

The text 'RESULTS FIRST' is written in a large, bold, dark blue, sans-serif font. It is overlaid on a background image showing hands pointing at various charts and graphs on a desk.

RESULTS FIRST

Children's Mental Health Report

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What is Results First?

Results First partners with agencies, counties, providers, and other stakeholders to answer:

- What services do we offer in a programmatic area?
- If we deliver the service effectively, what outcomes can we anticipate?
- How can use this information to drive decision-making?



- 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
- Juvenile Justice
- Child Welfare
- Higher Education

Underway:

- Children's Mental Health
- Public Health

Stakeholders

Advisory Committee

- Executive branch
- Legislative branch
- Judicial branch
- County representation
- Tribal nations

Key Partners

- Community groups




Evidence keys:


- High-quality local evaluations (as possible) OR research from across the nation.
- Research designed to speak to the causal impact of the program of interest.
- Our outcomes and impacts must come from those studies.

Driving to use

- Information provision (reports, presentation, and committee hearings)
- Institutionalizing and norming the use of evidence to make decisions



CHILD WELFARE
INVENTORY AND BENEFIT-COST ANALYSIS



RESULTS FIRST
CHILD WELFARE SUMMARY

Child Welfare Summary April 2018

County child welfare agencies, tribes, the Minnesota Department of Human Services, and the Minnesota Department of Health administer a range of services aimed at reducing and preventing child maltreatment and out-of-home care. These investments also have the opportunity to decrease crime, improve health care outcomes, and increase future earnings, thereby generating benefits to participants and the state.

Minnesota Management and Budget (MMB) worked with state and local partners to identify existing, publicly-funded child welfare services and estimate the benefits and costs of providing those services. The resulting inventory contains 74 services, many of which are available across the state while others are unique services created as counties explore new ways to support children and their families. As reflected in Figure 1, there are varying levels of research supporting the effectiveness of these services.

Figure 1: Summary of child welfare inventory

Of the 74 child welfare services:

47 are Theory Based
(Qualifying evidence is not currently available)

11 are Proven Effective
(Multiple qualifying studies showing favorable impact)

10 are Promising
(One qualifying study showing favorable impact)

5 are a Category of Services

1 Pending
(Currently under review)

Note: A qualifying study uses a randomized control trial or quasi-experimental design, meaning there is a treatment and control group to test the impact of the service.
Category of Services: A group of services a client may receive, dependent on need. Some services may be evidence-based, but they have not been studied holistically.

	Category	Impact on outcomes	Maltreatment	Placement / Permanency	Other outcomes	Source of evidence	Other evidence or expert opinion
for	Counseling / Therapy	Promising	Favorable	Favorable	Favorable (Child and parent behavior and mental health)	CEBC	
Home.	Counseling / Therapy	Category of Services	*	*	*		
Child	Counseling / Therapy	Proven Effective	Favorable	*	Favorable (Child behavior and parent-child interactions)	CEBC / WSPD	CEBC-linked research indicates that PCT does not produce an overall effect on outcomes, but it is effective for specific populations such as highly irritable children.
ideal	Counseling / Therapy	Theory Based	*	*	*		
atic	Counseling / Therapy	Proven Effective	*	*	Favorable (Child behavior and mental health, parenting skills)	CEBC	
ary affect	Counseling / Therapy	Promising	*	*	Favorable (Child and parent behavior and mental health)	CEBC	

RESULTS FIRST

m1 MANAGEMENT
AND BUDGET



Children's Mental Health Findings

Children's mental health findings

1. There many proven treatment services for children's mental health, but majority of services remain theory-based.
2. These evidence-based practices are often expensive to implement and public insurance is often insufficient to cover the additional training, certification, and monitoring.
3. The continuum of services to improve children's mental health outcomes often cross traditional agency silos. In this continuum, gaps persist, particularly in rural Minnesota.
4. New federal legislation will impact funding for evidence-based prevention offerings.

Levels of evidence

Proven effective

A proven effective service offers a high level of research on effectiveness for at least one outcome of interest. This is determined through multiple qualifying evaluations. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.

Promising

A promising service has some research demonstrating effectiveness for at least one outcome of interest. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.

Theory-based

A theory-based service has no research on effectiveness or research designs that do not meet the above standards. These services and practices may have a well-constructed logic model or theory of change.

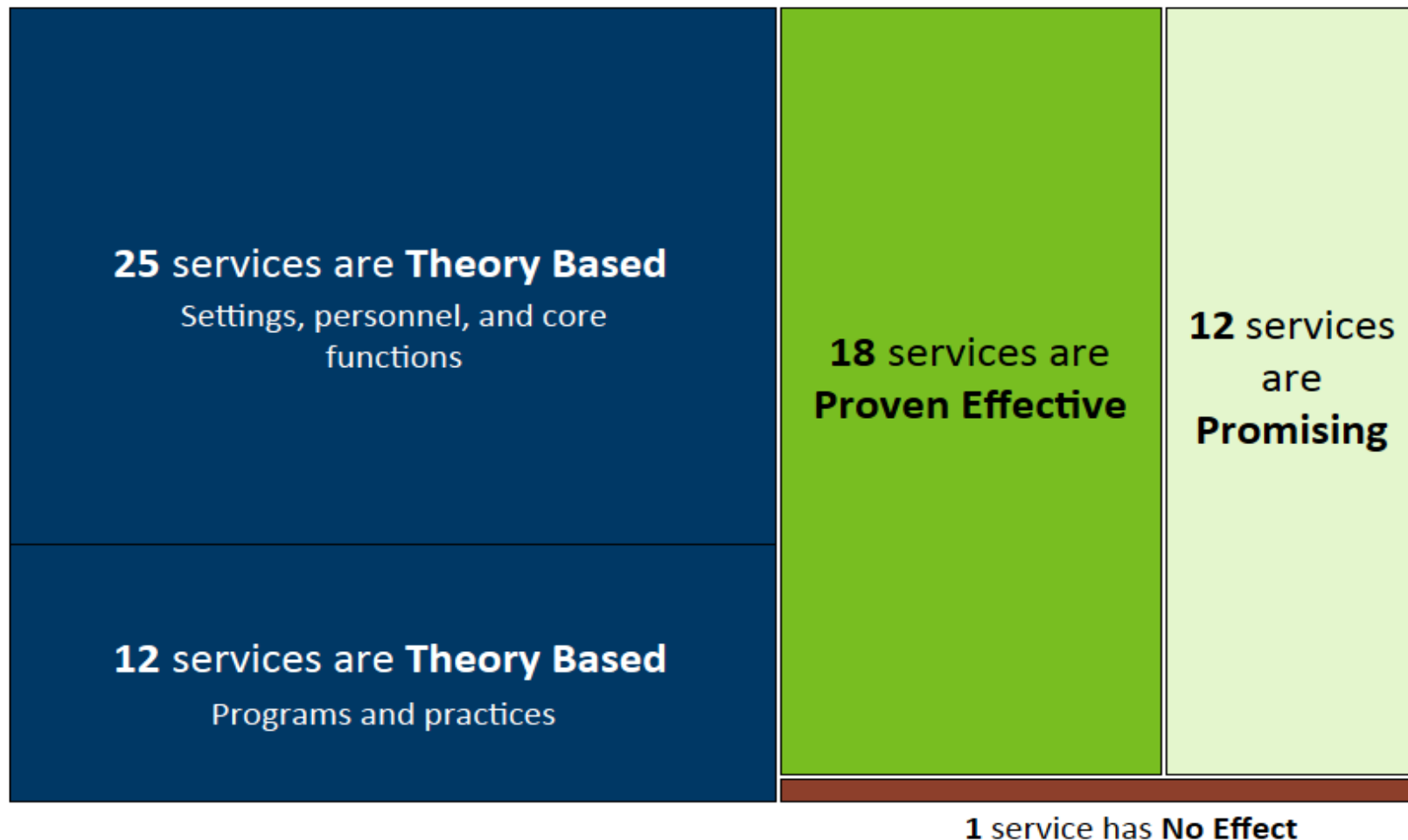
No effect

A service or practice with no effects has no impact on the measured outcome. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.

Proven harmful

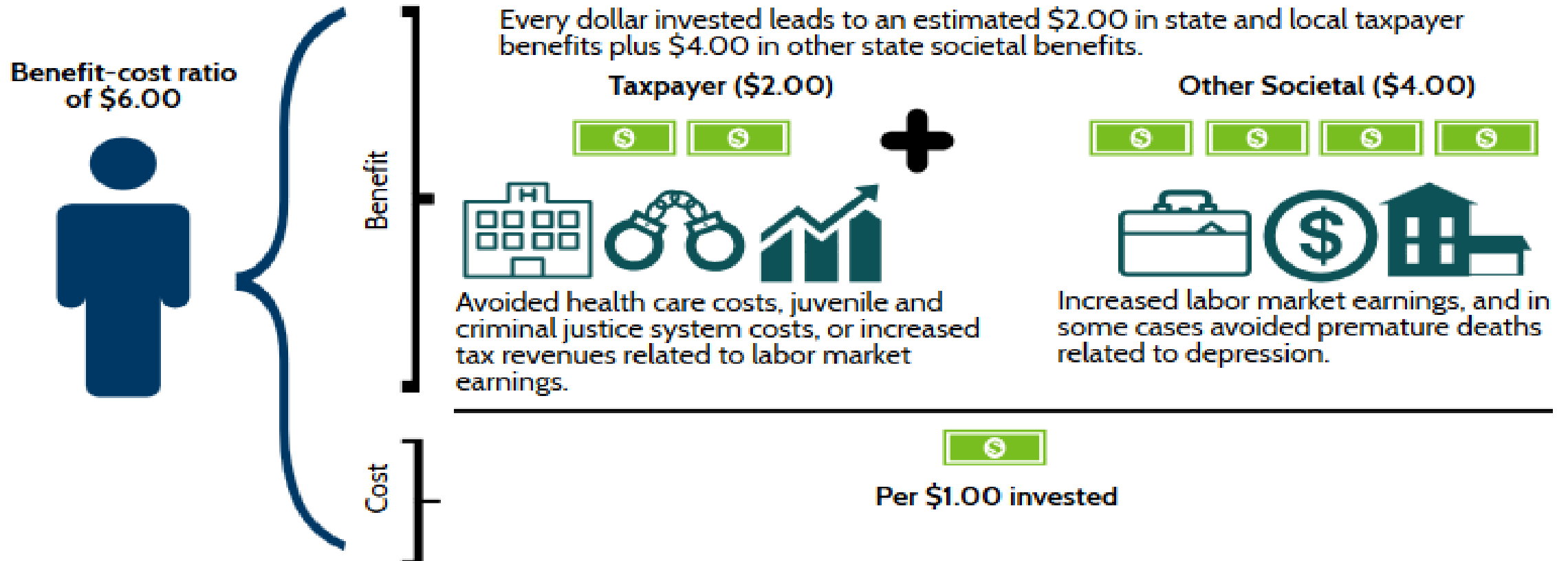
A proven harmful service or practice offers research that shows participation adversely affects outcomes of interest. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.

Children's mental health services in Minnesota



Name	Category	Rating	Outcomes on disorders or psychiatric symptoms for children	Enhancement in child or family wellbeing	Source of evidence
Child Parent Relationship Therapy	Counseling / Therapy	Proven Effective	Favorable	Favorable (family cohesion)	NREPP
First episode psychosis	Counseling / Therapy	Proven Effective	Favorable	*	WSIPP
Trauma-Focused Cognitive Behavioral Therapy (CBT)	Counseling / Therapy	Proven Effective (Culturally-informed intervention)	Favorable	*	WSIPP
Crisis Text Line	Crisis services	Promising	Favorable	*	MMB Literature Review
Crisis Intervention Team (CIT) law enforcement training	Crisis services	No effect	*	Neutral (processing of offenders, use of force)	Crime solutions
Care coordination	Family, community, and client education and support	Theory Based (Category of services)	*	*	Not at this time

Return on investment



Services likely to be included in the BCA

- Incredible Years
- Behavioral Parenting Therapy
- Cognitive Behavior Therapy for ADHD
- Cognitive Behavior Therapy for Anxiety
- Cognitive Behavior Therapy for Depression
- Trauma-Focused Cognitive Behavioral Therapy
- Parent–child interaction therapy

Outcomes in an example BCA



Outcome category	Monetary value of outcome	Impact on taxpayers
Crime	Reduced juvenile and adult criminal justice costs	Decreases future costs
Disruptive behavior	Reduced health care system costs	Decreases future costs
Earnings	Earnings via high school graduation	Increases future benefit
Higher education	Costs of attending institute of higher education	
Special education	Reduced K-12 system costs	

Families First Prevention Services Act

- Federal law passed in 2018
- It will make Title IV-E funding available for mental health, substance use, and parenting, and limits when federal funds pay for congregate care settings for children in CW system.
- Services must be evidence-based, as defined by:

Threshold	Description
Promising Practice	At least one qualifying study with a rigorous study design and a favorable effect on at least one “target outcome”
Supported Practice	At least one qualifying study with a rigorous study design and a favorable effect on at least one “target outcome” at least 6 months beyond treatment
Well-supported treatment	At least two qualifying studies with rigorous study design, and at least one of the studies demonstrates a sustained favorable effect at least 12 months beyond treatment, on at least one target outcome.

Mapping the services

- MMB & DHS are collecting data on current availability of evidence-based practices.
- We've sent emails to the authorized agent at each provider.

To see if your provider has completed the email or for more information: email ResultsFirstMN@state.mn.us

Thank you!

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