HYPOTHETICAL EXAMPLE State agency evidence-based proposal form

August 2018

Purpose

The State of Minnesota is making dramatic strides in its use of evidence to inform which programs we fund and how we implement those programs. The consistent use of evidence helps policymakers improve outcomes over time and across a wide range of public services. To continue that progress, this form allows agencies to highlight the evidence that supports their proposals.

Agencies should complete this form for budget proposals with components that could potentially be categorized as "evidence-based" during the budget review and decision-making process. In this context "evidence-based" refers to activities with one or more impact evaluations (in Minnesota or elsewhere) that used rigorously implemented experimental or quasi-experimental designs. If you are unsure whether you should submit a form for a given proposal, please contact MMB's Results First team at resultsfirstmn@state.mn.us or see the proposal page at https://mn.gov/mmb/evidence/. This website includes information on evidence-based policymaking and example forms. By early September, the website will also include a link to an informational webinar.

The Results First Team will review the submission and—where high-quality impact evaluations exist—may verify this is an evidence-based proposal. Completion of this form is optional. Some types of proposals (e.g., generic operating increases) are less likely have qualifying evidence of effectiveness. Other proposals (e.g., direct provision of services, programs, practices or new grant funding), are more likely to have qualifying of evidence of effectiveness.

Information for completion

Complete a separate form for each of the proposals or change items your agency would like to have rated. Within a given budget change item, there may be multiple parts of the proposal that could be evidence-based. Please indicate each activity separately in Part 2 of the form and summarize the existing evidence, including the outcomes impacted and statistically significant findings. Additionally, include a clearinghouse link or citations for any research referenced. Please limit the below response to two pages and include links to any relevant additional information. Agencies may send a supplementary memo for any relevant information not addressed by this form.

Evidence may come from Results First findings, the Pew-MacArthur Results First Database of national clearinghouses, or a separate systematic review of high-quality studies (defined further on page 4). By citing research from the above clearinghouses or a trusted source for systematic reviews, the Results First team will have higher confidence in the quality of the evidence and will be able to respond in a more timely manner. A list of trusted clearinghouses can be found here. While there are many types of high-quality studies, this assessment of evidence focuses on program evaluations that demonstrate causal impact. Please visit MMB's website on evidence in policymaking for more information: https://mn.gov/mmb/evidence/.

Proposal submission

Upon completing this form, please ensure that it is uploaded to your agency's biennial budget SharePoint page. MMB's Results First team will review and respond with any additional questions. Please contact us at resultsfirstmn@state.mn.us if you have any additional questions.

1. Proposal & contacts

Budget proposal name	**EXAMPLE: Home Visiting for Pregnant and Parenting Teens**
Requesting state agency	**Minnesota Department of Health**
Contact Name(s)	**Jane Doe, Manager of Family Home Visiting (jane.doe@state.mn.us)**

2. Evidence Use the space below to describe the evidence for the effectiveness of the activity(s) described in this change item. If needed, agencies may attach a brief supplementary memo for any relevant information that is not covered by this form.

Name of Activity	Summary of evidence, including expected impact on outcomes	Source of evidence (URL or citation)	Minimum % of $ that will support these interventions
Grant funding for evidence-based home visiting for pregnant and parenting teens under age 20	Research on evidence-based home visiting in the United States has demonstrated health and economic benefits. Evidence-based home visiting programs improve prenatal health, reduce childhood injuries, prevent subsequent unplanned pregnancies, improve school readiness, increase intervals between births and increase maternal employment. Some models have been shown to improve child welfare outcomes as well. Minnesota Results First rated long-term home visiting programs, Healthy Families America and Nurse-Family Partnership as Proven Effective. The evidence for short-term home visiting is less rigorous.	Results First: https://mn.gov/mmb/results-first/inventory/ HomVEE federal clearinghouse for evidence-based home visiting: https://homvee.acf.hhs.gov/Models.aspx	70% in the first biennium (Note: 80% of families will likely receive long-term, evidence-based home visiting services which is $24,000,000 of the $30,000,000 proposal in the first biennium)
MMB to complete rating (see page 2 for rubric):	**Proven Effective**	**Promising**	**Theory Based**

3. Plan Use the space below to describe how the proposed approach aligns with existing evidence and how the agency will measure effectiveness. If there is currently no evidence on the effectiveness of this approach, please indicate the plan for future evaluation. Training and further definitions can be found at https://mn.gov/mmb/evidence/.

A. What are the outcome measures?	Research shows these evidence-based home visiting programs will positively impact maternal health, child health, child development, school readiness, and positive parenting practices; and they will reduce child maltreatment.
B. How will you evaluate whether the outcomes identified above are achieved (including how the evaluation work will be funded)?	The proposal includes $400,000 in funding for 4.5 FTEs to evaluate the initiative and $500,000 to purchase a new statewide data collection and reporting system to support more efficient and robust data collection. Staff will monitor and evaluate the outcomes identified above at a local, regional and state level. We will monitor this using data collected by nurses and administrative datasets. The agency will use an existing 1.5 FTEs plus the new FTEs to complete this work.
C. What is your strategy for supporting effective implementation?	Part of the proposal dedicates $150,000 in resources to provide training to counties and contracted agencies to implement the evidence-based programs according to the fidelity standards of the national program developers. Depending upon the specific program implemented, agencies will have access to training, support manuals, and national resources (e.g. Healthy Families America). Additionally, we will use the RFP to ask potential grantees to provide a plan for implementation according to the evidence-based standards. The new MDH staff as part of this proposal will follow-up to ensure grantees implement programs using the protocol proven to result in expected results.
D. Describe implementation, population, and staffing considerations.	The programs will be implemented according to the fidelity standards of the national program developers – including caseloads, service provider credentials, and program participation/retention. Communities of color—particularly Black, Latino and American Indian—have disproportionately higher rates of teen pregnancy compared to the state overall and are anticipated to receive services proportionally. Research does not yet indicate separate effects for this population, but they are part of the research population generally.
E. How does the context described in item D above differ from previous research, and how will you address these differences?	There are specific home visiting models that are proven to improve outcomes for teen parents as well as specific communities and American Indians. However, not all of the evidence-based programs have been evaluated for their effectiveness in specific cultural contexts. MDH will provide technical assistance to grantees to understand how cultural competence is relevant for any particular program's implementation. Additionally, we will use our evaluation plan as noted in Part B to identify outcomes differences for special populations that differ from existing research.
MMB to complete rating (see page 2 for rubric):	**Best**　　　　**Better**　　　　**Good**　　　　**Not Applicable**

Definitions of evidence:[1] MMB uses the following categories to define levels of evidence. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs. See https://mn.gov/mmb/evidence/ for training and further information.

Proven Effective	A Proven Effective activity offers a high level of research on effectiveness, determined through multiple qualifying evaluations outside of Minnesota or one or more qualifying local evaluation.
Promising	A Promising activity has some research demonstrating effectiveness, such as a single qualifying evaluation that is not contradicted by other such studies, but does not meet the full criteria for the proven effective designation.
Theory Based	A Theory Based activity has no experimental research on effectiveness; this ranking is neutral. These activities typically have a well-constructed theory of change, and may have other evidence that does not meet the above criteria.

Plan: For proposals assigned a Proven Effective or Promising rating, the following criteria will be used to assess the extent to which the proposed plan will effectively implement the underlying evidence-based intervention(s).[2]

What are your outcome measures? How will you evaluate whether those outcomes are achieved? (Parts A and B)	**3pts:** Outcome measures identified, and the agency has a plan to assess the causal impact on client outcomes. **2pts:** Outcome measures identified and the agency has a plan to measure and report outcomes. **1pt:** Outcome measures have been identified. **0pt:** No or limited outcome measures and evaluation plan.
What is your strategy for supporting effective implementation? (Part C)	**3pts:** Plan and funding for effective 1) implementation, 2) adaptation to local context, and 3) fidelity monitoring. **2pts:** Plan and funding for two of the above. **1pt:** Plan and funding for one of the above. **0pt:** No or limited plan and funding for the above.
Describe implementation, population, and staffing considerations? How does key context in MN differ from previous research and how will you address these differences? (Parts D and E)	**3pts:** Very similar proposed population, staff training and accreditation, and key contextual factors. Compelling explanation for how meaningful differences will be addressed. **2pts:** Quite similar proposed population, staff training and accreditation, and key contextual factors. Compelling explanation for how meaningful differences will be addressed. **1pt:** Somewhat similar to proposed intervention, population, staff training and accreditation, and key contextual factors. Explanation for how meaningful differences will be addressed. **0pt:** No or limited discussion of supporting conditions and differences in how to address differences in context.

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[1] If a proposal will fund more than one intervention, the overall rating is based on the intervention with the strongest evidence.

[2] The rating reflects the average score across the five categories, as follows: best >=2.3pts, better >=1.6pts, good >=1.1, n/a <1.1pts.