (U.S. Departments of Housing and Urban Development and Agriculture)

Over a period of 10 years, a community liaison helps Promise Zone leaders navigate federal programs and TA offerings. Multiple federal agencies provide TA for Promise Zones through separate contracts. Community liaisons are federal staff working in regional offices near their assigned Promise Zones; they spend significant time in the community working with the lead organization for the Promise Zone and attending working group meetings.

Regional Partnership Grants and Related In-Depth Technical Assistance Program (Substance Abuse and Mental Health Services Administration, Children’s Bureau)

Regional Partnership Grants (RPG) are five-year commitments to support cross-systems collaboration between child welfare agencies and agencies focused on preventing and treating substance abuse. Through the RPG program, partner agencies in the fields of child welfare, substance abuse treatment, family courts, and other related systems provide combinations of evidence-based or evidence-informed programs and practices related to residential or outpatient substance abuse treatment, parenting and/or family strengthening practices, treatment for trauma or mental health problems, counseling and peer support groups, and child development services. RPG grantees receive TA through the Substance Abuse and Mental Health Administration’s National Center on Substance Abuse and Child Welfare (NCSACW). TA liaisons and senior experts lead change processes for local RPG grantee partnerships by convening calls, conducting site visits, monitoring progress, and connecting partners to resources. The related In-Depth Technical Assistance (IDTA) program is designed to strengthen collaboration and coordination across service systems with the goal of improving outcomes for families with substance use disorders who are involved in the child welfare and family court systems. The IDTA program is for RPG grantees for whom a needs assessment determines that more intensive involvement is necessary. IDTA lasts for between 15 and 24 months. It employs similar strategies and activities

as TA provided through NCSACW, but with an intensity of about 32 hours per month of involvement, as compared to monthly check-ins and periodic site visits for NCSACW recipients (National Center on Substance Abuse and Child Welfare, 2012). Between 2007 and 2012, about half of RPG grantees participated in IDTA (National Center on Substance Abuse and Child Welfare 2012).

Rural Integration Models for Parents and Children to Thrive (U.S. Department of Health and Human Services, U.S. Department of Agriculture)

The Rural Integration Models for Parents and Children to Thrive (Rural IMPACT) demonstration launched in 2015 in 10 communities (Knox County, Kentucky; San Juan County, Utah; Mississippi County, Arkansas; Highland County, Ohio; Choctaw, McCurtain, and Pushmataha Counties, Oklahoma; Issaquena, Sharkey, and Humphreys Counties, Mississippi; Washington County, Maine; Marshall County, Iowa; Garrett and Alleghany Counties, Maryland; and Mahnomen, Clearwater, and Becker Counties, Minnesota). The goal of Rural IMPACT is to diminish rural poverty by helping partners in each community develop “two-generation” approaches, which are designed to coordinate services for parents and their children in meaningful, intentional ways (Landey et al. 2016). The sites received intensive TA from the Community Action Partnership and the American Academy of Pediatrics to plan and implement their two-generation approaches. TA included professional coaching, participation in a peer-learning network, and other activities. A federal interagency team was also instrumental in providing support to sites.

Strong Cities, Strong Communities (U.S. Department of Housing and Urban Development, Domestic Policy Council)

The Strong Cities, Strong Communities Initiative was a model for federal-local collaboration, designed to improve how the federal government invests in cities, offer TA to support local priorities, and help coordinate funds at the local, state, and federal level (Abt Associates 2014). A core component of this initiative was the SC2 Team Pilot, which deployed interagency groups of federal employees, known as SC2 teams. SC2 teams comprised a team lead and team members, the exact number of which varied by site. Most SC2 team members lived in the cities they served or worked out of regional offices. They partnered with local leaders to give them direct support, tailoring TA and planning resources to focus on issues the cities perceived as vital to their economic development (Abt Associates 2014). Activities included help with building relationships between local, state, and federal partners; creating regional working groups and other local partnerships; adding temporary capacity to local city departments; and helping cities develop strategic plans (Abt Associates 2014). Over five years (2011–2016), 14 cities participated in Strong Cities, Strong Communities—Fresno, California; New Orleans, Louisiana; Memphis, Tennessee; Chester, Pennsylvania; Cleveland, Ohio; Detroit, Michigan; Brownsville, Texas; Macon-Bibb County, Georgia; Flint, Michigan; Rockford, Illinois; Gary, Indiana; Rocky Mount, North Carolina; St. Louis, Missouri; and Youngstown, Ohio (White House Council on Strong Cities, Strong Communities 2017). Another component of SC2 was the National Resource Network, which provided TA through a consortium of private and non-profit experts to cities across the U.S. to help them address their toughest economic challenges.

Private and philanthropic initiatives

The following three initiatives were sponsored by private foundations and philanthropies:

Making Connections (Annie E. Casey Foundation)

Making Connections was a neighborhood-based capacity-building initiative of the Annie E. Casey Foundation. It was designed to bring community organizations and partners together to pursue the broad goal of strengthening outcomes for families and children. The initiative operated from 1999 to 2009. Ten cities actively participated in the full 10 years of the initiative: Denver, Colorado; Hartford, Connecticut; Louisville, Kentucky; Oakland, California; San Antonio, Texas; Des Moines, Iowa; Indianapolis, Indiana; Milwaukee, Wisconsin; Providence, Rhode Island; and Seattle, Washington. The Annie E. Casey Foundation and its partners, including the Center for the Study of Social Policy, provided TA to Making Connections participants. The goal of the TA was to facilitate partnerships between community organizations that led to the development and implementation of strategies to achieve better results, through activities including needs assessments, one-on-one consultation, strategic planning, and peer forums. All TA to sites was led by a senior Annie E. Casey staff member, a local coordinator, and a technical assistance liaison (Annie E. Casey Foundation 2013). The lessons learned through Making Connections informed the foundation's current investments in place-based initiatives and two-generation policy and programming (Annie E. Casey Foundation 2013).

National Collaborative for Integration of Health and Human Services and Related Organizational Effectiveness Practice (American Public Human Services Association)

The National Collaborative for Integration of Health and Human Services (formerly the "National Workgroup on Integration") is an initiative designed to bring together leaders of health and human services agencies, industry partners, and other stakeholders at the federal, state, and local levels. This group works together to provide thought leadership, strategies, tools, and technical assistance to improve outcomes for individuals, families, and communities through the design and implementation of solutions that address the root causes that prevent all people from living their full potential. Through the adoption and translation of an integrated business model called the Human Service Value Curve, members of the National Collaborative have helped map out an incremental and progressive path for integrated service delivery and innovation across the human services sector. This community is sponsored by the American Public Human Services Association (APHSA), a national nonprofit membership organization composed mainly of state and local public human service organizations and their leaders. APHSA's related Organizational Effectiveness consulting practice works in collaboration with the National Collaborative to provide customized facilitation, assessment, planning, implementation, and monitoring support focused on translating and applying the principles and practices of integration in concrete, actionable, and adaptive ways; improving performance and internal capacity for change; supporting recipient organizations' full potential; and developing effective and sustainable program practices (Barbee et al. 2017).

Work Support Strategies Initiative (Ford Foundation, Open Society Foundation, Annie E. Casey Foundation, Kresge Foundation, and J.P. Morgan Chase Foundation)

The Work Support Strategies (WSS) initiative provided a select group of states funding and TA to design, test, and implement more effective, streamlined, and integrated approaches to delivering key supports—including health insurance, nutrition benefits, and child care subsidies—to low-income working families (CLASP 2017). Three states (Oregon, New Mexico, and Kentucky) participated only in an initial planning year, while six states (Idaho, Colorado, Rhode Island, Illinois, North Carolina, and South Carolina) received support from this foundation-funded collaborative over a five-year period that ended in 2016. WSS gave states the expert TA, peer support, coaching, and financial backing they needed to advance their efforts. Through WSS, participating states worked to help low-income families get and keep the full package of benefits they were eligible for by streamlining and integrating service delivery, upgrading technology systems, modernizing business practices, and reducing administrative burdens (Hahn 2016).

Local initiative

The following initiative was sponsored at the county level:

Cuyahoga County Invest in Children / Family Child Care Homes (Cuyahoga County Office of Early Childhood)

The Cuyahoga County Invest in Children Initiative is a public/private partnership administered by the Cuyahoga County, Ohio Office of Early Childhood. It aims to help increase the development, funding, visibility, and impact of early childhood services in Cuyahoga County. Invest in Children, originally called the Early Childhood Initiative when it began in 1999, pursues a number of service strategies for children that focus on preparing children to enter school ready to learn and in good mental and physical health. One of Invest in Children's strategies is the Family Child Care Home (FCCH) initiative. FCCH seeks to increase the number of certified family child care homes in Cuyahoga County and improve the quality of care in those homes. In FCCH, Starting Point, the county's child care resource and referral agency, and its regional partners recruited, trained, and delivered program TA to family child care providers in the county. An evaluation was designed to determine if the TA component met its capacity-building goal, assess whether the quality of child care had improved over time as a result of home-based TA, and identify the nature of the TA that was provided. Interim findings were encouraging (Fisher and Coulton 2005), and more recent findings suggest a substantial increase in the environmental quality of initiative-certified FCCH providers (Anthony 2014).

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