The Foundation Review

Volume 8
Issue 5 *Open Access*

12-2016

Designing Technical-Assistance Programs: Considerations for Funders and Lessons Learned

Jennifer Lyons
Mathematica Policy Research

Sheila Dunleavy Hoag
Mathematica Policy Research

Cara Orfield
Mathematica Policy Research

Sonya Streeter
Mathematica Policy Research

Follow this and additional works at: <https://scholarworks.gvsu.edu/tfr>

Part of the [Nonprofit Administration and Management Commons](#), and the [Public Affairs, Public Policy and Public Administration Commons](#)

Recommended Citation

Lyons, J., Dunleavy Hoag, S., Orfield, C., & Streeter, S. (2016). Designing Technical-Assistance Programs: Considerations for Funders and Lessons Learned. *The Foundation Review*, 8(5). <https://doi.org/10.9707/1944-5660.1342>

Copyright © 2017 Dorothy A. Johnson Center for Philanthropy at Grand Valley State University. The Foundation Review is reproduced electronically by ScholarWorks@GVSU. <https://scholarworks.gvsu.edu/tfr>

Designing Technical-Assistance Programs: Considerations for Funders and Lessons Learned

Jennifer Lyons, M.A., Sheila Dunleavy Hoag, M.A., Cara Orfield, M.P.P.,
and Sonya Streeter, M.P.H., Mathematica Policy Research Inc.

Keywords: Technical-assistance program design and implementation, evaluation, technical-assistance best practices, foundation technical assistance, technical-assistance development, technical-assistance delivery mechanisms

Key Points

- As foundations continue to provide grantees with technical assistance in addition to financial support, it is important to understand what works well, for whom, and in what circumstances. This reflective practice article aims to help funders who have identified a problem amenable to technical assistance to develop a strong program by providing support to a group of organizations addressing similar problems or by providing customized individual support.
- Drawing on insights from evaluations of two technical-assistance programs, this article recommends five key issues for funders to consider when offering such a program: whose priorities will shape the agenda, how group composition might affect technical assistance, what qualities are most important for providers, what types of technical-assistance formats providers should offer, and how funders will know whether technical assistance is working.
- The article concludes by highlighting three lessons: (1) incorporating flexibility into programs, enabling technical assistance to be more responsive to participants' needs and resources; (2) setting and measuring technical-assistance goals, which can help funders assess the fit of participants for programs and support ongoing learning; and (3) monitoring and collecting feedback, which helps promote quality and can offer insights as to how programs might be changed to best meet participants' needs.

Introduction

Technical assistance (TA) is nonfinancial assistance meant to impart information, skills, and expertise from one person or entity to others. Typically, TA is delivered to individuals, organizations, or systems to assess gaps, barriers, and/or needs and identify solutions; develop a strategic plan for long-term change; or create innovative approaches to emerging, complex issues (Blase, 2009; Keener, 2007; National Technical Assistance Center, 2000; Soler, Coccozza, & Henry, 2013; Wesley & Buysse, 1996).

Although these objectives apply generally to TA programs, specific characteristics vary considerably. Technical-assistance topics and content can address a wide range of issues, which can be driven by a funder's priorities, the participants' needs, or both. A funder may opt to provide individualized TA that addresses a specific problem at a single organization, or to provide TA to a group of grantees or stakeholders engaged in similar work. Group TA may also include structured opportunities for peer-to-peer sharing to connect entities engaged in similar efforts, so that each can learn from a set of experts and one another's experiences (Soler, et al., 2013). Conference calls, written reports and resources, on-site meetings, and webinars are common mechanisms for providing TA (Fixsen, Blase, Horner, & Sugai, 2009; Le, Anthony, Bronheim, Holland, & Perry, 2014).

Drawing on examples from evaluations of two TA programs funded by the Robert Wood Johnson Foundation (RWJF), this article

discusses key design considerations for funders planning a TA program. Our aim is to help funders who have identified a problem amenable to TA to develop a strong TA program, whether by providing support to a group of organizations addressing similar problems or by providing customized and individualized support. First, we provide an overview of these two TA programs, their context, and our evaluations of these programs. Then, we discuss some decisions funders face when they develop and implement TA programs. Finally, we highlight lessons about flexibility, setting and measuring goals, and ensuring TA quality.

Overview of Two TA Programs

The two TA programs described in this article arose from the RWJF's desire to support implementation of the Patient Protection and Affordable Care Act (ACA), passed in 2010. The foundation's mission is to improve the health and health care of all Americans. The foundation's leaders recognized that if the law was implemented well, it had enormous potential to help achieve that mission by increasing access to health care coverage for all Americans. In response, in May 2011 the foundation announced an ambitious, multifaceted plan to provide states and other groups with resources to support ACA implementation.¹

States were a logical focus for the foundation's support, for several reasons:

- States would need specialized expertise because of the complexity and novelty of ACA implementation.
- Internal expertise was unlikely to be available.

- External expertise was subject to budget constraints and lengthy procurement processes — a particular concern given the rapid ACA implementation timeline.
- Some states might be reluctant to contract directly for assistance because the ACA was highly politicized and they might be concerned about the perception of such contracts.
- States were well positioned to pursue reforms that could improve health care quality and value, given their role as purchasers of health care for large, varied populations, including state employees and retirees, Medicaid and Children's Health Insurance Program enrollees, and enrollees in new state health insurance marketplaces, if applicable.

Given these circumstances, the foundation believed it could most effectively support states through TA. In 2011, it launched the State Network TA program to provide a diverse set of states easy access to TA expertise on a wide variety of subjects with the goal of improving ACA implementation and, in turn, increasing coverage. The foundation had a long history of providing states and other organizations with TA resources to help them solve problems or expand their skills, and RWJF leaders were confident that the ACA implementation problems states faced were amenable to TA support. Moreover, RWJF staff saw value in providing both individualized support, to help a single state tackle a particular challenge identified by the state, and group TA activities, to capitalize on what states could learn from experts and one another.

In 2013, the RWJF launched the State Health and Value Strategies (SHVS) program to help selected states improve health care quality and value, such as through provider-payment reforms. Like the State Network program, SHVS focused primarily on individualized TA to help states tackle challenging projects of their choice, but also offered group TA, including large annual convenings open to all states and smaller opportunities for a subset of states.

¹Recognizing that one program alone could not achieve this ambitious goal, RWJF supported several other initiatives, including financial support for Enroll America to encourage enrollment in new coverage opportunities, support of consumer engagement in the policy-development process through its Consumer Voices for Coverage program, and funding for the National Academy for State Health Policy to initiate State Reform, an online forum to disseminate information among state health officials (RWJF, 2011).

Once funders have decided that the problem they are trying to tackle is amenable to TA and have clarified their goals for the TA initiative, they must address a number of basic design questions, some of which are not addressed in existing literature. To date, most TA literature describes specific approaches to delivering TA, the needs and preferences of TA participants, and the experience of individuals providing TA.

In April 2015, the RWJF contracted with Mathematica Policy Research to retrospectively evaluate the State Network and SHVS TA programs. For our evaluations, we reviewed background documents to understand the purpose, structure, and organization of each program. We also interviewed 90 people, including 48 associated with State Network and 42 associated with SHVS, to obtain comprehensive insights into both programs from startup through August 2015. Respondents fit into five categories: RWJF staff, TA program administrators, TA providers, state officials who participated in TA activities—including 28 in State Network and 18 in SHVS, and other partners, such as federal agency staff or staff from national advocacy organizations.

Considerations for Funders Designing and Implementing TA Programs

Once funders have decided that the problem they are trying to tackle is amenable to TA and have clarified their goals for the TA initiative, they

must address a number of basic design questions, some of which are not addressed in existing literature. To date, most TA literature describes specific approaches to delivering TA, the needs and preferences of TA participants, and the experience of individuals providing TA (Escoffery, et al., 2015; Chaple, Sacks, Randell, & Kang, 2016; Boas, Bishop, Ryan, Shih, & Casalino, 2014; Fischer, Ellingson, McCormick, & Sinkowitz-Cochran, 2014). Few articles evaluate TA quality or effectiveness, or compare the effectiveness of different TA models (Katz & Wandersman, 2016; Le, et al., 2014). Le and colleagues (2014) noted that although TA programs should be conceptualized as a continuum of activities that include design, implementation, and evaluation, evaluation of TA is perceived as “difficult” and is often omitted. Few articles offer practical lessons learned to inform funders’ development, implementation, and evaluation of TA programs. From our evaluations, we gained insight into some factors funders should consider as they strive to deliver effective TA programs, including:

1. Whose priorities will shape the TA agenda?
2. How might group composition affect TA?
3. What are the most important qualities for TA providers?
4. What types of TA formats should providers offer?
5. How will funders know whether TA is working?

In this section, we review these questions, using examples from our evaluations of the two RWJF TA programs.

Whose Priorities Will Shape the TA Agenda?

Funders identifying TA topics may use an assessment of emerging needs, as well as the foundation’s objectives, to shape the TA agenda. This strategy lets the funder decide which TA topics and methods of delivery are most important and ensures that TA aligns with the foundation’s goals and investment priorities. Instead of a funder-driven TA approach, State Network and

SHVS primarily used a participant-driven structure for individualized TA by encouraging staff from participating states to develop TA topics that fit within the broader goals of the TA programs. Examples of participant-driven, individualized TA include a SHVS-supported project to analyze data to inform state staff about health care overuse or misuse, and a State Network-supported project to develop state regulations to harmonize state and federal health insurance coverage laws. For TA delivered to groups of states, such as an in-person meeting with facilitated discussions, the programs looked to program administrators to identify anticipated challenges and prepared TA content to address those challenges.

State Network and SHVS built on the participant-driven TA to develop content for broad dissemination by adapting individual TA projects for wider audiences. For example, State Network offered states several targeted webinars, such as helping state marketplace staff prepare, disseminate, and communicate with consumers about marketplace tax statements and helping state officials with planning for future state health reforms. Participants in both programs found participant-driven, individualized TA more valuable than funder-driven, group TA. This is not surprising, given that the participant-driven TA was highly customized and addressed states' most pressing challenges and priorities.

Funders may want to consider varying the priorities that shape the TA agenda over time, based on the needs of the participants and the experience of the TA providers and TA program administrators. For example, although State Network maintained a focus on participant-driven TA throughout the program, in later years program administrators and TA providers increased their efforts to proactively identify and prepare for challenges that states were expected to encounter.

Another important consideration for shaping the TA agenda is identifying other available TA resources. The foundation and program administrators wanted to avoid duplicating the TA offered by the federal government on ACA

Funders may want to consider varying the priorities that shape the TA agenda over time, based on the needs of the participants and the experience of the TA providers and TA program administrators. For example, although State Network maintained a focus on participant-driven TA throughout the program, in later years program administrators and TA providers increased their efforts to proactively identify and prepare for challenges that states were expected to encounter.

Considerations for Selecting TA Priorities

- Focusing on topics identified by the TA participants can lead to customized products that address participants' most pressing challenges.
- Programs can build on participant-driven, individualized TA to develop content for a wider audience.
- The balance between participant- and funder-driven TA may change as participants' needs evolve and TA providers gain experience.
- Staying aware of other initiatives with similar objectives can help TA providers add value and avoid duplication.

implementation and value-based purchasing initiatives. Program administrators responded in a couple of ways. For example, most of the federal resources available focused on information-technology support, and so State Network decided not to offer TA in this area. The SHVS program administrators considered no topics off limits, but excluded states participating in a federal value-based purchasing program to try to direct SHVS resources to states that did not have access to those federal resources.

How Might Group Composition Affect TA?

Because group TA often includes peer-to-peer sharing, programs should develop a vision for their group dynamics and composition early on. The TA group's composition will depend on the characteristics of targeted participants and the approach used to identify and select participants.

Funders might first consider the participant characteristics that are most relevant to the objectives of the TA initiative. For example, achieving the TA objectives may be more likely if the participants are homogenous or diverse along certain dimensions (such as organization

size, geography, political ideology, or available outside resources). If the funder's goal is to inspire widespread adoption of a program or policy, focusing on participants that have been early, successful adopters of innovations might provide exemplars for others to follow. Both State Network and SHVS specified some common characteristics required for participating states: a strong interest in the program and its objectives, a self-reported ability to obtain buy-in from critical stakeholders within their state, and a demonstrated need for such support. SHVS also sought participants that lacked other resources to support their goals. Because the SHVS TA projects supported states addressing a particular health care delivery problem, the administrators mostly selected participants who were starting to think about the issue, and included a few participants who had already grappled with the problem to share their experiences and stimulate discussion.

In addition to the preferred TA group characteristics, the funder's existing network and experience in the field can influence the selection of program participants. For example, funders may opt for a first-come/first-served approach, in which interested organizations automatically enter the program if they meet certain criteria. Alternatively, the funder and/or program administrator could use a competitive application process to recruit a diverse set of participants. State Network administrators opted for a less formal application approach by initially conducting outreach to all 50 states and following up on expressions of interest with telephone interviews to determine how the states fit the program criteria.

A third option is a closed-network approach, in which the funder invites selected organizations to participate. Selection by invitation may be most appropriate for funders with strong networks who know potential participants or for those seeking a relatively homogeneous group. Although this approach is efficient and relatively easy to administer, it may exclude less familiar — but equally well-suited — program participants. For example, SHVS program administrators transitioned from network-based recruitment to

Considerations for Selecting Group TA Participants

- Funders should consider whether homogeneity or diversity along certain dimensions, such as organization size, geography, political climate, access to outside resources, or progress toward a particular goal, will enhance the TA experience of a group and its members.
- Expediency, fairness, and the availability of recruitment resources may affect a funder's decision to select program participants on a first-come/first-served basis, by competitive application, or by invitation.
- Organizational leaders, middle managers, and frontline staff could all be appropriate audiences for TA, depending on whether the TA is intended to help organizations formulate high-level strategy or perform specific activities.

a broader outreach strategy when they realized that many states outside the RWJF's networks met the SHVS inclusion criteria, such as having limited access to other TA resources.

Finally, funders need to consider the appropriate audience for the TA, such as whether to invite organizational leaders, middle managers, or front-line staff to participate in the TA program. Again, TA objectives should guide this choice. Projects tackling big-picture strategy or requiring high-level buy-in will be more successful engaging organizational leaders, even though these individuals often have many demands on their time. Smaller projects and those based on the sharing of best practices may benefit from engaging front-line workers — who may have more time to invest but less decision-making authority. Both State Network and SHVS programs hoped to initiate programmatic reforms, so they targeted senior staff, such as the head of a state agency or department, rather than junior or front-line staff.

What Are the Most Important Qualities for TA Providers?

Funders must identify organizations or individuals that can effectively deliver the right TA content to program participants. Depending on the program's content and structure, funders may seek TA providers with strong consulting experience, an academic or research focus, or experience working in the field of interest. The type of TA being delivered will also affect the qualities funders should look for in TA providers — for example, programs that deliver TA to groups may need to prioritize facilitation and listening skills. The RWJF prioritized TA providers who had content-area expertise, proven facilitation skills, and experience working directly in state or federal government.

The process that funders and program administrators use to select TA providers may depend on their own content experience and existing networks. Those who have worked within the content area may be able to select TA providers informally, such as through networking with foundation or program administrator contacts.

Finally, funders need to consider the appropriate audience for the TA, such as whether to invite organizational leaders, middle managers, or front-line staff to participate in the TA program. Again, TA objectives should guide this choice. Projects tackling big-picture strategy or requiring high-level buy-in will be more successful engaging organizational leaders, even though these individuals often have many demands on their time. Smaller projects and those based on the sharing of best practices may benefit from engaging front-line workers — who may have more time to invest but less decision-making authority.

Funders who are new to the subject matter or looking for a more formal structure may issue a request for proposals and identify criteria to assess TA providers' competencies and capacity to meet participants' needs. Because the RWJF had strong connections in the field, both State Network and SHVS relied on experienced TA providers from previous foundation initiatives.

After funders and program administrators have identified TA providers, they can use various

approaches to match the TA providers with participants. Programs seeking to address TA requests across a range of content areas and TA modes may benefit from State Network's approach, which allowed participants to seek ad-hoc assistance on issues as they arose. Early on, State Network administrators identified a core group of seven organizations that demonstrated expertise in various subject areas, and participants could request TA in any of these subject areas. Administrators hired additional TA providers when the core set could not address a specific state's needs. In contrast, SHVS program administrators selected TA providers based on individual participants' specific projects and goals. Though SHVS used a core set of TA providers to meet states' TA requests, states could opt to request a particular TA provider for their projects. If the program administrators had not worked with that TA provider previously, they conducted a vetting process to ensure the provider had the requisite expertise. If the state did not request a TA provider, administrators followed a process similar to State Network, drawing on their core TA providers and adding outside experts as needed.

Considerations for Selecting TA Providers

- Strong consulting experience, an academic or research focus, experience working in the field of interest, and group facilitation skills may be required or preferred qualifications in TA providers.
- Funders may select TA providers from their professional networks or by a competitive process, depending on internal requirements and familiarity with experts in the relevant fields.
- Matching TA providers to participants' needs depends on the size, specificity, and variety of the TA requests. For example, funders and program administrators may select a TA provider from a core set or encourage participants to suggest a provider familiar with their local context.

What Types of TA Formats Should Providers Offer?

Technical assistance can be delivered effectively in many forms, including written products such as issue briefs, reports, and toolkits, as well as phone calls, emails, webinars, in-person meetings, and peer-to-peer learning meetings. In State Network and SHVS, TA providers used all these modes to match the TA approach to the problem at hand based on the nature of the participant's request as well as the project's goals and audience. For example, in some SHVS projects, TA providers conducted project-specific webinars with the stakeholder community, such as insurers and providers, to try to gain collective buy-in on a particular initiative. State Network held annual, cross-site, in-person meetings to connect and engage with participants from other states.

Some TA modes lend themselves to particular projects. For example, in-person meetings and customized written products may be the best way to meet very specific needs, whereas issue briefs, webinars, and peer-to-peer learning opportunities may have wider applicability. Even highly customized TA projects can be leveraged or repurposed for a broader audience. For example, TA providers can develop individual TA products with broad appeal (for example, by using examples from a particular organization that resonate globally), or they can adapt individual TA products to make them generalizable (for example, turning a toolkit developed for a specific organization into a generic toolkit). Technical-assistance providers in State Network and SHVS used both of these approaches.

Participants in these programs did not express strong preferences about the TA modes used for individual TA, but they did have opinions about the best types of peer-to-peer learning opportunities. For individual TA projects, participants in both State Network and SHVS most valued TA providers' flexibility and use of multiple TA modes to address their needs and preferences. For peer-to-peer learning, respondents from both programs felt these opportunities were most valuable when they focused on targeted topics, involved a limited set of attendees invited for their relevant experience with the subject,

and allowed participants to engage in discussion rather than simply receive information. For example, participants preferred the SHVS small-group meetings on behavioral health integration issues and long-term services and supports to the program's broader 50-state convening.

How Will Funders Know Whether TA Is Working?

Evaluation is a critical but seldom used tool for helping TA participants, TA providers, and funders understand the quality and utility of TA. Depending on the foundation's goals and resources and where the TA program is in its life cycle, funders can consider using different types of evaluation, either independently or in combination:

- *Formative evaluations* are used when a program is being developed and launched, but can also continue throughout the life of the program as a method of quality improvement. They provide feedback about early implementation experiences and identify strategies that might improve program implementation.
- *Process evaluations* review how a program was implemented; whether it was adapted and, if so, why; and whether expected outcomes were reached and why or why not. They are useful for identifying and/or troubleshooting operational or process problems, especially (but not exclusively) before replicating the program.
- *Summative evaluations* are typically completed retrospectively to assess program effectiveness. Funders often use them to decide whether to continue to fund or end a program.
- *Outcome or impact evaluations* assess short- or long-term changes that result from TA, to help measure program effects (intended or not). Impact evaluations examine whether changes are attributable to the TA program.

Technical assistance can be delivered effectively in many forms, including written products such as issue briefs, reports, and toolkits, as well as phone calls, emails, webinars, in-person meetings, and peer-to-peer learning meetings.

Considerations for Selecting TA Formats

- Providers can deliver TA effectively in many formats, including written products such as issue briefs, reports, and toolkits, as well as phone calls, emails, webinars, in-person meetings, and peer-to-peer learning meetings.
- Providers should consider project type, topic, and participants' preferences when determining which TA formats to offer.
- TA participants appreciate flexible approaches to individual TA but may prefer targeted, small-group settings for peer-to-peer learning.

The RWJF commonly funds TA to build capacity and commissioned the evaluations of State Network and SHVS to identify the most and least valuable aspects of these TA programs and the preferred TA modes. To the extent possible, the RWJF also wanted to assess outcomes, to provide insights as to what the foundations' investment did (or did not) accomplish. As a result, we developed an interview protocol to assess these items and, where possible, to quantify outcomes from the programs and address other research questions of interest.

Funders should consider both the goals of evaluation efforts and the resources required, from funders and participants, when deciding on the types of evaluation activities to pursue and the

Considerations for Evaluating TA Programs

- Consider both funder and participant resources when deciding which types of evaluation and data-collection activities are appropriate for a TA program.
- Funders can use both formal and informal evaluation mechanisms to gather data to improve a TA program and inform future TA program development.

types of data to collect. In State Network and SHVS, TA program administrators tried to minimize the paperwork demands on potential participants for two reasons: to facilitate initiating TA quickly and because underresourced groups might perceive such requirements as a barrier. Investing in an up-front data-collection process, such as an application, enables funders to collect consistent information from all potential participants and may help them later identify patterns in characteristics of successful (or less successful) TA participants. Because State Network and SHVS decided not to require a substantial application, they had uneven baseline program data, which limited the scope of what could be learned from a retrospective assessment. For example, State Network program administrators did not require the participants to set goals, noting uncertainty on how ACA policy would play out politically in the participating states. However, even if the path is uncertain, it is possible to establish measurable and achievable TA goals. For example, among the 19 SHVS projects we examined, most participants in SHVS set modest goals focused on learning and capacity building, rather than on passage or implementation of a particular policy.

Building feedback mechanisms into a TA program is also useful for evaluative learning. For both State Network and SHVS, TA program administrators closely monitored the TA projects through monthly, individual check-in calls with participants and TA providers, and more informally by email. These communications helped identify problems with quality or other

aspects of TA, and if needed, enabled program administrators, TA providers, and participants to take steps to resolve them. Both TA providers and participants we interviewed noted that they appreciated this feedback style and found it worked efficiently. For example, SHVS administrators requested feedback from TA providers and participants about their experiences in the first phase of the project and used that experience to inform the second phase. Changes included giving precedence to states that typically have been less engaged with RWJF projects and prioritizing projects that were likely to yield more broadly applicable lessons.

Lessons Learned

Below we describe broader lessons from our evaluations of State Network and SHVS that funders might consider when designing and implementing TA programs.

Incorporate Flexibility Into TA Programs

Funders and TA providers may outline plans for TA based on early information and preferences, but they should be prepared to reevaluate and adapt these plans as needs change. We found that being flexible and responding to participants' evolving needs can enhance the experience for participants in both individual and group TA programs. It can also give participants a greater voice in determining their goals and identifying the resources they need to work toward those goals at their own pace, in a manner appropriate for their environment.

Our evaluations found that participant-driven TA programs designed to meet participants' needs, capacities, time frames, and environmental constraints can be highly effective and fulfilling for participants. Funders can consider offering flexibility by letting participants' priorities at least partially shape the TA topic agenda and allowing TA delivery modes to vary based on the subject matter and participants' preferences. This type of flexibility is an asset for program participants, as is the ability to adapt the TA extemporaneously based on changes in participants' circumstances.

Set Measurable Goals and Assess Progress Accordingly

Whether or not funders plan to evaluate TA programs, collecting some initial basic data from participants on their TA goals, motivations, capacity to engage in TA, and plans to measure or assess success can help funders assess participants' fit for TA programs and support learning. Such "before" data are easy to collect through program applications or screening interviews and may motivate participants to seriously weigh their own investment: do they have the time, interest, and support from colleagues and decision-makers at their organizations to engage in TA? Later, the funder can compare before and after data to assess program success and detect patterns about the types of participants who benefited from the TA.

Collect Feedback and Monitor TA to Ensure Quality

To the extent possible, high-quality TA is evidence-based; it also should be accessible, relevant, and timely from the participants' perspective. Funders and TA program administrators can use a variety of methods to monitor or improve TA quality:

- Conduct structured observations of TA webinars, conference calls, or in-person sessions, which can offer insight on TA providers' abilities to engage and facilitate the group.
- Provide rating score sheets or online surveys for observers and participants to complete.
- Maintain attendance records for TA sessions aimed at larger groups.

Integrating ongoing quality improvement into TA programs can provide valuable insights about what is working, and can offer ideas for changes to best meet participants' needs.

Final Thoughts

Funders will likely continue to use TA to expand organizations' capacity, identify solutions to problems, and develop strategies for long-term change. As the demand for TA grows, so does the

Building feedback mechanisms into a TA program is also useful for evaluative learning. For both State Network and SHVS, TA program administrators closely monitored the TA projects through monthly, individual check-in calls with participants and TA providers, and more informally by email. These communications helped identify problems with quality or other aspects of TA, and if needed, enabled program administrators, TA providers, and participants to take steps to resolve them.

importance of understanding what works well, for whom, and in what circumstances. In this article, we documented some considerations funders can keep in mind to develop strong TA programs, as well as some lessons based on our evaluations of two state-based TA programs. As the TA field grows, thoughtful program development, implementation, and evaluation will be essential to better understand how to deliver successful TA that is a worthwhile investment for funders. The recommendations offered in this article aim to promote conversation among funders about effective ways to invest their resources in TA programming.

Acknowledgments

We would like to thank Claire Gibbons and Kathy Hempstead of the Robert Wood Johnson

Foundation and Leslie Foster of Mathematica Policy Research Inc. for providing helpful input on an earlier draft of this article. We also thank the Robert Wood Johnson Foundation for supporting this work.

References

BLASE, K. (2009). *Technical assistance to promote service and system change: Roadmap to effective intervention practices* No. 4. Tampa, FL: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children.

BOAS, S. J., BISHOP, T. F., RYAN, A. M., SHIH, S. C., & CASALINO, L. P. (2014). Electronic health records and technical assistance to improve quality of primary care: Lessons for regional extension centers. *Healthcare*, 2(2), 103–106.

CHAPLE, M., SACKS, S., RANDELL, J., & KANG, B. (2016). A technical assistance framework to facilitate the delivery of integrated behavioral health services in federally qualified health centers (FQHCs). *Journal of Substance Abuse Treatment*, 60, 62–69.

ESCOFFERY, C., HANNON, P., MAXWELL, A. E., VU, T., LEEMAN, J., DWYER, A., ET AL. (2015). Assessment of training and technical assistance needs of colorectal cancer control program grantees in the U.S. *BMC Public Health*, 15(1).

FISCHER, L., ELLINGSON, K., MCCORMICK, K., & SINKOWITZ-COCHRAN, R. (2014). The role of the public health analyst in the delivery of technical assistance to state health departments for healthcare-associated infection prevention. *Medical Care*, 52(2) Suppl.1, S54–S59.

FIXSEN, D. L., BLASE, K. A., HORNER, R., & SUGAI, G. (2009). *Intensive technical assistance: Scaling up brief* No. 2. Chapel Hill, NC: FPG Child Development, University of North Carolina. Retrieved from <http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/SISEP-Brief2-Intensive-TA-02-2009.pdf>

KATZ, J., & WANDERSMAN, A. (2016). Technical assistance to enhance prevention capacity: A research synthesis of the evidence base. *Prevention Science*, 17(4), 417–428.

KEENER, D. C. (2007). *Toward a science of capacity building: An examination of technical assistance following a training program for prevention professionals*. Unpublished doctoral dissertation. Columbia, SC: University of South Carolina.

LE, L. T., ANTHONY, B. J., BRONHEIM, S. M., HOLLAND, C. M., & PERRY, D. F. (2014). A technical assistance model for guiding service and system change. *Journal of Behavioral Health Services & Research*, 43(3), 380–395.

NATIONAL TECHNICAL ASSISTANCE CENTER. (2000). *Effective technical assistance fact sheet*. Washington: U.S.

Department of Education, Office of Special Education Programs.

ROBERT WOOD JOHNSON FOUNDATION. (2011). *RWJF seeks coverage of 95 percent of all Americans by 2020*. Retrieved from <http://www.rwjf.org/en/library/articles-and-news/2011/05/rwjf-seeks-coverage-of-95-percent-of-all-americans-by-2020.html>

SOLER, M., COCOZZA, J. J., & HENRY, A. (2013). *Providing and receiving technical assistance: Lessons from Models for Change*. Washington: Center for Children's Law and Policy and National Center for Mental Health and Juvenile Justice. Retrieved from <http://www.modelsforchange.net/publications/591>

WESLEY, P. W., & BUYSSE, V. (1996). Supporting early childhood inclusion: Lessons learned through a statewide technical assistance project. *Topics in Early Childhood Special Education*, 16(4), 476–499.

Jennifer Lyons, M.A., is a health research analyst at Mathematica Policy Research Inc. Correspondence concerning this article should be addressed to Jennifer Lyons, Mathematic Policy Research Inc., 600 Alexander Park, Princeton, NJ 08540-6346 (email: jlyons@mathematica-mpr.com).

Sheila Dunleavy Hoag, M.A., is a senior researcher at Mathematica Policy Research Inc.

Cara Orfield, M.P.P., is a health researcher at Mathematica Policy Research Inc.

Sonya Streeter, M.P.H., is a senior health researcher at Mathematica Policy Research Inc.