

RESULTS FIRST

Advisory Committee Meeting

September 5, 2017

- Status update and timelines
- Policymaker survey findings
- Youth and adult substance use disorder report

- Goal: Produce evidence-based information that is understood, trusted, and used by policy-makers at the state and local level.

Results First Projects

Complete:

- Adult Mental Health
- Adult Criminal Justice
- Substance Use

Underway:

- Child Welfare
- Juvenile Justice
- Higher Education

Stakeholders

Advisory Committee

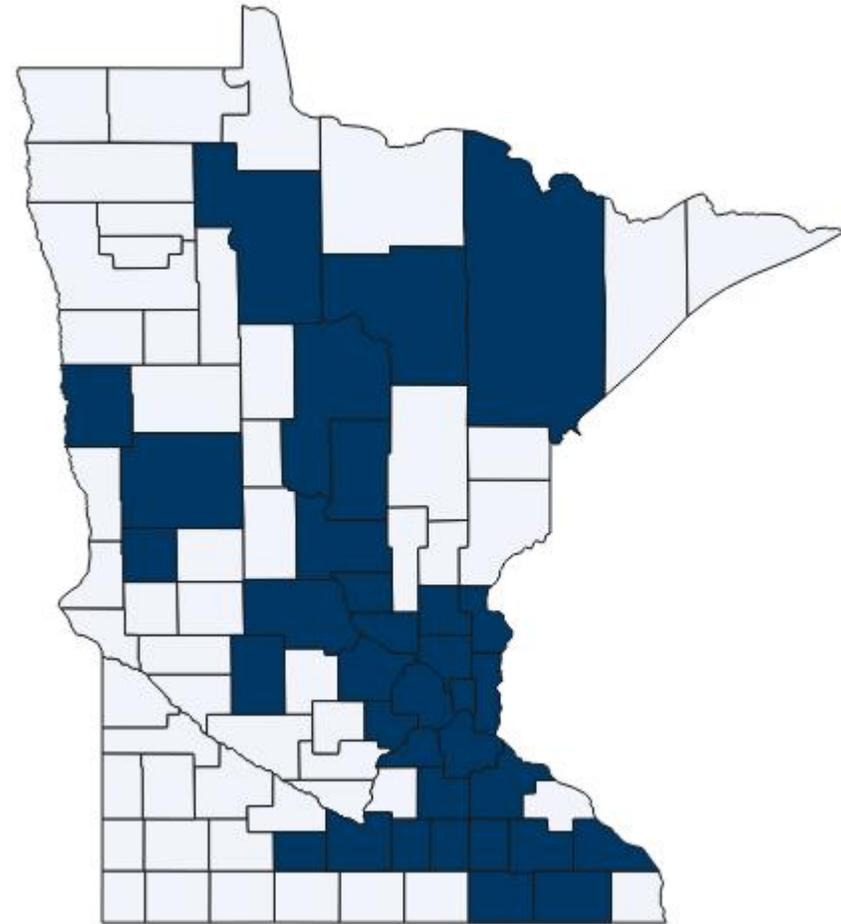
- New members

Key Partners

- Executive agencies
- Counties
- Legislative members and staff
- Courts
- Tribal nations

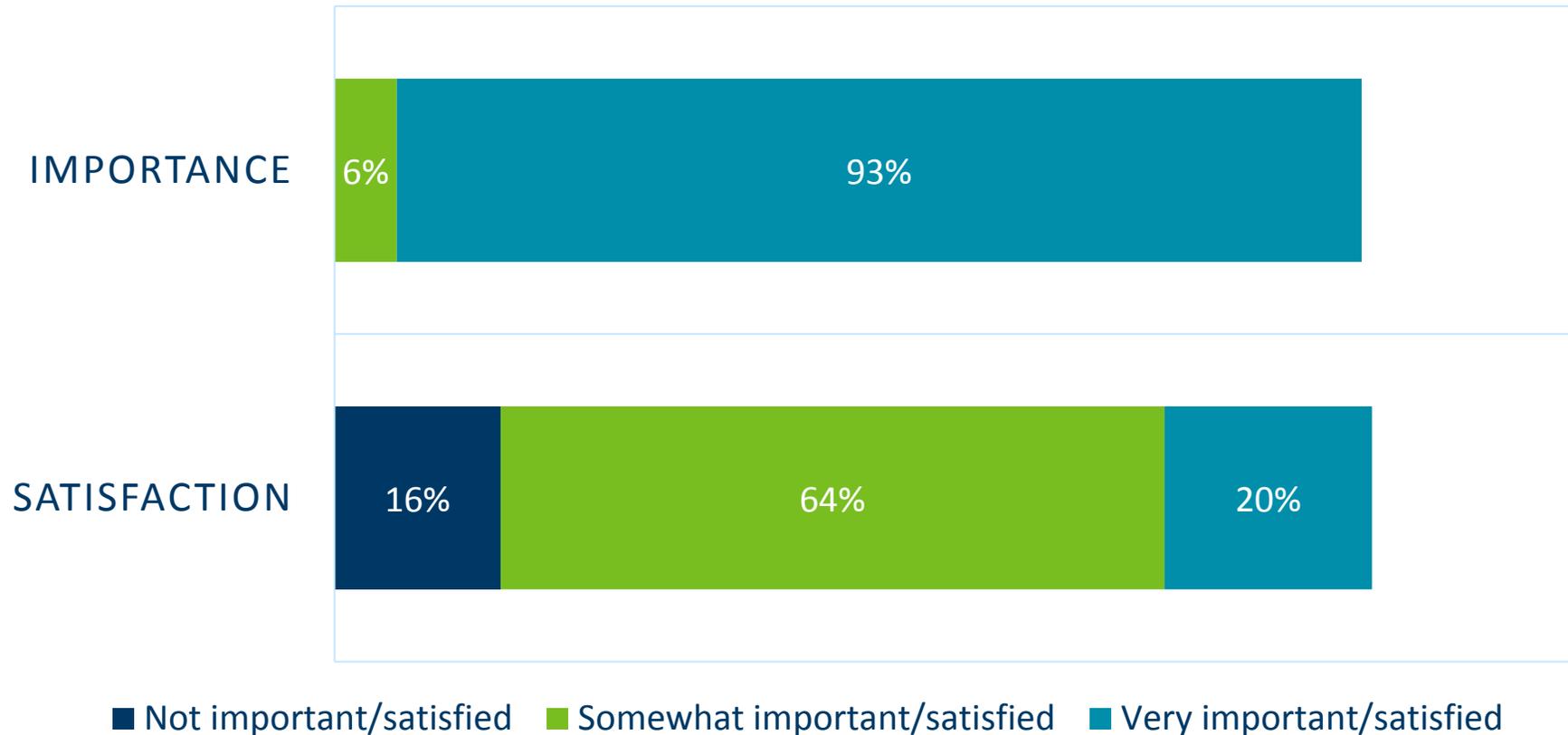
Contributing Partners

- **24** Counties participating in at least one Results First project
- **69%** Percent of state population in partner counties
- **7** State agencies participating in at least one project
- **200+** practitioners across the state
- Higher education institutions



Policymakers want information

- Policymakers were asked about the importance of and their satisfaction with the availability of program effectiveness information.



Measuring Our Goal

- Policymakers familiar with Results First responded:

The findings are easy to understand.



No opinion: 4%

I trust the findings are accurate.



No opinion: 8%

The findings are useful in the decisions I participate in.



No opinion: 18%

Disagree: 1%

What people are saying

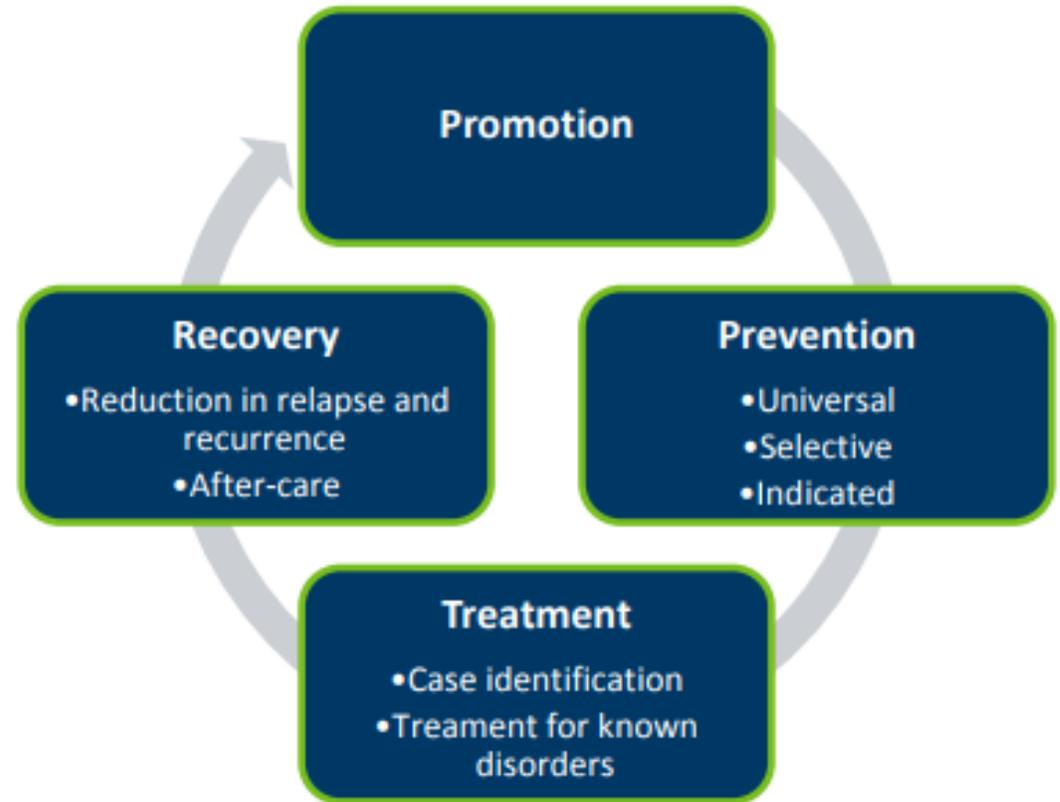
- “[The inventory] allowed me to see where on the continuum our system has gaps.” – Legislator
- “Useful as we develop RFP’s for programs and services.” – Executive Branch
- “We used the Results First clearinghouse to find and fund an evidence-based housing model for clients in recovery.” – County Leader
- “It’s a difficult challenge. There needs to be an ongoing conversation with the legislature to build an understanding of the basics of Results First and then to transmit research results on an ongoing basis.” – Legislative Staff

Youth and Adult Substance Use Disorder Report

Results and Findings

Continuum of Care

- Scope
 - Youth and adults
 - Alcohol, tobacco, other drugs (opioids, amphetamines, cannabis, etc.)
 - Most of the continuum of care:
 - Prevention, early intervention, treatment, and recovery



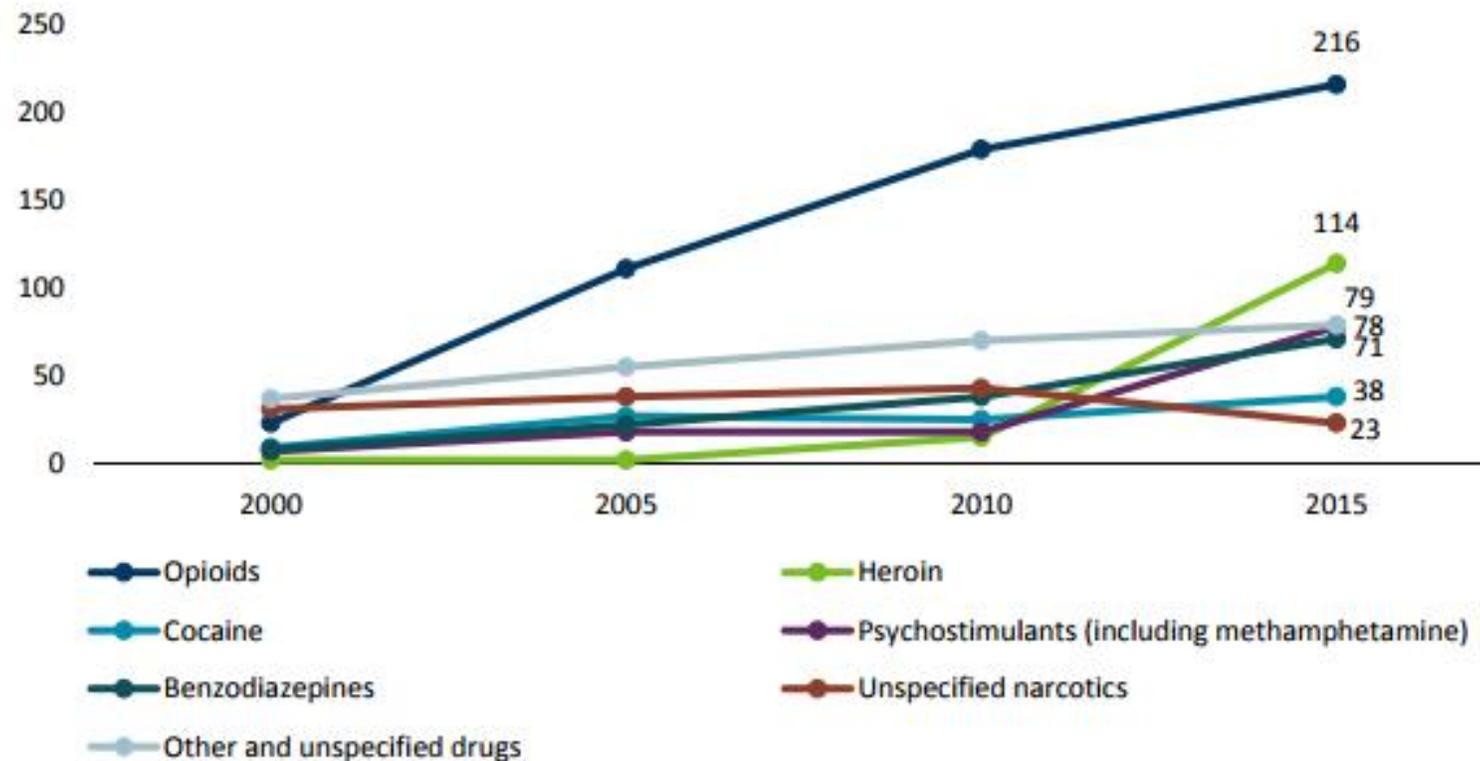
Youth and Adult Substance Use Report

- Findings:

1. Substance use disorder is a preventable and treatable disease.
2. Evidence-based prevention, treatment, and recovery services can generate positive, cost-effective outcomes for residents.
3. There are gaps in access to services, especially for special populations and rural residents
 1. Gaps are often related to lack of integration between substance use treatment and primary care; historical stigma; funding; and workforce shortages.
4. We don't always implement services correctly. If we fail to do so, we won't see the impacts we anticipate.

Substance abuse is costly

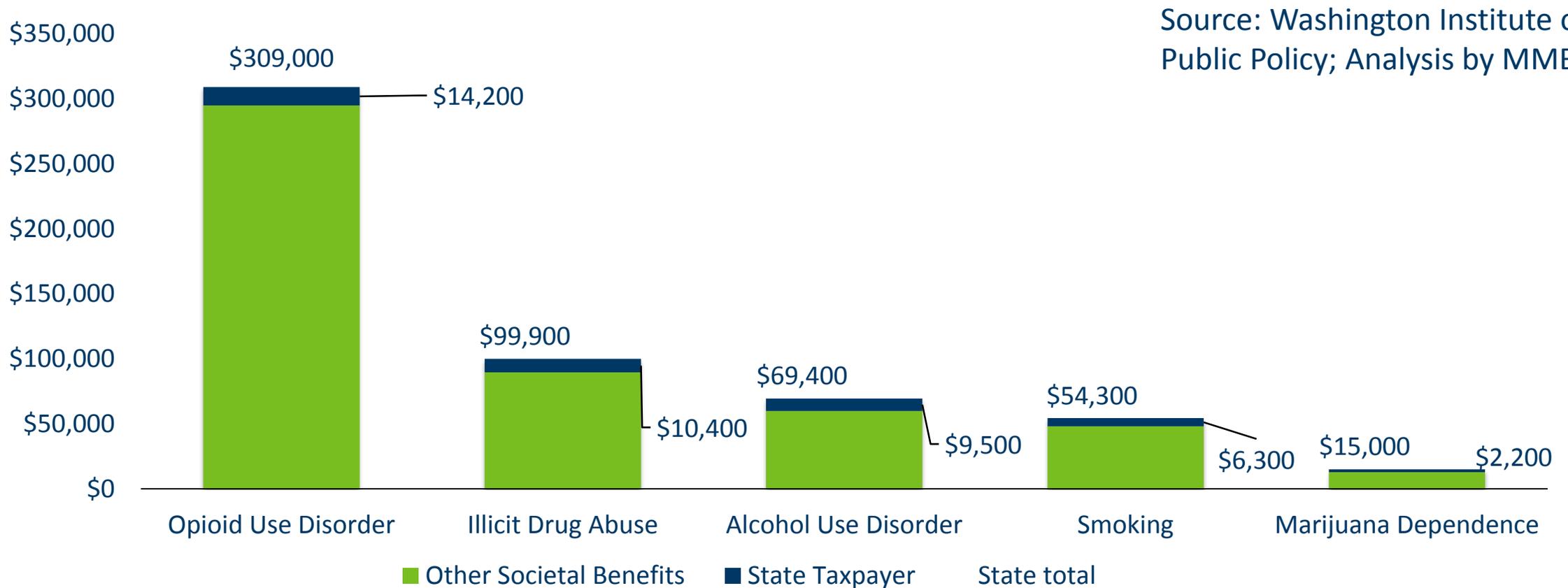
Overdose deaths by drug category, MN residents, statewide 2000-2015



Source: Minnesota Department of Health, 2016

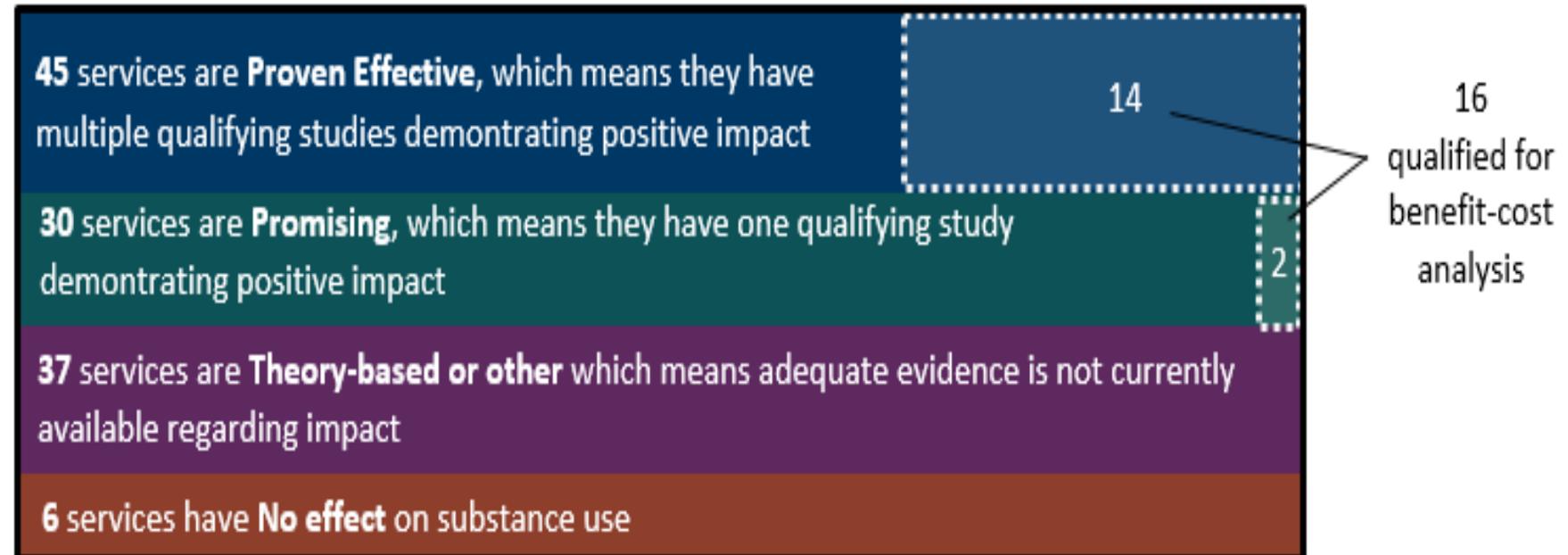
Substance abuse is costly

Labor market, healthcare, criminal justice and premature death costs per instance of abuse, by type

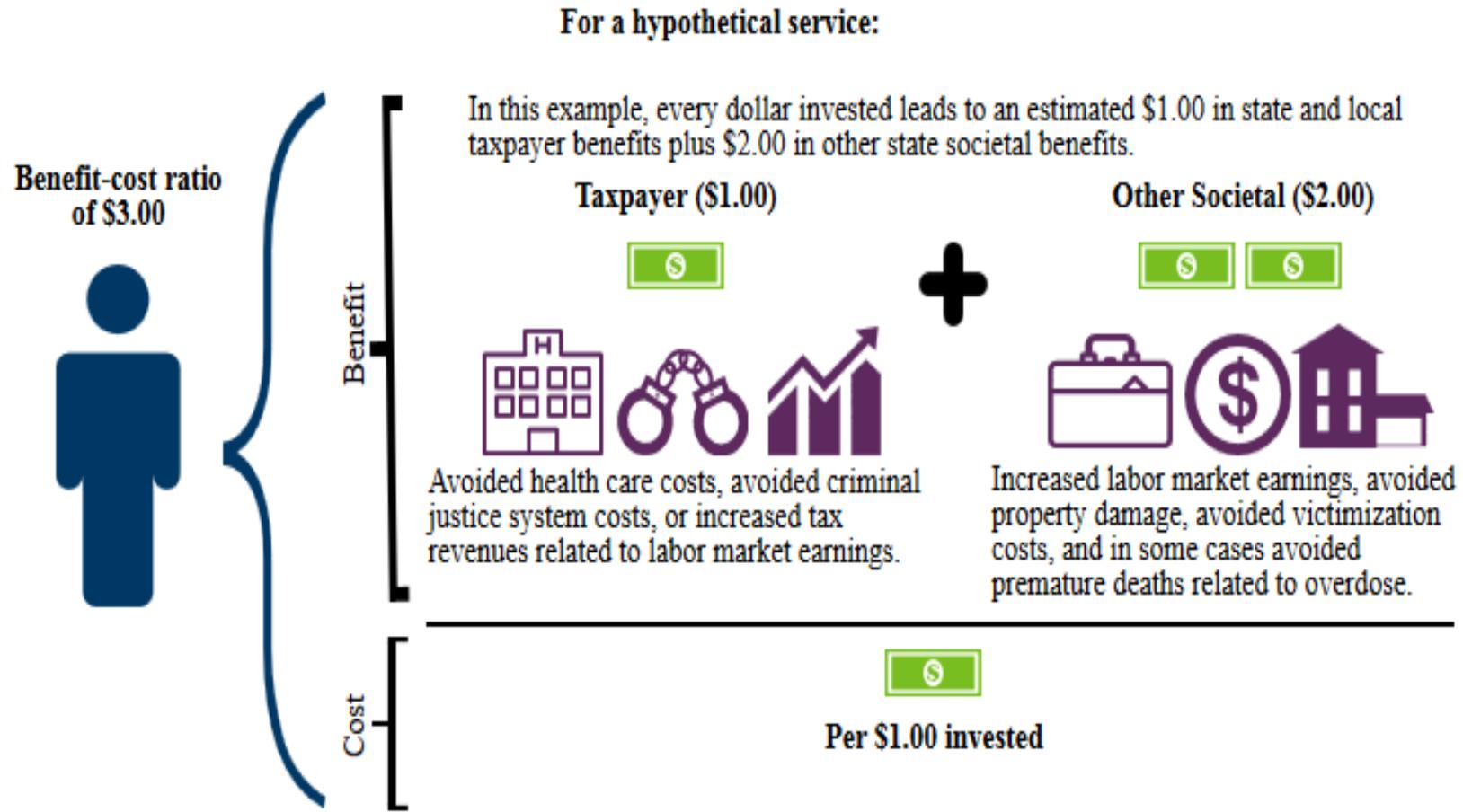


Deliverable #1: Inventory

- 118 services total analyzed.
 - Prevention: 63 services; 57 percent are evidence-based; 10 percent are no effect.
 - Treatment & Recovery: 55 services; 70 percent are evidence-based; none are no effect.



Deliverable #2: Benefit-Cost Analysis



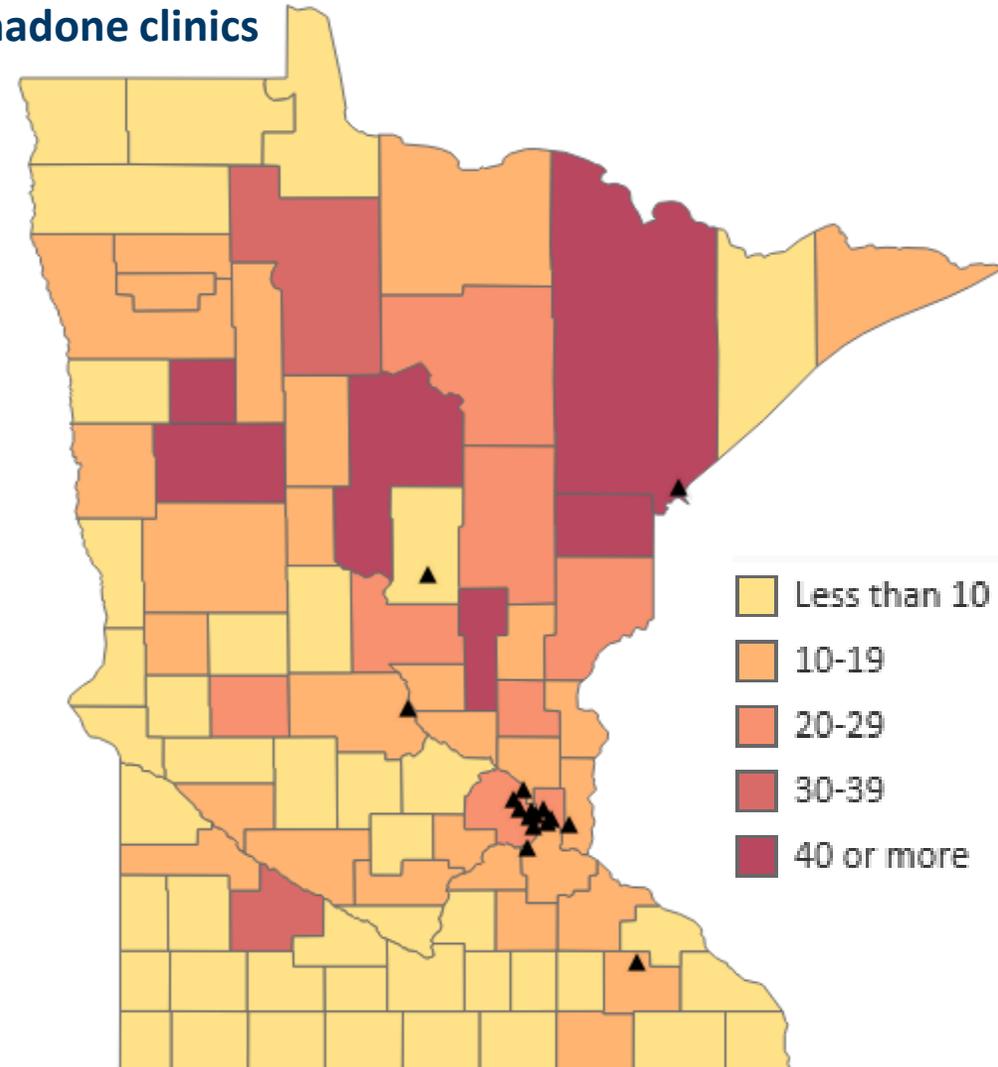
Example – Methadone Maintenance Therapy

Impact on outcomes	Source of evidence	Continuum of care category	Funding Source
Proven effective	Washington State Institute of Public Policy	Treatment	DHS, Federal SABG, CCDTF/MA, private insurance

Benefit-cost analysis (compared to treatment as usual):

State ratio	Type	Minnesota total	State and local taxpayer	Other Minnesota societal benefits	Federal
\$2.40	Benefits	\$7,900	\$380	\$7,520	\$680
	Net costs	\$3,330	\$3,330	\$3,330	\$1,570
	B/C ratio	\$2.40	\$0.10	\$2.30	\$0.40

Opiate treatment admissions per 10,000 residents & methadone clinics



- For each dollar invested, state sees \$2.40 in returns
 - from declines in crime, healthcare costs, and premature death, as well as increases in employment and changes.
- Access is low – practitioner and community stigma exists and licensing process is long.

Questions?

Laura Kramer & Weston Merrick

Laura.Kramer@state.mn.us | Weston.Merrick@state.mn.us

651-201-8035