

Summary of the Review of Evidence-based Practices in Department of Human Services Grant Programs

Background

Policymakers and practitioners can produce better results for Minnesotans when they prioritize evidence-based services and rigorously evaluate services that do not yet have evidence of effectiveness. “Evidence-based” services have been found to be effective by at least one high-quality, rigorous scientific study. Since 2015, Minnesota Management and Budget has inventoried more than 730 publicly-funded programs and services offered across Minnesota and found that more than 330 are evidence-based. In recent years, national organizations have recognized Minnesota as a leader in using evidence to inform policymaking. Even with these acknowledgments, there are still many opportunities to expand our use of evidence in the policymaking process, in the interest of producing better and more equitable outcomes for Minnesotans.

Additional information on how to use evidence in policymaking is available at <https://mn.gov/mmb/evidence/>

Review of Evidence-based Practices in Department of Human Services Grant Programs

This review identifies the extent to which state-funded grant programs administered by the Minnesota Department of Human Services supported evidence-based practices (EBPs) in fiscal years 2020 and 2021, based on grantee reporting and a review of administrative records. In addition to documenting evidence-based practices occurring in these programs, we reviewed the processes used to award grant dollars and estimated the number of grantees using EBPs and funding spent on EBPs. Practices that have not yet been documented to be evidence-based may nevertheless be effective and can become evidence-based after having an impact evaluation conducted. Minnesota Management and Budget is working with the Department of Human Services to identify areas where it is feasible and advantageous to further prioritize evidence-based services.

Additional information on how we conducted this evaluation is available in Appendix 3 and online at <https://mn.gov/mmb/results-first/evidence-in-state-grant-programs/>

Additional information about the demographics of people studied in evidence-based activities is available at <https://mn.gov/mmb/results-first/evidence-base-demographics/>

Summary Findings

We evaluated the state-funded portion of **87 grant programs** administered by the Department of Human Services to determine how they use evidence-based practices. We found:

- **33% of grant programs** support at least one evidence-based practice.
- An estimated **299 grantees**, of the roughly 900 included in our review, are using grant funds for evidence-based practices.
- About **\$15 million**, or about **6%** of the funds awarded over two years by programs included in our review are estimated to be spent on evidence-based practices.
- Several grant programs actively prioritize evidence-based practices in their requests for proposals.
- DHS grantees are implementing at least **65 unique evidence-based practices**. See Appendix 1 for a complete list of these interventions.

Complete findings and data are available to view and download at <https://mn.gov/mmb/results-first/evidence-in-state-grant-programs/>

Appendix 1: Evidence-based Practices identified in DHS grant programs

Unique Evidence-based Practices	Number of Grantees Using this EBP
30 Days to Family	1
Adult Rehabilitative Mental Health Services (ARMHS)	1
Applied Suicide Intervention Skills Training (ASIST)	3
Assertive Community Treatment (ACT)	3
Attachment Biobehavioral Catch-Up	3
Building Better Caregivers	1
Case Managed Care for Community-Dwelling Frail Elders	1
Child-Parent/Infant-Parent Psychotherapy	5
Chronic Disease Self-Management Program (CDSMP)	3
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	29
Cognitive Behavioral Therapy (CBT) for adults on supervision	1
Cognitive Behavioral Therapy (CBT) for adults with mental illness	3
Cognitive Behavioral Therapy (CBT) for Disordered Gambling	20
Community Aging in Place-Advancing Better Living for Elders (CAPABLE)	2
Community health workers	1
Crisis Lines	1
Critical Time Intervention (CTI)	1
Cultural competence training for health care professionals	1
Dialectical Behavior Therapy (DBT) for adults	1
Dialectical Behavior Therapy (DBT) for youth	1
Dialectical Behavior Therapy (DBT) for adults	1
Eye Movement Desensitization and Reprocessing (EMDR)	4
Family Psychoeducation	1
Housing First	22
Illness Management and Recovery (IMR)	1
Intensive Family Therapy	1
Intensive In Home Therapy	1
Interventions Targeting Street-Connected Youth	9
Kinship Care for Children Removed from Home for Maltreatment	2
Managing and Adapting Practice (MAP)	8
Managing and Adapting Practices (MAP)	28
Matter of Balance Fall Prevention Classes	2
Medication Assisted Treatment	1
Mental Health First Aid	1
Mobile Crisis Services	10
Motivational Interviewing for Disordered Gambling	20
Motivational Interviewing for individuals with SMI	1
Multisystemic Therapy (MST)	1
Narrative Exposure Therapy (NET)	2
NAVIGATE for First Episode Psychosis	1
New York University Caregiver Intervention (NYUCI)	2
Parent Aware Quality Rating and Improvement System	15
Parent Child Interaction Therapy	2
Permanent Supported Housing	33
Powerful Tools for Caregivers	3
Program of All-Inclusive Care for the Elderly (PACE)	2
QPR Gatekeeper Training for Suicide Prevention	3
Rapid re-housing programs	12
Resources for Enhancing Alzheimer's Caregiver Health II (REACH II)	2
School-based trauma counseling	6
Service Outreach and Recovery (SOAR)	1
Service-enriched housing	4
Sources of Strength	3
Stay Active and Independent for Life (SAIL)	3
Stepping On	1
Structured Decision Making Risk Assessment	4
Teaching Kids to Cope (TKC)	1
The Incredible Years	1
Trauma-Focused Cognitive Behavioral Therapy for families	6
Trauma-Focused Cognitive Behavioral Therapy for youth	3
Trauma-Focused Cognitive-Behavioral Therapy	4
Trauma-Focused Cognitive-Behavioral Therapy for youth	58
Trauma-informed approaches to community building	1
Trauma-Informed Child-Parent Psychotherapy	2

Appendix 2: Grant Program-level findings

	Estimated Amount Supporting EBPs	%	Estimated Grantees Using EBPs	%	Examples of EBPs in RFP	EBPs Rewarded in RFP	At Least One EBP Required in RFP	Impact Evaluations Rewarded in RFP
ACT Quality Improvement & Expansion Grants	\$0	0%	0	0%				
Adoption IV-B Grants	\$0	0%	0	0%				
Adult Mental Health Culturally Specific Services Grants	\$111,000	17%	5	45%	No	No	No	No
Adult Mental Health Integrated Fund Grants	\$286,000	14%	6	67%				
Adverse childhood experiences (ACEs) Training Grants	\$205,000	28%	3	50%				
AIDS Drug Assistance Program (ADAP) Drug Rebates-Title II Grants	\$0	0%	0	0%	No	No	No	No
American Indian Child Welfare Initiative Program Grants	\$0	0%	0	0%				
Benefit Planning Grants	\$0	0%	0	0%				
Caregiver Support and Respite Care Project Grants	\$72,000	10%	3	43%	No	No	No	No
Chemical Dependency (CD) Native American Grant Program Grants	\$0	0%	0	0%	Yes	No	No	No
Chemical Dependency (CD) Peer Specialists Grants	\$0	0%	0	0%	No	No	No	No
Chemical Dependency (CD) Treatment Grant-Directed Grants	\$0	0%	0	0%				
Child Care Facility Grants	\$0	0%	0	0%	No	No	No	No
Child Care Resource & Referral Grants (aka Child Care Aware) – state and local	\$273,000	5%	15	100%	Yes	Yes	Yes	No
Child Welfare Disparities Grants	\$0	0%	0	0%				
Children's Mental Health (CMH) - Capacity School Based Services	\$1,761,000	8%	28	100%	Yes	Yes	Yes	No
Children's Mental Health (MH) Capacity Respite Grants	\$18,000	1%	7	11%	No	No	No	No
Children's Mental Health (MH) Early Intervention Capacity Grants	\$460,000	22%	22	100%	Yes	Yes	No	No
Children's Mental Health (MH) Evidence Based Practices Grants	\$512,000	36%	30	100%	Yes	Yes	Yes	No
Children's Mental Health (MH) Screening Grants	\$45,000	1%	4	5%				
Community Living Infrastructure Grants	\$720,000	17%	7	41%	No	No	No	No
Community Services Development Grants	\$643,000	11%	8	21%	No	No	No	No
Community Services Grants	\$74,000	1%	1	2%	No	No	No	No
Compulsive Gambling Indian Game Grants	\$0	0%	0	0%				
Core Home & Community Based Services (HCBS) Grants	\$154,000	5%	12	30%	No	No	No	No
Cultural Competence Provider Capacity Grants	\$42,000	7%	3	43%				
Deaf and Hard of Hearing Services Division Grants	\$0	0%	0	0%	No	No	No	No
Disability Hub for Families Grants	\$0	0%	0	0%				
Disability Linkage Line-MA Eligible Grants	\$0	0%	0	0%				
Disability Linkage Line Grants	\$0	0%	0	0%				
Eldercare Development Partnership Grants	\$0	0%	0	0%	No	No	No	No
Emergency Medical Assistance (EMA) Legal Referral Grants	\$0	0%	0	0%				
Emergency Services Grants	\$29,000	2%	3	20%	Yes	No	No	No
Family Assets for Independence Minnesota Grants	\$0	0%	0	0%				
Fetal Alcohol Syndrome	\$0	0%	0	0%				
Food Shelf Grants	\$0	0%	0	0%				
Foster Care and Adoption Recruitment Grants	\$0	0%	0	0%				
Foster Care Transitional Planning Demo Project Grants	\$0	0%	0	0%				
Gambling Lottery Transfer Grants	\$1,050,000	39%	20	100%	Yes	Yes	Yes	No
Gambling Receipts Grants	\$0	0%	0	0%	No	No	No	No
Gaps Analysis Grants	\$0	0%	0	0%	No	No	No	No
Hearing Loss Mentors Grants	\$0	0%	0	0%	No	No	No	No
HIV/AIDS Insurance Premium Grants	\$0	0%	0	0%				
Home and Community Based Services Waiver Growth Grants	\$0	0%	0	0%	Yes	No	No	No
Homeless Youth Act Grants	\$1,474,000	13%	11	34%	Yes	No	No	No
Housing Benefit Website Grants	\$0	0%	0	0%				

	Estimated Amount Supporting EBPs	%	Estimated Grantees Using EBPs	%	Examples of EBPs in RFP	EBPs Rewarded in RFP	At Least One EBP Required in RFP	Impact Evaluations Rewarded in RFP
Housing with Supports for Adults with Serious Mental Illness (HSASMI) Grants	\$1,763,000	19%	32	100%	Yes	Yes	Yes	No
Human Services Initiative Grants	\$0	0%	0	0%				
Indian Child Welfare Grants	\$0	0%	0	0%	No	No	No	No
Integrated Care for High Risk Pregnant Women Grants	\$174,000	10%	1	33%	Yes	No	No	No
Intermediate District School-Linked Mental Health Grants	\$0	0%	0	0%	No	No	No	No
Intractable Epilepsy Grants	\$0	0%	0	0%	No	No	No	No
Local Planning Grants	\$0	0%	0	0%				
Long Term Homeless Services Grants	\$0	0%	0	0%	No	No	No	No
Mental Health (MH)-First Episode of Psychosis Grants	\$0	0%	1	100%	Yes	Yes	Yes	No
Mental Health (MH) Services Sustainability Grants	\$107,000	13%	18	100%				
Mental Health Innovations Grants	\$0	0%	0	0%	No	No	No	No
Mental Illness Crisis Housing Grants	\$0	0%	0	0%	No	No	No	No
MFP Rebalancing Grants	\$0	0%	0	0%				
Migrant Child Care Grant	\$0	0%	0	0%				
MN Community Action Grants	\$0	0%	3	9%				
Mobile Crisis Services Grants	\$0	0%	10	100%	Yes	Yes	Yes	No
Multilingual Referral Line Grants	\$0	0%	0	0%				
Other Long Term Care Grants	\$0	0%	0	0%	Yes	No	No	No
Parent Support Outreach Grant Grants	\$0	0%	0	0%				
Personal Care Assistance (PCA) Registry Grants	\$0	0%	0	0%				
Private Adoptions Child Specific Carryforward Authority Grants	\$0	0%	0	0%				
Privatized Adoption Grants	\$1,068,000	17%	2	40%	No	No	No	No
Problem Gambling Grants	\$0	0%	0	0%	No	No	No	No
Purchased Services Child Specific Carryforward Grants	\$0	0%	0	0%				
Real-Time Housing Website Grants	\$0	0%	0	0%	No	No	No	No
Region 10 Grants	\$0	0%	0	0%				
Regional Support for Person-Centered Practices Grants	\$0	0%	0	0%				
Rural Real Time Grant Grants	\$0	0%	0	0%	No	No	No	No
Safe Harbor Program Grants	\$801,000	14%	7	54%	No	No	No	No
Service Employees International Union (SEIU) Grants	\$0	0%	0	0%				
Social Security Insurance / Interim Assistance Reimbursement (SSI/IAR) Disability Hub Grants	\$0	0%	0	0%				
Special Mental Health Supervision Pilot Grants	\$0	0%	0	0%				
State Case Management Grants	\$0	0%	0	0%	No	No	No	No
State Quality Council Grants	\$0	0%	0	0%				
Statewide Self-Advocacy Network Grant	\$0	0%	0	0%	No	No	No	No
Technology for Home Grants	\$0	0%	0	0%	No	No	No	No
Text Message Grants	\$0	0%	3	100%	Yes	Yes	Yes	No
Transition Init. Populations Grants	\$0	0%	0	0%	No	No	No	No
Transitional Housing Grants	\$2,079,000	33%	33	73%	Yes	No	No	No
Waiver Rate Setting Grants	\$0	0%	0	0%				
Work-Empower Grants	\$778,000	52%	1	33%				

Note: A blank cell in the request for proposals columns means an RFP was not available.

The full data report is available to view and download at: <https://mn.gov/mmb/results-first/evidence-in-state-grant-programs/>

Appendix 3: Methods for Reviewing Evidence-Based Services Supported by Grants from the Minnesota Department of Human Services

Scope

This review includes Department of Human Services (DHS) activities that meet all four of the criteria below.

Is a State-funded Grant Program

- DHS identified Finance Department IDs (EBFDs) for grant programs listed in the 2021 DHS Biennial State Grant Table

Program funds were encumbered during review period

- EBFD's with funds encumbered in StateWide Integrated Financial Tools (SWIFT) for FY20 and/or FY21 with an Account Category (L4) Description value of "Grants, Aids And Subsidies" were included.

Program is Readily Evaluable

- Grant programs that were deemed to have features that could be adequately analyzed are included in this evaluation. We plan to review those not included at a later date. Excluded programs that met the above criteria, but were not reviewed are:
 - Basic Sliding Fee Child Care Assistance
 - Consolidated Chemical Dependency Treatment Fund (CCDTF) Grants
 - Consolidated Chemical Dependency Treatment Fund (CCDTF) Other Services Grants
 - Housing Support Program (Formerly GRH)
 - MFIP Child Care Assistance Grants
 - MFIP Consolidated Support Services Grants
 - Minnesota Family Investment Program (MFIP) / Diversionary Work Program (DWP)
 - Northstar Care for Children
 - Reimbursement for Injectable Drugs Grants
- Grant programs that had one-time funding and a de minimis level of activity during the evaluation window could not be readily evaluated and therefore were not included.
 - Chronic Pain Rehabilitation Therapy Demonstration Grant

Is administered by the Department of Human Services¹

- Instances where the Department of Human Services supports a grant program administered primarily by another entity were not included as in scope:
 - MNsure
 - Navigator Enrollment and Outreach Grants
 - Minnesota Board on Aging
 - Aging Prescription Drug Assistance Grants
 - Dementia Awareness Grants
 - Home & Community Based Services (HCBS) Information and Assistance Grants
 - Long Term Care Consultation Services Grants
 - Nursing Facility Return to Community
 - Preadmission Screening Grants
 - Senior Nutrition Program Grants
 - Senior Volunteer Programs Grants

¹ 2019 1st Special Session, Chapter 9, Article 2, Sec. 127

- Minnesota Department of Health
 - MDH Family Support Connections Grants
 - MDH Help Me Grow Grants
- Department of Employment and Economic Development
 - DEED HB TE MPD Grants

This left 87 grant programs in-scope for our evaluation.

Review of Requests for Proposals

MMB requested copies of the most recent Request for Proposals (RFPs) for all state-funded grant programs from DHS. MMB received reviewable materials for 45 of the in-scope grant programs (52%). Some grant programs are non-competitive and therefore do not use RFPs.

MMB reviewed the RFPs to answer the following questions:

- Does the Request for Proposals (RFP) provide examples of evidence-based practices that achieve the desired outcomes of the grant?
- Do the RFP evaluation criteria reward prospective grantees for proposing evidence-based practices?
- Does the RFP require every grant award to contain at least one evidence-based practice?
- Does the RFP reward prospective grantees for proposing to implement an experimental or quasi-experimental design impact evaluation for practices that are not yet evidence-based?

Fiscal Data

In August 2021, MMB queried the SWIFT system for all supplier-level data from any DHS EBFD with funds encumbered for anytime in FY20 and/or FY21. In this report, the phrases “total grant value” or “total grant program amount” mean total funds encumbered across these two fiscal years.

Survey Data

Email addresses for grantees were initially obtained from the grantee-level data in SWIFT. DHS helped a) identify and correct email addresses that were not current or accurate in SWIFT and b) add email addresses that were not in SWIFT.

MMB sent a survey to the grantees with verified email addresses. The survey asked grantees to verify which grant programs they received awards from. The survey then listed potential EBPs that MMB determined may fulfill the statutory authorization of the program and asked respondents to indicate whether they were doing this EBP. Respondents were also able to say they were doing a non-listed EBP. All user-submitted EBPs were reviewed to determine whether they met MMB’s standards for an evidence-based practice. Grantees were also asked to report the percent of their grant funds that they were putting towards EBPs (if they reported using any EBPs). Grantees that were emailed a survey but did not respond were contacted multiple times asking them to complete the survey. We received survey responses from over 300 grantees.

Estimated EBP Use

The estimated number of grantees and associated funding supporting evidence-based practices reported in the online tool reflects an assumption that grantees from whom we did not receive a survey response are implementing evidence-based practices at a rate comparable to grantees from whom we did receive a survey response.

To calculate the estimated number of grantees that are using evidence-based practices for a given grant program, we calculated the share of grantees responding to the survey that reported using at least one evidence-based practice and multiplied that percentage by the number of grantees that did not respond to the survey. We added the known number and the estimated number of grantees using evidence-based practices to get the total estimated number of grantees using evidence-based practices for a grant program.

To calculate the estimated evidence-based practices expenditure for a given grant program, we took the weighted average percent spent on evidence-based practices for those who responded (including those who reported no funding supporting evidence-based practices), multiplied this by the grant award amount for non-respondents, and added the resulting number to the grantee-reported evidence-based practices expenditures (which is a grant program's award times the percent of their grant award that they reported spending on evidence-based practices).

If an RFP required at least one evidence-based practice, we used this information to inform the number of grantees doing an EBP and in some cases, after consulting with DHS, how much money within each grant program is supporting EBPs.