

## Opioid Epidemic Response Advisory Committee: 2020 proposals and funding

### Level of evidence review

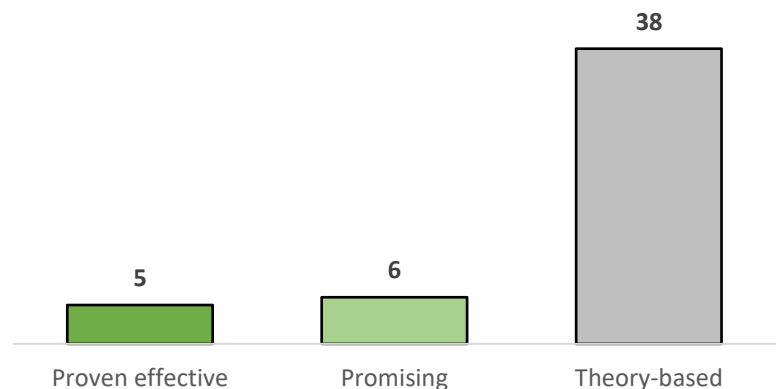
In the summer of 2020, 29 applicants responded to the Opioid Epidemic Response (OER) RFP. While funding constraints postponed project selection, reviewing these applications can inform the committee’s future work. This analysis reviews the evidence-base for applicants’ proposals, as well as for services funded by the supplemental direct appropriation made by the legislature.

Evidence-based practices are proven effective or promising services supported with at least one high-quality impact evaluation and have one substance use disorder-related outcome measure.

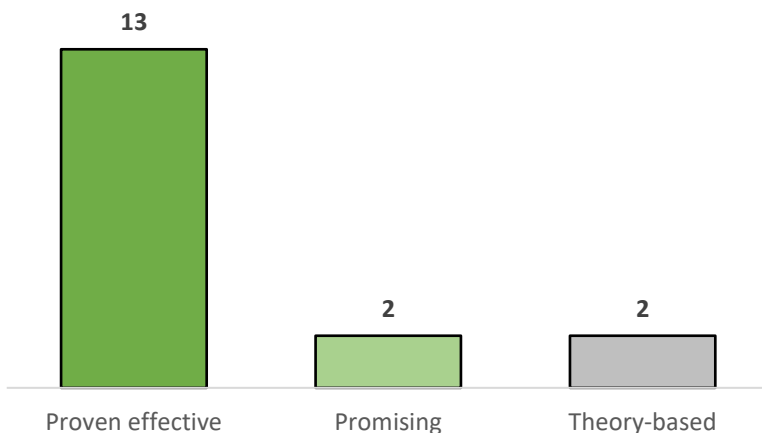
Theory-based services may have positive impacts, but based on our review, do not yet have a qualifying evaluation. In the following pages, we outline further the proposals, ratings, and definitions used.

In total, applicants proposed 49 different activities to educate, prevent, treat, and/or aid in the recovery of individuals with opioid use disorder, totaling \$5.8M. With information available from applications, MMB rated 5 (10%) as proven effective, 6 as promising (12%), and 38 (78%) as theory-based.

Proposed activities in response to RFP by level of evidence, 2020



OERAC funded services appropriated by legislature, 2020



In the spring of 2020, the OERAC reviewed, and legislature appropriated \$2.7M to 17 grantees that had previously received federal or state grant funding. Of the 17 grantees, 13 (76%) proposed proven effective service models, 2 (12%) were promising, and 2 (12%) were theory-based. In total, nearly 90 percent of the total funding went to evidence-based practices, such as Medication-Assisted Treatment, Naloxone, and peer recovery specialists.

### Request for proposal – proposed activities

The below table shows the 49 activities proposed by 29 applicants. As noted, some proposals had multiple activities that MMB separated because they were distinct in nature. Five proposed were proven effective activities, while 6 proposals planned to use peer recovery specialists model, a promising practice. MMB is currently conducting a local impact evaluation for peer recovery specialist. A number of proposals intended to provide education, prevention, treatment, and outreach services, but did not specify a particular model they would use; for that reason, we grouped these as a “general” category.

| Activities or intervention model        | # of proposals | Level of evidence |
|---|----------------|-------------------|
| eTherapy services (ACHESS model)        | 1              | Proven effective  |
| Mental Health First Aid                 | 1              | Proven effective  |
| Medication-Assisted Treatment services  | 2              | Proven effective  |
| Treatment courts                        | 1              | Proven effective  |
| Peer recovery specialists               | 6              | Promising         |
| Care coordination                       | 1              | Theory-based      |
| Drug deactivation kits                  | 2              | Theory-based      |
| General education                       | 15             | Theory-based      |
| General infrastructure                  | 7              | Theory-based      |
| General outreach                        | 3              | Theory-based      |
| General prevention                      | 3              | Theory-based      |
| General treatment                       | 2              | Theory-based      |
| Know the Truth campaign                 | 1              | Theory-based      |
| Plan, do, check, act, celebrate process | 1              | Theory-based      |
| Positive community norms campaign       | 1              | Theory-based      |
| Provider consultation line for SUD      | 1              | Theory-based      |
| Peer warmline for SUD                   | 1              | Theory-based      |

## OERAC selected and legislatively appropriated grants

The following table summarizes 17 interventions grantees are undertaking with funds allocated by the OER committee and appropriated by the legislature last session. Of these, 15 recipients are rated as evidence-based (13 proven effective, 2 promising). As a note, there are two separate Project ECHOs listed because they teach providers distinct skillsets. For three services below, MMB is exploring the potential to or actively undertaking an evaluation of the impact of the program on the wellbeing of Minnesotans. This includes a current study, in partnership with Hennepin Health, St. Gabriel’s, and other stakeholders, of Project ECHO.

| Activities or intervention model                          | # of grantees | Level of evidence                   | Amount      |
|---|---------------|-------------------------------------|-------------|
| Identification, referrals, and access to MAT              | 5             | Proven effective                    | \$720,000   |
| Naloxone kits and related training                        | 3             | Proven effective                    | \$1,101,000 |
| OB-MAT expansion and recovery resources                   | 2             | Proven effective                    | \$280,000   |
| Project ECHO – Peer recovery + care coordination          | 1             | Proven effective                    | \$200,000   |
| Project ECHO – Buprenorphine<br>Buprenorphine – Bootcamps | 2             | Proven effective;<br>MMB evaluating | \$212,000   |
| Peer recovery specialists                                 | 2             | Promising;<br>MMB evaluating        | \$100,000   |
| Culturally affirming recovery services                    | 1             | Theory-based                        | \$50,000    |
| Parent Child Assistance Program                           | 1             | Theory-based;                       | \$50,000    |

### Definitions of evidence

The Centers for Disease Control and Prevention and The Pew Charitable Trusts, as well as the OER statute, define the levels of evidence we employ. These definitions prioritize experimental and quasi-experimental design studies that can assess the effect of an investment, net of a counterfactual (i.e., what would have happened in the program’s absence). While we recognize there are other valuable ways of knowing, these definitions offer a common reference point.

| Impact on outcomes – definitions |   |
|----------------------------------|---|
| Proven Effective                 | Service or practice offers a high level of research on effectiveness for at least one outcome of interest. This is determined through multiple qualifying evaluations outside of Minnesota or one or more qualifying local evaluation. Qualifying evaluations use experimental or quasi-experimental designs. |
| Promising                        | A service or practice has some research demonstrating effectiveness for at least one outcome of interest. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.   |
| Theory Based                     | Service or practice has either no research on effectiveness or research designs that do not meet the above standards. This ranking is neutral. Services may move up to Promising or Proven Effective after research reveals their causal impact on measured outcomes.   |
| No Effect                        | A service or practice rated No Effect has no impact on the measured outcome or outcomes of interest. Qualifying evaluations use experimental or quasi-experimental designs.   |