

LESSONS FROM THE J-PAL STATE AND LOCAL INNOVATION INITIATIVE

Case Study: Pennsylvania



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What can be learned when the intended evaluation turns out not to be feasible?

There are several reasons why, after beginning to pursue a randomized evaluation, the government or research team may decide not to proceed. For example, resources may become available to allow the program to serve everyone who is eligible, which may make it impractical or unethical to randomly assign eligible individuals to a control group. In other cases, the government or research team may decide that they need to refine how the program is implemented before undertaking an evaluation.

However, even when a randomized evaluation is not launched, the process of developing the study can still provide useful intermediate outputs that can help the government achieve other research and policy goals.

In 2016, the Commonwealth of Pennsylvania announced funding for 45 [Centers of Excellence](#) (COEs), which are designed to coordinate care for individuals with opioid use disorder to help ensure that they stay in treatment, receive follow-up care, and are supported within their communities. The COEs deploy care management teams to assess patient needs and develop a treatment plan, make warm hand-offs to physical health, mental health, and substance use treatment providers, and issue referrals for employment, housing, and legal services. Staff from the Governor's Office and the Department of Human Services partnered with J-PAL North America through the State and Local Innovation Initiative to explore using a randomized evaluation to better understand whether COEs effectively increase engagement with treatment and, if so, which components of the model are most effective.

After working with J-PAL North America staff and researchers, Pennsylvania ultimately decided that a randomized evaluation of the COEs would not be feasible at this time. The proposed evaluation would be implemented across a number of different COEs, and discussions with staff from various COEs revealed wide variation in care coordination practices, including variation in which staff deliver services and in what additional services the COEs provide. Because a randomized evaluation would estimate the average effect across different COEs, this variation would make it difficult to interpret the results of a randomized evaluation.

For example, suppose that some COEs deployed peer counselors to coach participants in a community setting while other COEs hired nurses to support participants in a more clinical setting. A randomized evaluation that found no impact of participating in a COE could imply that that neither model was effective. It could also imply that one model was effective but the other was ineffective, so that the overall impact was, on average, insignificant. Conversely, if a randomized evaluation found positive impacts from participating in a COE, we would want to know which model had produced the result, so it could potentially be replicated elsewhere.

Even though a randomized evaluation was not launched, the initial work staff did to develop a randomized evaluation was useful in thinking about how to measure the impact of the state's many efforts to address the opioid and heroin epidemic. For example, in the process of scoping a randomized evaluation of the COEs, staff from Pennsylvania discussed how to measure outcomes such as persistence in treatment and health care utilization. The metrics and potential data sources they identified have been used for other grants and projects, including Pennsylvania's successful funding application for the [21st Century CURES Act](#), and can also serve as a starting point as the state considers future opportunities for evaluation.

By partnering with J-PAL North America and academic researchers to pursue a randomized evaluation, Pennsylvania was able to access both external financial support and technical expertise, which has helped to uncover other potential opportunities for evaluation. For example, in a meeting with staff representing several different COEs, a service provider observed that demand often exceeds capacity for detox beds, leading to limited and intermittent detox bed availability. A researcher from J-PAL's network who also participated in the discussion noted the possibility of conducting a quasi-experimental evaluation to measure the impact of detox bed availability. J-PAL North America staff connected the researcher with Pennsylvania's Department of Human Services to continue the conversation.

To read more about lessons from the State and Local Innovation Initiative, see: bit.ly/2fvG7j6