CIRE Forum: Transforming Technical Assistance: Using Evidence to Enrich the Experience

Jan 22, 2015
Location
Washington, DC, and Online

Each year, the federal government makes a sizeable investment in technical assistance (TA) to improve program quality, yet standards and expectations for high quality TA are not well-defined. To be effective, TA must be relevant, engaging, and fact-based to help policymakers, program administrators, and direct services staff enhance their programs.

On Thursday, January 22, 2015, Mathematica’s Center for Improving Research Evidence (CIRE) hosted a research forum and webinar to explore the standards for effective TA. Evidence-based TA draws upon proven research techniques and products, which inform (1) the TA content, (2) the process of providing TA (based on adult learning principles), and (3) the measurement of the policy or program improvement (using, for example, implementation science methods or rapid-cycle evaluation).

An experienced panel of experts and practitioners led the discussion and conducted an interactive learning session, modeling adult learning principles:

- Ann Persen, Mathematica
- Michelle Derr, Mathematica
- Len Finocchio, Mathematica
- LaDonna Pavetti, Center on Budget and Policy Priorities
- Val Uccellani, Global Learning Partners

For more information, please contact CIRE@mathematica-mpr.com.
View the Event Video Online by Clicking Below

Forum Objectives

By the end of today, every participant will accomplish the following:

- Identify ways in which the TA you support or implement is already evidence-based.
- Explore two diverse examples of evidence-based TA (EBTA).
- Anticipate EBTA’s potential and ways to apply it more fully in your own work.
- Examine proven principles of adult learning.

CIRE Forum: Transforming Technical Assistance: Using Evidence to Enrich the Experience
Transforming Technical Assistance: Using Evidence to Enrich the Experience

Center for Improving Research Evidence Forum and Webinar

January 22, 2015

WELCOME AND OPENING REMARKS

Ann Person, Mathematica Policy Research

Ann Person, senior researcher and director of the Center for Improving Research Evidence (CIRE) at Mathematica, is an expert in postsecondary education and the school-to-work transition. She has a decade of experience designing approaches to produce and apply evidence for program improvement, particularly in postsecondary and workforce education. She has worked as a teacher and administrator and from 2009 to 2012, she served as senior program officer for research and data on the Bill & Melinda Gates Foundation's Postsecondary Success strategy. Dr. Person has a Ph.D. in human development and social policy from Northwestern University.

MODERATOR

Val Uccellani, Global Learning Partners

Val Uccellani, owner and senior partner at Global Learning Partners, specializes in designing events and programs to best engage individuals and organizations in productive and practical learning. Ms. Uccellani has managed a wide range of projects in the United States and in 17 other countries. She examines the needs and strengths of a group, draws on what has worked well in the past, and creates new programs to best suit each unique group and situation. Ms. Uccellani has been designing and facilitating learning events for more than 30 years. Recent clients include the Center on Budget and Policy Priorities, USAID, Farm Radio International, and Mathematica.

PANELISTS

Michelle Derr, Mathematica Policy Research

Michelle Derr is well-known for her ability to translate research findings into workable recommendations to improve public policy and practice. She specializes in assessing job and training initiatives targeted to public assistance clients, ex-offenders, people with disabilities, and other disadvantaged populations. Putting her knowledge into practice, she provides evidence-based technical assistance to states and local communities to help strengthen their initiatives. Dr. Derr has more than 15 years of experience studying public welfare programs, mostly focusing on quick-turnaround research on promising practices and policy implementation. She holds a Ph.D. in social work from the University of Utah.
Len Finocchio, Mathematica Policy Research

Len Finocchio is a senior health researcher with extensive experience in health care reform, Medicaid administration, philanthropy, health services research, and advocacy. Dr. Finocchio came to Mathematica in 2014 from the California Department of Health Care Services, where he served as associate director, managing the implementation of the Affordable Care Act for California’s Medicaid agency. He currently directs the Centers for Medicare & Medicaid Services’ Oral Health Initiative, an effort to improve access to quality dental care for children in Medicaid and the Children’s Health Insurance Program. Dr. Finocchio has a Dr.P.H. in health management and policy from the University of Michigan’s School of Public Health.

LaDonna Pavetti, Center on Budget and Policy Priorities

As vice president of family income support policy at the Center on Budget and Policy Priorities, LaDonna Pavetti oversees the center’s work analyzing poverty trends and assessing the nation’s income support programs, including Temporary Assistance for Needy Families (TANF). Before joining the center in 2009, Dr. Pavetti spent 12 years as a researcher at Mathematica, where she directed numerous projects examining various aspects of TANF implementation and strategies to address the needs of the hard-to-employ. Dr. Pavetti has an A.M. in social work from the University of Chicago and a Ph.D. in public policy from Harvard University’s Kennedy School of Government.
Transforming Technical Assistance: Using Evidence to Enrich the Experience

Center for Improving Research Evidence (CIRE) Forum
Washington, DC
January 22, 2015

Ann Person • Michelle Derr • Val Uccellani
Len Finocchio • LaDonna Pavetti
Welcome

Ann Person, CIRE director
About CIRE

- Designs and uses an array of scientific research and evaluation approaches in diverse settings

- Has more than 40 years of experience conducting a wide range of rigorous applied research using cutting-edge qualitative and quantitative methods

- Strives to bridge the gap between policy research and practice
CIRE Mission

• Build capacity to understand and use evidence
• Plan rigorous and relevant evaluations
• Improve research methods and standards
Today’s Presenters

Michelle Derr, Mathematica

Len Finocchio, Mathematica

LaDonna Pavetti, Center on Budget and Policy Priorities

Val Uccellani, Global Learning Partners
Evidence-Based Technical Assistance

Michelle Derr
Federal, state, and local governments invest millions in technical assistance (TA) to improve program quality.

Fiscal constraints place even greater importance on investments that increase program efficiency and effectiveness.

Quality standards for TA are not well-defined.

TA content often lacks analytic approach and research evidence.
Three Pillars of EBTA

• Drawing upon research evidence for TA content
  – Analytic assessments to identify policy and program needs
  – Policy and program recommendations based on research findings

• Using a TA process that includes proven methods to help adults learn and apply TA content
  – Methods include careful design of the learning “architecture,” achievement-based objectives, and intentional learner engagement

• Using evaluation techniques to measure the effectiveness of policy and program change and the overall success of the TA
Scan over the three pillars of EBTA as presented in your resource packet, page 1.

In what ways does the TA you deliver, support, or receive align with this description of EBTA?

What are you curious about?

- Webinar audience: please use group chat to exchange thoughts and questions
- In-person audience: please share in full group
Adult Learning and the Design of This Forum
Learning Design Process

- Learning Tasks
- Content
- Timing
- People
- Achievements
- Place
- Situation
- Anticipated Change
A Snapshot of Our Time Together

- Evidence-Based Technical Assistance: Framing and Reflection
- EBTA in Action: Two Perspectives
- EBTA Take-Aways
- Adult Learning Principles
Forum Objectives

By the end of today, every participant will accomplish the following:

• Identify ways in which the TA you support or implement is already evidence-based.
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• Anticipate EBTA’s potential and ways to apply it more fully in your own work.
• Examine proven principles of adult learning.
6 Evidence-Based Adult Learning Principles

Relevance
Transparency
Safety
Engagement
Productivity
Support
As you read the resource packet pages 2-3, consider:

Which principles have been most operative in your TA experience?
Evidence-Based Technical Assistance in Action | Perspective #1

Len Finocchio
Transforming Technical Assistance: Using Evidence to Enrich the Experience

Improving Access to Dental Services for Children in Medicaid and CHIP

Center for Improving Research Evidence

January 22, 2015

Len Finocchio, Dr.P.H., Senior Researcher
Project Director, CMS Oral Health Initiative
Evidence of the Problem

• Early Childhood Caries (ECC) is one of the most common preventable chronic diseases for children (Dyer et al, 2007)
  – ECC is an infectious and progressive disease starting primary in teeth; unaddressed ECC will continue into permanent teeth

• Among children 2-5 untreated ECC is more prevalent among:
  – Children in poverty (26%) than children above 200% FPL (12%)
  – Hispanic children of Mexican origin (29%) and non-Hispanic black children (24%) than among non-Hispanic white children (15%) (NCHS 2010)

• Among children 1 to 20 in Medicaid & CHIP, 48% received a preventive dental service in FFY 2013 and 23% received a dental treatment service (CMS 2015)

• Early preventive dental services for children contribute to lower treatment costs later in childhood (Lee et al, 2006)
CMS Oral Health Initiative

• The Centers for Medicare & Medicaid Services (CMS) is committed to improving access to dental and oral health services for children in Medicaid and the Children’s Health Insurance Program (CHIP)

• In 2010, CMS launched the Children’s Oral Health Initiative (OHI) and set goals for improvement by FFY 2015
  – Goal #1: Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a preventive dental service
  – Goal #2: Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a sealant on a permanent molar
Technical Assistance to States

• Five-state OHI Learning Collaborative in which states receive TA from clinical and policy experts, CMS, and other states
  – States supported to develop, implement, and measure action plans for reaching OHI goals

• Key strategy is the use of driver diagrams for planning objectives, drivers of change, and interventions
  – Includes using data to assess interventions

• Mathematica developing curriculum to help states improve collection and reporting of Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit dental data

• Center for Health Care Strategies developing Performance Improvement Plan tools for Medicaid managed care plans
  – Focused on achieving measurable objectives
<table>
<thead>
<tr>
<th>Aim</th>
<th>Primary drivers</th>
<th>Secondary drivers</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a sealant on a permanent molar.</td>
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</table>
## Assessing Interventions (1)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Intervention assessment</th>
<th>Specs / sources of assessment data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send practice-specific “report cards”—comparing a dental practice’s sealant application rate with that of peers—to Medicaid-contracted dental providers every six months. Include lists of patients in the target population at that practice who have not had this service.</td>
<td>• Percentage of Medicaid-contracted dental practices in the state receiving an email, report card, and non-utilization list every six months.</td>
<td>• Provider outreach department.</td>
</tr>
<tr>
<td>Pay a bonus to practices with an increase (measured every six months) in the percentage of Medicaid-enrolled children ages 6–9 who receive a sealant on a permanent molar.</td>
<td>• Change in percentage of Medicaid-contracted dental practices receiving a bonus every six months.</td>
<td>• Medicaid department/staff responsible for distributing payments.</td>
</tr>
<tr>
<td>Give practices a list of eligible patients who have not had a dental sealant.</td>
<td>• Lists completed for and given to each practice in the network.</td>
<td>• Provider network reps to confirm.</td>
</tr>
</tbody>
</table>
## Assessing Interventions (2)

<table>
<thead>
<tr>
<th>Secondary driver</th>
<th>Goal/baseline</th>
<th>Data specifications</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased dental provider motivation to apply sealants for the target population.</td>
<td>50% of providers receive bonus payment at each six-month mark.</td>
<td>Percentage/number of Medicaid-contracted providers receiving a bonus every six months.</td>
<td>Medicaid program data.</td>
</tr>
<tr>
<td>Improved provider ability to identify targeted children eligible for the service.</td>
<td>50% of providers receive bonus payment at each six-month mark.</td>
<td>Percentage/number of Medicaid-contracted providers receiving a bonus every six months.</td>
<td>Medicaid program data.</td>
</tr>
<tr>
<td></td>
<td>95% of providers got a list of eligible patients who had not had a dental sealant.</td>
<td>Percentage/number of Medicaid-contracted providers receiving a list.</td>
<td>Practice outreach records maintained by contracted dental plans.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Driver</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Increased number of sealants applied in dental practices.</td>
<td>Overall increase of 10% every six months.</td>
<td>Rate of dental sealant application for children ages 6–9 in Medicaid.</td>
<td>Provider claims data.</td>
</tr>
</tbody>
</table>
Evidence-Based Interventions

- American Dental Association Center for Evidence-Based Dentistry

- CMS report: *Innovative State Practices for Improving The Provision of Medicaid Dental Services*

- Increasing reimbursement rates attract dentists to Medicaid (NASHP 2006)

- “Crowd-Sourcing” - relying on what was financially and politically *feasible* in other states
Total children (enrolled in Medicaid/CHIP for at least 90 days) receiving:

- **Line 12a**: any dental service (by or under supervision of dentist)
- **Line 12b**: a preventive dental service (by or under supervision of dentist)
- **Line 12c**: a dental treatment service (by or under supervision of dentist)
- **Line 12d**: a sealant on a permanent molar tooth (by any type of dental provider)
- **Line 12e**: a dental diagnostic service (by or under dentist supervision)
- **Line 12f**: an oral health service provided by a non-dentist (not under supervision of dentist)
- **Line 12g**: any dental or oral health service (12a+12f)
Challenges with Form CMS-416 Data

- Poor data quality = poor evidence, unreliable for planning
- Confusion about proper coding
- Problematic encounter data from some Medicaid providers (e.g. Federally Qualified Health Centers, managed care organizations)
- Not understanding numerators vs. denominators
- Time lag with data reporting
- Oral Health Initiative solution to improve data:
  - Web-based curriculum with step-by-step modules for states to improve the completeness and quality of CMS-416 dental data
Lessons

• Many use “evidence” in a fast and loose way

• “Evidence” is more than findings related to effectiveness (e.g., “what worked in other states?”)

• Need to expand the evidence base of state policy and organizational interventions

• “Natural experiment” opportunities from policy changes:
  – Adding an optional adult dental benefit
  – Expanding Medicaid to childless adults

• If evidence shows that policy changes result in higher costs, that may trump all other evidence
For More Information

Len Finocchio, Dr.P.H.
Senior Researcher
Project Director, Oral Health Initiative
lfinocchio@mathematica-mpr.com
Reflection Questions

How does this example expand your perspective on TA?

What questions does it raise for you?

• Webinar audience: please use group chat to exchange thoughts and questions
• In-person audience: please share in full group
Evidence-Based Technical Assistance in Action | Perspective #2

LaDonna Pavetti
Evidence-Based Technical Assistance in Practice:

Using Executive Function Concepts and Principles to Develop New Approaches to Delivering Employment Services for Disadvantaged Adults

LaDonna Pavetti
Vice President for Family Income Support

Transforming Technical Assistance: Using Evidence to Enrich the Experience
Center for Improving Research Evidence Forum and Webinar
Mathematica Policy Research
January 22, 2015
The Technical Assistance Challenge

• Can we use executive function concepts and principles to improve the effectiveness of employment programs that serve disadvantaged adults?
Temporary Assistance for Needy Families (TANF) as an Example: The Context

- Modest success, even in the most effective employment programs
- A tough labor market
- Declining employment among single mothers with high school education or less
- Cash assistance provided to very few families—employment is the only route out of poverty
Even the Most Successful TANF Employment Programs Do Little to Increase Employment Stability

Impact of Select Employment Programs on Employment Stability

% Employed in four consecutive quarters

<table>
<thead>
<tr>
<th>Program</th>
<th>Treatment</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland (OR)</td>
<td>38.2**</td>
<td>33.6</td>
</tr>
<tr>
<td>Riverside (CA)</td>
<td>26.3***</td>
<td>23.2</td>
</tr>
<tr>
<td>LA Jobs First (CA)</td>
<td>30.1***</td>
<td>22.9</td>
</tr>
<tr>
<td>MFIP (MN)</td>
<td>34.2**</td>
<td>25.7</td>
</tr>
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</table>

Note: **/***/*** Significantly different from zero at the .10/.05/.01 level, two tailed test.
Outside Forces Created the Impetus for an Exploration of New Ideas

- Recognition of the limits of early childhood interventions—and the long-term cost of not doing more to improve the caregiving environment
- An interest in two-generation approaches: Can we improve the outcomes of children and their parents simultaneously?
- Innovators on the ground with promising outcomes:
  - Mobility Mentoring (Crittenton Women’s Union)
  - MOMS Partnership (Collaboration led by Yale Child Study Center)
From the Frontiers of Innovation, Harvard Center on the Developing Child:

- Protecting children from the impacts of toxic stress requires **selective skill building**—not simply the provision of information and support—for the adults who care for them;

- Interventions that improve the caregiving environment by **strengthening the executive function and self-regulation skills** of parents will also enhance their employability, thereby providing an opportunity to augment child outcomes by strengthening the economic and social stability of the family; and

- Community-based initiatives and **broad-based systems approaches** are likely to be more effective in promoting healthy development and reducing intergenerational disparities if they focus explicitly on strengthening neighborhood-level resources and capacities that buffer young children from the adverse impacts of toxic stress.
• What are executive function skills, and what is their relevance to employment programs?
• What evidence do we have that executive function skills can be improved or that otherwise paying attention to them will produce better outcomes for adults?
• Are there evidence-based interventions from other fields that can be adapted to employment service programs?
Evidence from the TANF World That Moving in New Directions Could Yield Positive Results

Impact of Building Nebraska’s Families (Individualized Life Skills Education Home Visiting Program) on TANF Recipients with Substantial Barriers

Looking for Answers Outside of Familiar Worlds

Neuroscience
Cognitive Behavioral Therapy
Child Welfare
Learning Disabilities
Goal-Setting
Behavioral Economics
ADHD
Mindfulness
Self-Regulation
Trauma-Informed Care
Life Skills Training
Grit
Coaching

www.cbpp.org
Lessons Learned

• Academic research is relevant to the program world, but it requires lots of translation

• Practice knowledge from other worlds that is rooted in theory is extremely valuable

• Looking outside of familiar worlds can provide a fresh perspective through which to try and improve program effectiveness

• Research and evidence can change buzzwords into new ideas worth implementing and testing
What’s Next?

- Develop a new intervention that draws on evidence from multiple fields; key component is evidence-based approach to goal-setting and achievement
- Identify a few states to be R&D partners
- Develop tools practitioners can use to implement the model
- Provide guidance on using the tools to ensure the model is implemented with fidelity
- Rigorously evaluate the model to generate new evidence and contribute to the field
Reflection Questions

How does this example expand your perspective on TA?

What questions does it raise for you?

- Webinar audience: please use chat to exchange thoughts and questions
- In-person audience: please share in full group
Why EBTA?

• Raises expectations and standards for the TA content, process, and evaluation

• Enhances relationships between research and practice communities, improving TA resources and quality

• Improves the efficiency and effectiveness of government programs

• Furthers a research agenda that is relevant and useful to practitioners
Three Pillars of EBTA

- Drawing upon research evidence for TA content
- Using a TA process that includes proven methods to help adults learn and apply TA content
- Using evaluation techniques to measure the effectiveness of policy and program change and the overall success of the TA
EBTA in Your World

- We hope this brief session has inspired and motivated you.

- What final questions or thoughts do you have for us about EBTA?

- What do you want to share, do, or discover next?
Adult Learning Principles
Operating in This Forum

Relevance
Transparency
Safety
Engagement
Productivity
Support
A Learning Sequence: The Four-A Model

Welcome and The Design of this Forum

Evidence-based Technical Assistance (EBTA): Framing and Reflection

EBTA in Action: Two Perspectives

EBTA Take-Aways

Adult Learning Principles and Sequence

A Snapshot of Our Time Together

Anchor

Apply

Add

Away
A Learning Sequence: The 4A Model

As you read page 4 in the resource packet, consider:

How might the principles and sequence of this forum inspire your own work?
For More Information

- **Mathematica’s Center for Improving Research Evidence**
  
  CIRE@mathematica-mpr.com

- **Ann Person**
  
  aperson@mathematica-mpr.com
What Is Evidence-Based Technical Assistance (EBTA)?

1. **Content**
   Effective TA is based on reliable evidence about what works. With EBTA, TA content is identified using a rigorous, systematic assessment of policy and program needs. After this content is identified, TA providers work with programs to determine their goals and areas for improvement. TA providers then review high quality research to provide evidence-based recommendations for program improvement. Together, the TA provider and programs develop a customized action plan for implementing program change.

2. **Process**
   To be transformational, the content delivered by TA providers must be accessible and relevant to the recipients. EBTA is based on proven methods for how adults learn best. These methods increase how much the TA recipients learn, retain, and use the information. Adult learning methods include careful meeting design, participant engagement, clear objectives, a supportive learning environment, and recognition of and support for different learning styles. These methods enhance the quality of the TA provider’s interactions with recipients, making trainings, telephone calls, peer-to-peer collaborations, and meetings more productive. Written TA products such as practice briefs and toolkits should also incorporate these methods, communicating the most relevant points to the audience in an accessible way.

3. **Evaluation**
   The ultimate goal of EBTA is to inspire changes and innovations that improve programs. Using rigorous evaluation techniques such as rapid-cycle evaluation or implementation science can help TA providers gauge their success in meeting this goal. Rapid-cycle evaluation—including randomized controlled trials using existing administrative or other data—can be conducted relatively easily and quickly. Implementation science may be used to test program fidelity, or whether a change was implemented consistently and correctly. Data analytics can also be useful for informing and tracking program change. The findings from these types of evaluations can provide useful feedback to the program and build the knowledge base for the field.
Six Evidence-based Adult Learning Principles

Relevance
We are more likely to learn and remember content that we perceive is valuable for us in our life or work now. Learning designers need to know our worlds well enough to prioritize what is truly relevant.

Transparency
Learning will be most effective when everyone involved is equally clear about the purpose, objectives and intended outcomes. As designers and facilitators, it is wise to be transparent (never secretive) about the current situation as we see it, the data we are working with, and the process we have planned for moving forward.

Safety
Safety and challenge both contribute to learning. Safety allows us to say what we really believe, to offer our own experiences even if they don’t fit the “recommendations,” to share our own doubts or concerns about what is being presented. Safety is created – or destroyed - in a variety of ways. Watch for it.

Engagement
An engaging event is distinct from a participatory one. Engagement is about creating intentional opportunities for learners to interact with each other, and with the “trainers” or “moderators” around the content they are learning.

Productivity
When we produce something in the course of our learning, we internalize it - and enhance it. Our products go beyond what was “fed” to us by trainers or moderators, but are new creations based on our experiences, insights and (possibly) collaboration. This need

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for productivity in the learning process is supported and explained by the brain-based research of Dr. James Zull².

Support

There are endless ways to support us, as learners, to be successful. Support may come in the form of a graphic to help us recall or process new content. It may take the form of structured tasks that challenge and reward us for our efforts. The key is to provide just enough to support – but not so much as to “steal the learning”.

The 4-A Learning Sequence

1. ANCHOR the content within the learner’s experience.
   - ANCHOR—a task that has the learner access their own prior knowledge or experience with the topic/content or similar experience.

2. ADD new information
   - ADD—a task that has the learner hear/see/experience a substantive new piece of content: information, research, theory, skill.

3. Invite the learner to APPLY the content in a new way or situation:
   - APPLY—a task that has the learner do something (there and then) with the new content.

4. Ask the learner to decide what she will take AWAY and how she will use this learning in the future.
   - AWAY—a task that connects the new learning back to the life of the learner and its future use.

When you’re designing any kind of learning event—a workshop, seminar, class, meeting—one of the most important components of your design is your learning tasks, those elements of the event in which the learners do something with the content they’ve set out to learn. For learning that lasts, use the 4-A Model, a foolproof tool.

Evidence-Based Technical Assistance (EBTA) in Action: Two Examples

Example 1: Len Finocchio, Dr.P.H., Mathematica Policy Research
Improving Access to Dental Services for Children in Medicaid and the Children’s Health Insurance Program (CHIP)

Dr. Finocchio is leading a multifaceted project to help the Centers for Medicare & Medicaid Services (CMS) and states efficiently meet the goals of CMS’s Oral Health Initiative. This initiative seeks to increase by 10 percentage points (1) the share of Medicaid and CHIP children ages 1 to 20 who receive a preventive dental service and (2) the share of Medicaid and CHIP children ages 6 to 9 who receive a sealant on a permanent molar. Partnering with CMS, state Medicaid and CHIP programs, and other stakeholders, Dr. Finocchio and his team will provide EBTA to states to help them develop their oral health action plans. The team will develop and deliver web-based trainings, distribute oral health resources, and design analytic tools to track trends in the use of preventive dental services. The team will also develop a Medicaid dental contracting toolkit.

Example 2: LaDonna Pavetti, Ph.D., Center on Budget and Policy Priorities
Using Executive Function Concepts and Principles to Develop New Approaches to Delivering Employment Services for Disadvantaged Adults

Much of the recent work Dr. Pavetti has done at the Center on Budget and Policy Priorities has focused on helping states to improve their employment programs for recipients of Temporary Assistance for Needy Families. Inspired by the Frontiers of Innovation Project (led by the Harvard Center on the Developing Child) and with funding from the Annie E. Casey Foundation, Dr. Pavetti has spent the last year and a half exploring whether and how the research on “executive function” emerging from many fields could be used to create new service delivery models that could enhance employment outcomes. This work is informed by a group of workforce and human service practitioners seeking to improve their programs and by academic researchers interested in having their research influence employment and other outcomes for disadvantaged families.