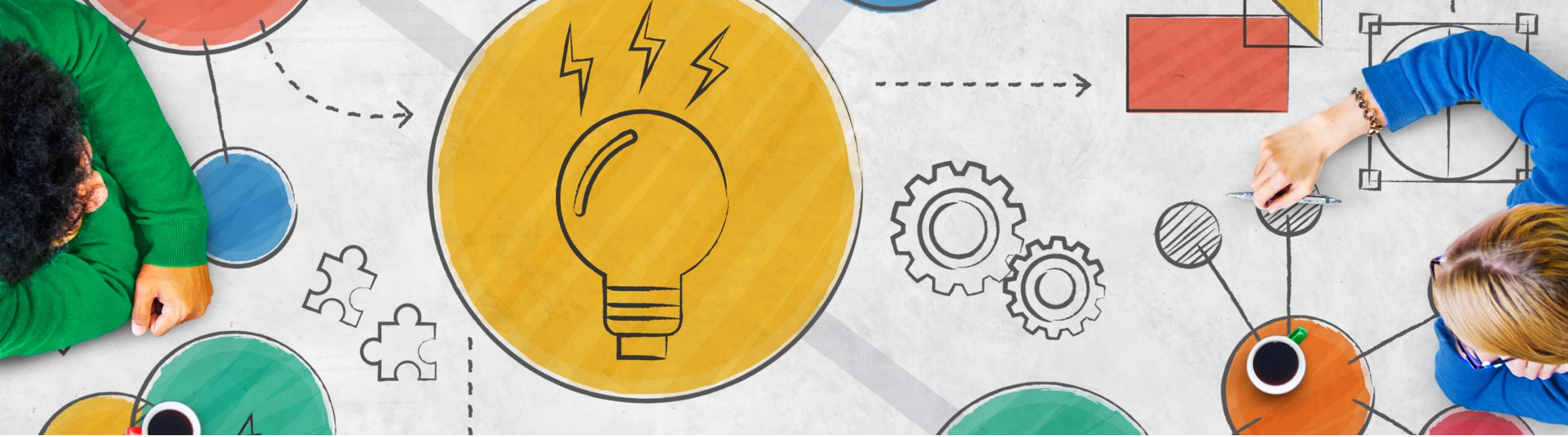


Evidence in Policymaking: Resource Overview

Laura Kramer | MMB's Results Management Team

Weston Merrick | MMB's Results Management Team

MANAGEMENT AND BUDGET

Minnesota is one of 2 states to be named a **leading state** in using evidence to advance policy 5 straight years.

(Results for America – 2019-23)

Results Management Mission

Help policymakers and practitioners use data and research to improve the well-being of Minnesotans.

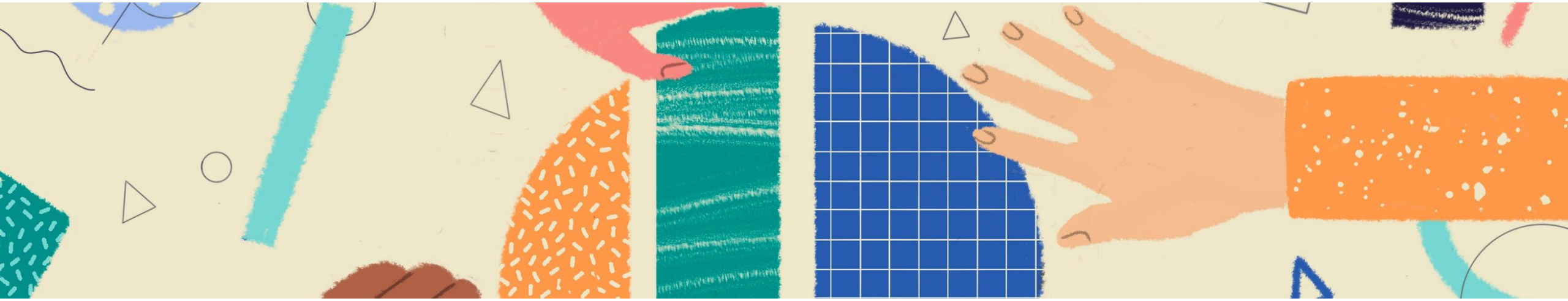
Three Primary Areas of Work

Data-informed Interagency Work

Evidence in Practice

Impact Evaluation

MANAGEMENT AND BUDGET



Using Evidence in Policymaking Resources

Evidence in Practice

Evidence in Practice

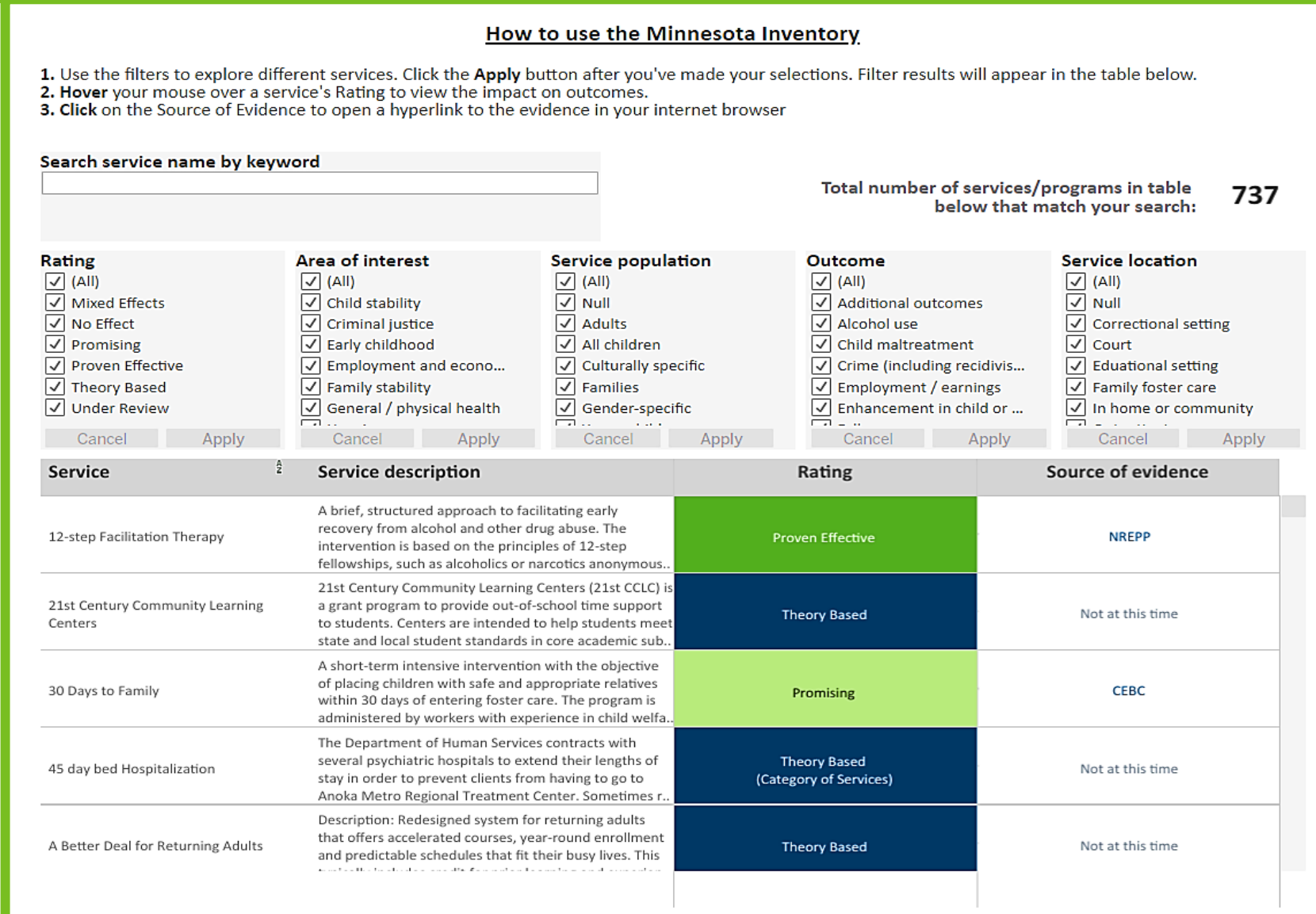
Building awareness and use of existing evidence among policymakers to increase the impact of state activities and investments.

- We provide leadership, expertise, and resources to support evidence-based policymaking, serving as an expert on defining and helping others understand what evidence exists in state investments.
- We assist agencies and grantees in identifying and developing reporting tools for performance measures to increase the impact of grantmaking.

What proposals are supported by evidence?

Minnesota Inventory: clearinghouse of more than 700 Minnesota programs with ratings on whether they produce evidence-based outcomes for participants.

https://mn.gov/mmb/results-first/inventory/



How to use the Minnesota Inventory

1. Use the filters to explore different services. Click the **Apply** button after you've made your selections. Filter results will appear in the table below.
2. Hover your mouse over a service's Rating to view the impact on outcomes.
3. Click on the Source of Evidence to open a hyperlink to the evidence in your internet browser

Search service name by keyword

Total number of services/programs in table below that match your search: 737

Rating	Area of interest	Service population	Outcome	Service location
(All)	(All)	(All)	(All)	(All)
Mixed Effects	Child stability	Null	Additional outcomes	Null
No Effect	Criminal justice	Adults	Alcohol use	Correctional setting
Promising	Early childhood	All children	Child maltreatment	Court
Proven Effective	Employment and econo...	Culturally specific	Crime (including recidivis...	Eduational setting
Theory Based	Family stability	Families	Employment / earnings	Family foster care
Under Review	General / physical health	Gender-specific	Enhancement in child or ...	In home or community
Cancel Apply	Cancel Apply	Cancel Apply	Cancel Apply	Cancel Apply

Service	Service description	Rating	Source of evidence
12-step Facilitation Therapy	A brief, structured approach to facilitating early recovery from alcohol and other drug abuse. The intervention is based on the principles of 12-step fellowships, such as alcoholics or narcotics anonymous..	Proven Effective	NREPP
21st Century Community Learning Centers	21st Century Community Learning Centers (21st CCLC) is a grant program to provide out-of-school time support to students. Centers are intended to help students meet state and local student standards in core academic sub..	Theory Based	Not at this time
30 Days to Family	A short-term intensive intervention with the objective of placing children with safe and appropriate relatives within 30 days of entering foster care. The program is administered by workers with experience in child welfa..	Promising	CEBC
45 day bed Hospitalization	The Department of Human Services contracts with several psychiatric hospitals to extend their lengths of stay in order to prevent clients from having to go to Anoka Metro Regional Treatment Center. Sometimes r..	Theory Based (Category of Services)	Not at this time
A Better Deal for Returning Adults	Description: Redesigned system for returning adults that offers accelerated courses, year-round enrollment and predictable schedules that fit their busy lives. This	Theory Based	Not at this time

Are proposals supported by evidence?

Legislators can request a brief or full review of the independent evidence on whether a program or policy is effective, ineffective, or indeterminate.

- **Example 1: Review of EBPs Gov., House, and Senate Positions (annual)**: Review all positions to determine what is annual based; in 2023, this totaled $1.4B in new spending.
- **Example 2: ReSET-O** (2022): Reviewed the impact of an app to assist in treating of individuals with opioid use disorder, finding a lack of research that supported efficacy.
- **Example 3: Loan forgiveness** (2023): Found these programs increase rural attraction of doctors, nurses, and teachers, but we need new research on other outcomes and professions specific to Minnesota's implementation.

How can we increase the odds programs succeed?

- In 2023, the Legislature directed MDH and DHS to consult with MMB to identify grant performance measures and evaluation opportunities (2023, Ch. 70, Article 15, Sec. 11).
  - In other words, how do we ensure grants have and report high-quality measures to understand program impact.
- 20 grant programs met the criteria for consults with MMB.

Consultation Measure Examples

Type of Measure	Measure category	Measure example
Output	Supplies	Number of sterile syringes and other safer use kits distributed.
Output	Service received	Numbers of participants receiving housing assistance by type of assistance provided during each reporting period.
Outcome	Grantee capacity	Percent change in score on grantee organizational capacity assessment from beginning of grant period to end of grant period.
Outcome	Service impact	#/% of participants newly housed during reporting period.

Implementation Update

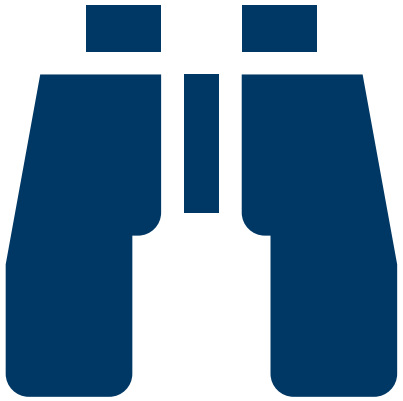
Early Successes

- Nine initial grant consults with MMB are complete with 11 underway.
- Building understanding and awareness of value within and outside of qualifying grant programs.
- Pursuing follow-on opportunities to implement use of measures across the grant lifecycle.

Early Lessons

- Current legislation uses narrow selection criteria to identify which grants are subject to consults.
- Grant programs benefit from ongoing evaluation and impact measurement support.
- Efforts would benefit from additional time for collaboration.

Impact Evaluation



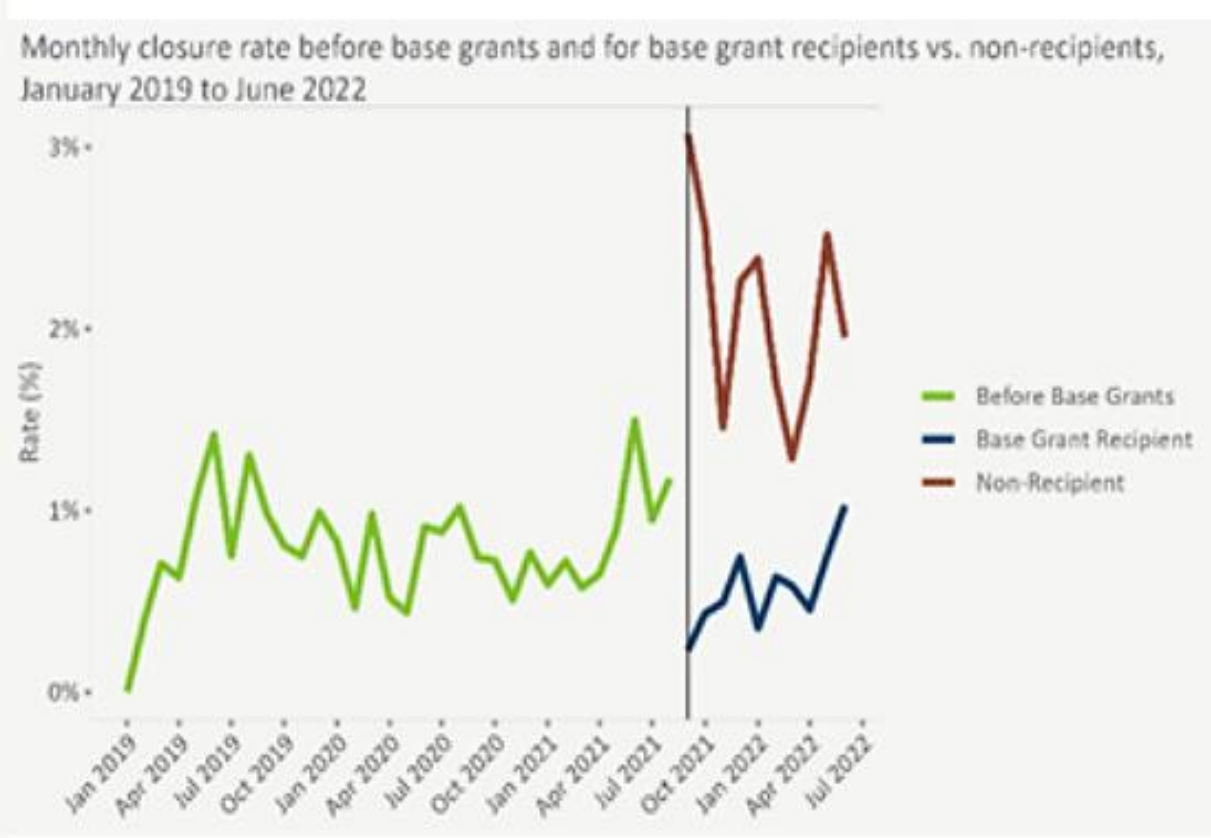
Impact Evaluation

Partnering with agency leaders and practitioners to build new evidence and understand the impact of state investments on the wellbeing of Minnesotans.

- We collaborate with state agencies and external partners to evaluate and produce high quality research on the impact of state investments, for whom, and under what circumstances.
- Use administrative data to conduct complex original research on our pressing policy questions.
- The team specializes in Impact Evaluations that seek to rigorous examine program impact, relative to similar individuals that do not participate.

Do we know if what we did worked?

- Since 2019, bipartisan legislation has supported the study of whether or not our investments are getting the outcomes we expect.
  - A dozen completed evaluations with 10 more underway, including in Childcare, Criminal Justice, Medications for Opioid Use Disorder, and Perinatal Health.
  - Projects collaborate closely with decision-makers to ensure the results can be used to improve outcomes.

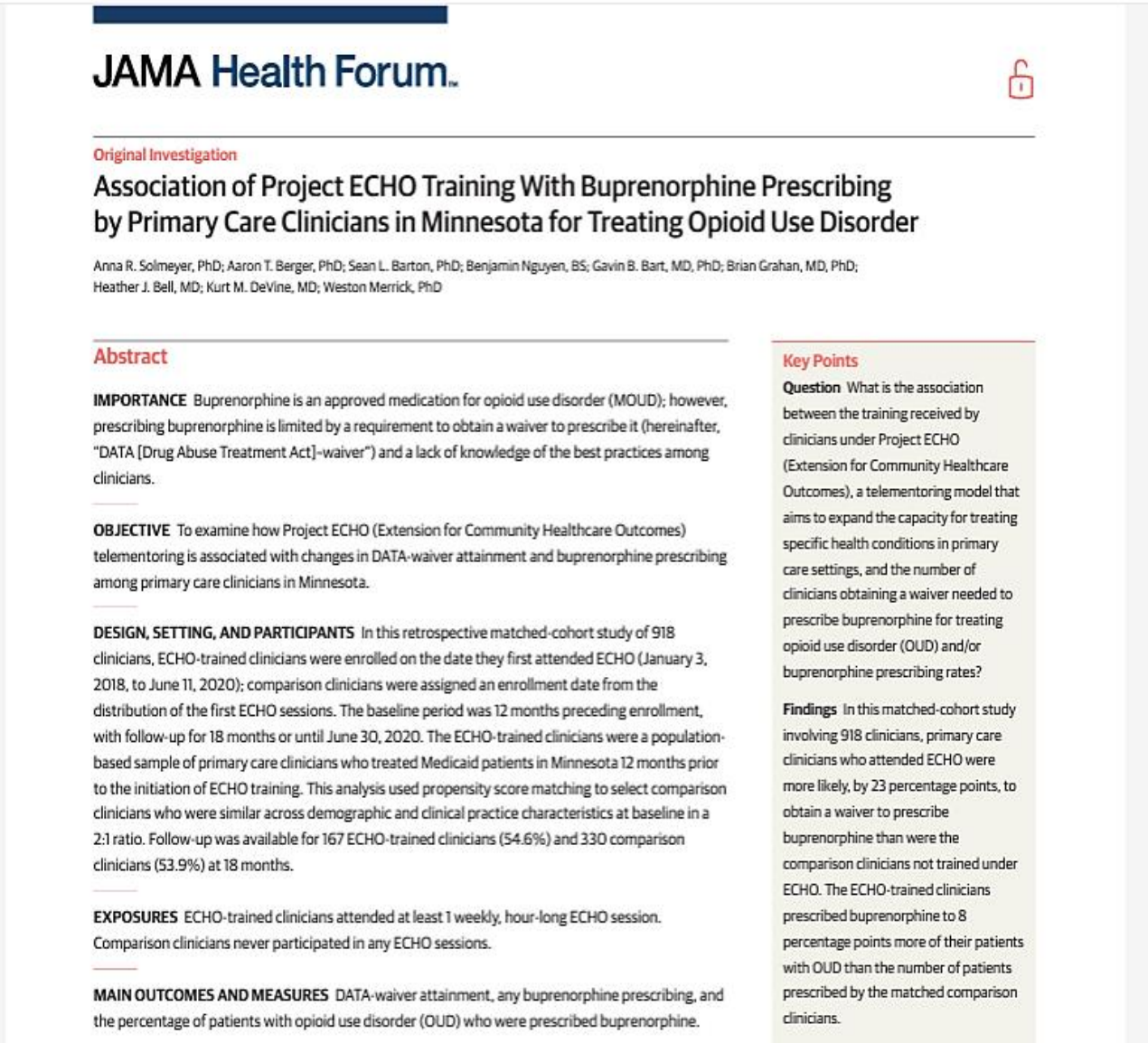


Evaluation of Childcare Stabilization Grants (2022)

How do we design a policy with evaluation in mind?

- MMB can provide rapid-cycle technical assistance to ensure the legislature gets back evaluations that meet their goals.
  - MMB provided TA for legislative text to understand the impact of a new SUD-related Medicaid Benefit pilot.
  - MMB help design state, county, and city performance measures and reporting for the Opioid Settlement Agreement (first full reporting due from jurisdictions April 2024).

https://mn.gov/mmb/impact-evaluation



JAMA Health Forum

Original Investigation

Association of Project ECHO Training With Buprenorphine Prescribing by Primary Care Clinicians in Minnesota for Treating Opioid Use Disorder

Anna R. Solmeyer, PhD; Aaron T. Berger, PhD; Sean L. Barton, PhD; Benjamin Nguyen, BS; Gavin B. Bart, MD, PhD; Brian Grahan, MD, PhD; Heather J. Bell, MD; Kurt M. DeVine, MD; Weston Merrick, PhD

Abstract

IMPORTANCE Buprenorphine is an approved medication for opioid use disorder (MOUD); however, prescribing buprenorphine is limited by a requirement to obtain a waiver to prescribe it (hereinafter, "DATA [Drug Abuse Treatment Act]-waiver") and a lack of knowledge of the best practices among clinicians.

OBJECTIVE To examine how Project ECHO (Extension for Community Healthcare Outcomes) telementoring is associated with changes in DATA-waiver attainment and buprenorphine prescribing among primary care clinicians in Minnesota.

DESIGN, SETTING, AND PARTICIPANTS In this retrospective matched-cohort study of 918 clinicians, ECHO-trained clinicians were enrolled on the date they first attended ECHO (January 3, 2018, to June 11, 2020); comparison clinicians were assigned an enrollment date from the distribution of the first ECHO sessions. The baseline period was 12 months preceding enrollment, with follow-up for 18 months or until June 30, 2020. The ECHO-trained clinicians were a population-based sample of primary care clinicians who treated Medicaid patients in Minnesota 12 months prior to the initiation of ECHO training. This analysis used propensity score matching to select comparison clinicians who were similar across demographic and clinical practice characteristics at baseline in a 2:1 ratio. Follow-up was available for 167 ECHO-trained clinicians (54.6%) and 330 comparison clinicians (53.9%) at 18 months.

EXPOSURES ECHO-trained clinicians attended at least 1 weekly, hour-long ECHO session. Comparison clinicians never participated in any ECHO sessions.

MAIN OUTCOMES AND MEASURES DATA-waiver attainment, any buprenorphine prescribing, and the percentage of patients with opioid use disorder (OUD) who were prescribed buprenorphine.

Key Points

Question What is the association between the training received by clinicians under Project ECHO (Extension for Community Healthcare Outcomes), a telementoring model that aims to expand the capacity for treating specific health conditions in primary care settings, and the number of clinicians obtaining a waiver needed to prescribe buprenorphine for treating opioid use disorder (OUD) and/or buprenorphine prescribing rates?

Findings In this matched-cohort study involving 918 clinicians, primary care clinicians who attended ECHO were more likely, by 23 percentage points, to obtain a waiver to prescribe buprenorphine than were the comparison clinicians not trained under ECHO. The ECHO-trained clinicians prescribed buprenorphine to 8 percentage points more of their patients with OUD than the number of patients prescribed by the matched comparison clinicians.

For any questions or requests, reach us at ResultsManagement@state.mn.us.