The State of Evidence-Based Policymaking

March 10, 2017
The study’s goals

• Explore how states engage in evidence-based policymaking
• Identify and quantify specific actions that embody this approach
• Use findings to categorize states and highlight best practices
Methods

Six actions of evidence-based policymaking

Define levels of evidence

Inventory existing programs

Require action through state law

Compare program costs and benefits

Target funds to evidence-based programs

Report outcomes in the budget

assessed in four policy areas

Behavioral Health
Programs to improve mental health and decrease substance abuse

Child Welfare
Programs to reduce the incidence of child maltreatment

Criminal Justice
Programs to reduce recidivism of convicted offenders

Juvenile Justice
Programs to reduce recidivism of adjudicated youth
Define levels of evidence
Define levels of evidence

Nebraska

Model Program / Full Evidence Based Program:
- Program demonstrates effectiveness with a randomized experimental study or two quasi-experimental studies
- At least one independent replication

Promising Program:
- Program demonstrates effectiveness with a randomized experimental study or two quasi-experimental studies
- No replication has been done

Paraphrased; see Nebraska Commission on Law Enforcement and Criminal Justice, 2015, http://nebula.wsimg.com/f9b0bb1a9f5708309898fde2ead99083?AccessKeyId=FA75F2AA61BF1439B28C&disposition=0&alloworigin=1
Inventory existing programs
# Inventory existing programs

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Program Name</th>
<th>Average Duration</th>
<th>Number Served</th>
<th>Average Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-Based</td>
<td>Adult Basic Education Program (Spec. Ed, GED, Basic Lit.)</td>
<td>Academic year</td>
<td>868</td>
<td>35</td>
</tr>
<tr>
<td>Evidence-Based</td>
<td>Adult Drug Court</td>
<td>12 months (can be longer for some participants)</td>
<td>91</td>
<td>33</td>
</tr>
<tr>
<td>Evidence-Based</td>
<td>Correctional Industries</td>
<td>Open-ended; dependent on release date</td>
<td>905</td>
<td>35</td>
</tr>
<tr>
<td>Evidence-Based</td>
<td>Domestic Violence Prevention Group</td>
<td>12 sessions (3 months)</td>
<td>216</td>
<td>35</td>
</tr>
<tr>
<td>Evidence-Based</td>
<td>Drug Testing</td>
<td>3 years with option to renew on an annual basis for 2 years</td>
<td>475</td>
<td>35</td>
</tr>
<tr>
<td>Promising</td>
<td>Rhode Island Veterans Treatment Court</td>
<td>7 to 9 months</td>
<td>41</td>
<td>36</td>
</tr>
<tr>
<td>Promising</td>
<td>Sex Offender Treatment in Prison</td>
<td>Varies on clinical picture and risk level</td>
<td>250</td>
<td>44</td>
</tr>
</tbody>
</table>

Source: Rhode Island Office of Management and Budget, “Results First—Adult & Juvenile Justice Program Inventory” (March 12, 2014).

© 2017 The Pew Charitable Trusts
Compare program costs and benefits
Compare program costs and benefits

### Kansas Correctional Program Consumer Reports Analysis

**Actual Budget | FY 2012**

<table>
<thead>
<tr>
<th>Assessed Programs</th>
<th>Cost Per Participant</th>
<th>Benefits per Participant</th>
<th>Cost-Benefit Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking for a Change (T4C)</td>
<td>$317</td>
<td>$5,158</td>
<td>$16.33</td>
</tr>
<tr>
<td>Offender Workforce Development Services (OWDS)</td>
<td>$317</td>
<td>$3,017</td>
<td>$9.55</td>
</tr>
<tr>
<td>Drug Treatment (Prison)</td>
<td>$3,338</td>
<td>$7,152</td>
<td>$2.15</td>
</tr>
<tr>
<td>Sex Offender Treatment Program (Prison)</td>
<td>$3,381</td>
<td>$7,217</td>
<td>$2.14</td>
</tr>
<tr>
<td>Drug Treatment (Community)</td>
<td>$3,625</td>
<td>$9,021</td>
<td>$2.50</td>
</tr>
</tbody>
</table>
Report outcomes in the budget
Oklahoma

The Department of Mental Health & Substance Abuse Services’ Drug Court program showed:

- Reduced recidivism rates of 6.5% for graduates vs. 23.4% for released inmates
- Reduced unemployment and increased monthly income of 92.2% and 100.6%, respectively

Target funds to evidence-based programs
Ohio

In SYF 2016, 100% of all programs funded were evidence-based

<table>
<thead>
<tr>
<th>Evidence Level</th>
<th>% of Programs Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-supported</td>
<td>26%</td>
</tr>
<tr>
<td>Supported</td>
<td>30%</td>
</tr>
<tr>
<td>Promising</td>
<td>37%</td>
</tr>
<tr>
<td>Emerging/Evidence Informed</td>
<td>7%</td>
</tr>
</tbody>
</table>

Figure taken from the Ohio Children’s Trust Fund public webinar presentation on Jan. 26, 2017.
Require action through state law
Require action through state law

Mississippi Budget Instructions

- 7 Elements of Quality Program Design:
  1. Program Purposes
  2. Program Need
  3. Program Description
  4. **Research / Evidence Filter** (§ 27-103-159)
  5. Implementation Plan
  6. Fidelity Plan
  7. Measurement & Evaluation

Paraphrased from the Mississippi Joint Legislative Budget Committee’s FY18 budget instructions, 
Most states show modest levels of evidence-based policymaking.

Prevalence of actions in 1+ policy areas

- Define: 78%
- Inventory: 98%
- Compare: 33%
- Report: 82%
- Target: 98%
- Require: 67%
Most states show modest levels of evidence-based policymaking.
Building support for evidence-based policymaking

Dialogue
- Multi-stakeholder workgroups
- Provider outreach and education

Strong data infrastructure
- Data-sharing agreements
- Restructure administrative processes

Analytical & technical capacity
- Partnerships
- Build staff capacity
Evidence-based policymaking in a leading state: Minnesota

Evidence-Based Policymaking in Criminal Justice

MN Management & Budget

MN Counties

MN Dept. of Corrections

MN Dept. of Public Safety

MN Dept. of Corrections Checklist Collaborative

MN State Legislature
Darcy White
Officer
Pew-MacArthur Results First Initiative

dwhite@pewtrusts.org
Results First Initiative

Weston Merrick, Results First Coordinator, MMB
Results First partners with agencies, counties, providers, and other stakeholders to answer:

- What services do we offer in a programmatic area?
- What do those services cost?
- If we deliver the service correctly, what outcomes can we anticipate?
The Approach

Assemble stakeholders → Inventory Programs → Gather costs → Run Model → Present Findings
### Adult Mental Health – Inventory of Services

<table>
<thead>
<tr>
<th>Service/Practice</th>
<th>Description</th>
<th>Impact on outcomes</th>
<th>Source of evidence</th>
<th>Continuum of care category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Crisis Services</td>
<td>Mobile crisis services provide face-to-face, short-term, intensive mental health services during a mental health crisis or emergency. They help the recipient cope, identify resources, avoid hospitalization, develop an action plan and begin a baseline level of functioning.</td>
<td>Proven effective</td>
<td>WSIPP</td>
<td>Crisis Response Services</td>
</tr>
<tr>
<td>Certified Peer Specialist (CPS)</td>
<td>Qualified individuals with a lived experience of mental illness are trained to educate, engage, encourage, advocate and support individuals with a mental illness. Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS) and Intensive Residential Treatment services include CPS.</td>
<td>Promising</td>
<td>WSIPP</td>
<td>Community Services &amp; Supports</td>
</tr>
<tr>
<td>Urgent Care for Adult Mental Health</td>
<td>Provides immediate care for an individual experiencing a crisis. An on-site team of psychiatrists, nurses, social workers, and trained peer support staff provide care. This is often combined with detoxification, crisis services, and referrals to other mental health services.</td>
<td>Theory-based</td>
<td></td>
<td>Crisis Response Services</td>
</tr>
<tr>
<td>Acute Care Hospital (inpatient setting)</td>
<td>Medical and psychosocial services in a hospital setting. Mental health professionals supervise patients 24 hours a day. Services include stabilization, medical care, therapy, patient education, and discharge planning. Examples include Community hospitals, Community Behavioral Health Hospitals (CBHHs), and Anoka-Metro Regional Treatment Center (ARMTC).</td>
<td>Category of services</td>
<td></td>
<td>Inpatient &amp; Residential Treatment</td>
</tr>
</tbody>
</table>
Adult mental health findings

• Returns range from $3.90 - $0.80
  • Examined one care protocol, Cognitive-Behavioral Therapy, delivered to clients with three diagnoses.
  • Benefits range from $66.00 - $30.80.
• Most benefits accrue to participants
• Two services have taxpayer returns in excess of investment
Questions & Comments

Weston Merrick
Weston.Merrick@state.mn.us
651-201-8022
The Pew-MacArthur Results First Initiative:
INVESTING IN PROGRAMS THAT WORK

Thursday, March 9, 2017
The Results First Approach: Bring Evidence into the Process

1. Program Inventory
2. Benefit-Cost Analysis
3. Using your Results
## Assess Program Costs

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>PROGRAM BUDGET</th>
<th>RATINGS</th>
<th>COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional industries</td>
<td>$125,000</td>
<td>Highest rated</td>
<td>$1,485</td>
</tr>
<tr>
<td>Correctional education</td>
<td>$50,000</td>
<td>Highest rated</td>
<td>$431</td>
</tr>
<tr>
<td>Vocational education</td>
<td>$300,000</td>
<td>Second-highest rated</td>
<td>$1,645</td>
</tr>
<tr>
<td>Drug courts</td>
<td>$250,000</td>
<td>Second-highest rated</td>
<td>$4,951</td>
</tr>
<tr>
<td>Adult boot camps</td>
<td>$180,000</td>
<td>No evidence of effects</td>
<td>—</td>
</tr>
<tr>
<td>Veterans courts</td>
<td>$100,000</td>
<td>Not rated</td>
<td>—</td>
</tr>
<tr>
<td>All others</td>
<td>$950,000</td>
<td>Not rated</td>
<td>—</td>
</tr>
</tbody>
</table>

*Source: Based on Washington data*
## Predict and Monetize Outcomes

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>PROGRAM BUDGET</th>
<th>RATINGS</th>
<th>COSTS</th>
<th>BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional industries</td>
<td>$125,000</td>
<td>Highest rated</td>
<td>$1,485</td>
<td>$6,818</td>
</tr>
<tr>
<td>Correctional education</td>
<td>$50,000</td>
<td>Highest rated</td>
<td>$431</td>
<td>$21,720</td>
</tr>
<tr>
<td>Vocational education</td>
<td>$300,000</td>
<td>Second-highest rated</td>
<td>$1,645</td>
<td>$19,594</td>
</tr>
<tr>
<td>Drug courts</td>
<td>$250,000</td>
<td>Second-highest rated</td>
<td>$4,951</td>
<td>$15,361</td>
</tr>
<tr>
<td>Adult boot camps</td>
<td>$180,000</td>
<td>No evidence of effects</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Veterans courts</td>
<td>$100,000</td>
<td>Not rated</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>All others</td>
<td>$950,000</td>
<td>Not rated</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Source: Based on Washington data
# Compare Benefits & Costs

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>PROGRAM BUDGET</th>
<th>RATINGS</th>
<th>COSTS</th>
<th>BENEFITS</th>
<th>BENEFIT TO COST RATIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional industries</td>
<td>$125,000</td>
<td>Highest rated</td>
<td>$1,485</td>
<td>$6,818</td>
<td>$4.59</td>
</tr>
<tr>
<td>Correctional education</td>
<td>$50,000</td>
<td>Highest rated</td>
<td>$431</td>
<td>$21,720</td>
<td>$18.40</td>
</tr>
<tr>
<td>Vocational education</td>
<td>$300,000</td>
<td>Second-highest rated</td>
<td>$1,645</td>
<td>$19,594</td>
<td>$11.91</td>
</tr>
<tr>
<td>Drug courts</td>
<td>$250,000</td>
<td>Second-highest rated</td>
<td>$4,951</td>
<td>$15,361</td>
<td>$3.10</td>
</tr>
<tr>
<td>Adult boot camps</td>
<td>$180,000</td>
<td>No evidence of effects</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Veterans courts</td>
<td>$100,000</td>
<td>Not rated</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>All others</td>
<td>$950,000</td>
<td>Not rated</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Source: Based on Washington data
Legislating Evidence-Based Policymaking

- Require agencies to inventory programs
- Incentivize the use of proven programs through grants
- Dedicated funding to proven programs
- Restrict the use of ineffective programs
Monica Sharma
Associate Manager
msharma@pewtrusts.org

www.pewtrusts.org/ResultsFirst