Innovative Federal Program Designs to Increase Evidence-Based Practice

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• GPRA (1993 to present)
• PART (2001-2009)
• Obama Administration Evidence-Based Program Initiatives (2009 to present)
Key Features of New Program Designs

• Developed through **partnerships** of research, evaluation and program officials
  – Relationships mirrored at grantee level

• Strong **financial incentives** for applicants to:
  – Review and utilize existing research on what works and how to implement with fidelity
  – Conduct or participate in **rigorous evaluations** to build evidence

• Changes to agency **grants** processes

• Better utilization of administrative **data**
Tiered Evidence Grant Programs

• **Two-tier models**
  – For mature evidence base
  – Goals: validate promising practices and scale up effective practices
  – Examples: Home Visiting & Teen Pregnancy Prevention
Tiered Evidence Grant Programs

• Three-tier models
  – Structure: Proof-of-Concept, Validation, Scale-up
  – Example: Investing in Innovation (i3) at ED
  – Used by HHS, DOL, ED, CNCS, and USAID
Pay for Success

- **Private investors** provide working capital for evidence-based prevention services
- **Government** pays only after results are achieved
- Impacts measured with rigorous **evaluation** and administrative data
- **Federal** projects underway: DOL and DOJ
- **State** initiatives underway: recidivism, home visiting, pre-K, asthma/diabetes prevention
2014 appropriations authority for pilots serving **disconnected youth**

Up to 10 pilots may blend funds and receive waivers of statutory provisions to implement a **cross-program strategy** to improve education, employment and other outcomes.

Test improved **systems coordination** and service delivery approaches in high-capacity communities.
Research shows certain psychosocial interventions can yield better outcomes than psychotropic medications.

2015 President's Budget proposal would encourage States to use evidence-based alternatives to medication to treat behavioral and mental health conditions of youth in foster care.

Evaluation will examine reductions in over-prescription of psychotropic medications and other outcomes for foster care youth.
Strategies forAccelerating Progress

• Identify other promising program areas for evidence-based designs

• Improve researcher access to and utilization of high quality administrative data

• Improve knowledge dissemination and technical assistance on evidence-based practices and effective implementation

• Build coalitions across programs/levels of gov’t