Service Inventory: Adult mental health Updated 2/7/2017

This inventory presents information about services and treatments available in Minnesota to adults with mental illness. The level of evidence demonstrates the extent to which rigorous research has been completed. Where available, this research shows how effective the service is at generating positive client outcomes. The inventory lists four categories of outcomes, but does not include all potential outcomes, such as improvement in general health, global functioning, substance abuse, etc. A blue fill indicates a favorable impact on the outcome, a light red fill indicates an unfavorable impact on the outcome, a light gray fill means there is a neutral impact on the outcome, and a white space means research is not available. The research only includes outcomes verified by Washington Institute of Public Policy (WSIPP) or the National Registry of Evidence-Based Programs or Practices (NREPP). More information about the findings or about the Results First Initiative can be found at the bottom of the inventory.

Service/Practice	Description	Frequency of service	Impact on outcomes	Hospital-ization	Employment	Homeless-ness	Psychiatric symptoms	Source of evidence	Continuum of care category	Additional resources	Voices from the field
Assertive Community Treatment (ACT)	A non-residential rehabilitative mental health service model available to recipients at all times. Services include: case management, support and skills training (self-care, financial management, use of transportation, etc.), illness education and medication management, psycho-education to family members, and housing assistance.	3-4 visits per week	Proven effective	decreased	*	decreased	neutral	WSIPP	Community Services & Supports	DHS Provider Manual - ACT	
Cognitive Behavioral Therapy (CBT)	Cognitive-behavioral therapies (CBT) include various components, such as cognitive restructuring, behavioral activation, emotion regulation, communication skills, and problem-solving. It's a part of many services and has been shown effective in many forms of mental illness. CBT is a form of psychotherapy. There are many different forms of CBT to address specific diagnoses (anxiety, PTSD, trauma, etc.).	Weekly group and individual sessions	Proven effective	*	increased	*	decreased	WSIPP	Basic Clinical Services	DHS Provider Manual - Psychotherapy	CBT is not a service, but a care protocol, prescribed by treatment professionals.
Co-Occurring Disorders and Integrated Dual Diagnosis Treatment (IDDT)	Service is for individuals with co-occurring mental illnesses and substance abuse disorders. Includes counseling, education, case management, substance abuse treatment, help with housing, money management, relationships and social support.	Dependent on client need, often daily	Proven effective	decreased	*	decreased	neutral	SAMHSA	Community Services & Supports	DHS Technical Assistance Resources-IDDT	
Critical Time Intervention (CTI)	Time-limited case management model that is designed to support continuity of care and community integration for persons with severe mental illness who are transitioning from institutional settings. The service connects individuals to community resources and long-term supports. Typically lasts around nine months.	Ongoing	Proven effective	decreased	*	decreased	decreased	NREPP	Community Services & Supports		DHS requested federal matching funds to integrate CTI into existing Project for Assistance in Transition from Homelessness.
Dialectical Behavior Therapy (DBT)	A treatment program that uses a combination of individualized rehabilitative and psychotherapeutic interventions to treat dysfunctional coping behaviors and to reinforce adaptive behaviors. DBT is a form of psychotherapy.	Weekly group and individual sessions	Proven effective	*	*	*	decreased	WSIPP	Basic Clinical Services	DHS Provider Manual - DBT	
First Episode Psychosis Program	Provides early detection and treatment of mental illness. Services include assessment, education, family engagement, care coordination, and treatment.	Dependent on need, often multiple sessions per week	Proven effective	decreased	*	*	decreased	WSIPP	Early Intervention Services		
Illness Management and Recovery (IMR)	IMR includes educating recipients about mental illness and treatment including recovery strategies, stress management, medication use, social support, and developing relapse plans. This is often offered alongside ARMHS and ACT programs.	Weekly sessions	Proven effective	decreased	increased	*	decreased	SAMHSA	Community Services & Supports	DHS Technical Assistance Resources - IMR	
Individual Placement & Support Services (IPS)	A collaboration between a DHS approved mental health provider, a community rehabilitation employment provider, and MN DEED. Seeks to promote recovery through employment. Services assist people with SMI find a job, keep employment, and earn a competitive wage.	Weekly until employment found, then intermittent check-ins to provide support	Proven effective	neutral	increased	*	decreased	WSIPP	Community Services & Supports	DHS Technical Assistance Resources - IPS	
Mental Health First Aid	Allows trained community members to identify early signs of mental illness or a mental health crisis. These first responders provide support and use a 5-step action plan to connect individuals to professional, peer, social, and self-help care.	Dependent on need	Proven effective	*	*	*	decreased	NREPP	Early Intervention Services	NREPP - Mental Health First Aid	
Mental Health Medication Management	Provides education for individuals on multiple medications. A trained pharmacist educates patients on how to take their medication and potential interactions and side effects.	Dependent on need, often weekly sessions	Proven effective	*	*	*	decreased	SAMHSA	Community Services & Supports	DHS Provider Manual - Medication Management	SAMHSA evidence-based; outcomes not yet reviewed by WSIPP or NREPP.
Mindfulness-Based Stress Reduction (MBSR)	Psychoeducational training for individuals with emotional or psychological distress. It is designed to reduce feelings out anxiety, negativity, and depression, and improve self-esteem, mental health, and functioning.	Weekly group sessions	Proven effective	*	*	*	decreased	NREPP	Basic Clinical Services		
Mobile Crisis Services	Mobile crisis services provide face-to-face, short-term, intensive mental health services during a mental health crisis or emergency. They help the recipient cope, identify resources, avoid hospitalization, develop an action plan and begin a baseline level of functioning.	Dependent on need	Proven effective	decreased	*	*	*	WSIPP	Crisis Response Services	DHS Provider Manual - Crisis Response	
Permanent Supported Housing	Long-term housing supports with community outreach and transportation assistance, education, skills development, crisis assistance, resource development and coordination, case management, and medical and psychiatric coordination. Housing First and Bridges are two examples of this service.	Housing is continuous. Services are dependent on need, but often weekly	Proven effective	decreased	increased	decreased	*	WSIPP	Community Services & Supports	DHS Housing Resources	

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Adult Rehabilitative Mental Health Services (ARMHS)	A set of services that were developed to bring recovery-oriented interventions to individuals with mental illness. Services include basic living and social skills, certified peer specialist services, community intervention, functional assessment, an individual treatment plan, medication education, and transition to community living services	Weekly sessions	Promising	*	*	*	*	SAMHSA	Community Services & Supports	DHS Provider Manual - ARMHS	SAMHSA evidence-based; outcomes not yet reviewed by WSIPP or NREPP.
Behavioral Health Home Services (BHH)	The health home builds linkages to community supports and resources as well as enhances coordination and integration of primary and behavioral healthcare to better meet the needs of people with multiple chronic illnesses. BHH provide case management, care coordination, health promotion, and transitional care when moving from inpatient to other settings. BHH are a form of care coordination.	Dependent on need, at least one contact per month	Promising	decreased	*	*	increased	WSIPP	Community Services & Supports	DHS Technical Resources - BHH	Research suggests psychiatric symptoms may be associated with additional client contacts for the recipients. Behavioral Health homes are a new service in Minnesota, starting in July 2016.
Case Management	Case managers conduct a functional assessment, develop an individual or family community support plan, ensure the coordination of services, monitor and evaluate services, and assist in obtaining other needed services. Case management varies in intensity based on need and is a component of many evidence-based practices.	Dependent on need, at least one session per month	Promising	*	*	*	*	SAMHSA	Community Services & Supports	DHS Provider Manual - AMH-TCM	Includes targeted case management. Counties have noted that though case management s the glue that holds the present mental health system together.
Certified Peer Specialist (CPS)	Qualified individuals with a lived experience of mental illness are trained to educate, engage, encourage, advocate and support individuals with a mental illness. Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS) and Intensive Residential Treatment services include CPS.	Dependent on need	Promising	decreased	increased	decreased	neutral	WSIPP	Community Services & Supports	DHS Provider Manual - CPS	
Crisis Residential Treatment	Time-limited crisis services within a residential setting. Services include crisis assessment, intervention services and crisis stabilization; including referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training and collaboration with other service providers in the community.	Ongoing evaluation and treatment while in residential setting	Promising	*	*	*	*	SAMHSA	Crisis Response Services	DHS Provider Manual - Crisis Services	SAMHSA evidence-based; outcomes not yet reviewed by WSIPP or NREPP.
Family Psychoeducation	Family psychoeducation services are planned, structured and face-to-face interventions that involve presenting or demonstrating information. The goal of family psychoeducation is to help prevent relapse or development of comorbid disorders and to achieve optimal mental health and long-term resilience.	Weekly session	Promising	*	*	*	*	SAMHSA	Basic Clinical Services	DHS Provider Manual - Family Psychoeducation	SAMHSA evidence-based; outcomes not yet reviewed by WSIPP or NREPP.
Forensic Assertive Community Treatment (ACT)	A specialized ACT Team that services individuals transitioning and re-entering the community from correctional facilities. Services include: coordination with supervision officers, case management, support and skills training (self-care, financial management, use of transportation, etc.), illness education and medication management, family psychoeducation and housing assistance.	Dependent on need, multiple sessions per week	Promising	decreased	*	*	*	WSIPP	Community Services & Supports		
International Center for Clubhouse Development (ICCD) Clubhouse Model	A day treatment program for rehabilitating adults diagnosed with a mental illness. The program contributes to the recovery of individuals through use of a therapeutic environment, employment support, peer relationships, education, and housing. Clients, or members, assist staff in managing operations at the clubhouse.	Daily	Promising	*	increased	*	decreased	NREPP	Community Services and Supports		
Motivational Interviewing for individuals with SMI	Motivational interviewing is a brief, several-session treatment given prior to another form of psychotherapy in order to increase treatment effectiveness. Motivational interviewing seeks to resolve subject ambivalence to treatment and increase the likelihood that the subject will adhere to the treatment plan by positively engaging the subject through exploratory questioning.	Dependent on need, often weekly sessions	Promising	*	*	*	decreased	WSIPP	Basic Clinical Services	DHS "What is Motivational Interviewing?"	
Wellness Recovery Action Plan (WRAP)	WRAP helps people monitor, reduce, modify, change or eliminate distressing symptoms through planned responses. They enable people with psychiatric illnesses to formulate a wellness plan from the perspective of functioning at their best and most stable.	Often delivered as 2-3 day course	Promising	*	*	*	decreased	WSIPP	Community Services & Supports	NREPP - WRAP	

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Other sets of services and settings in Minnesota's Mental Health Continuum											
Crisis Intervention Team (CIT)	A model that provides training to law enforcement on how to respond to a mental health crisis. It includes 40 hours of training for officers. CIT seek to enhance communication, identify mental health resources for assisting people in crisis and ensure that officers get the training and support that they need.	Dependent on need	Theory-based	*	*	*	*		Crisis Response Services		A literature review on CIT indicate positive outcomes. The review, however, does not include any studies with an experimental design. http://bit.ly/2jAqIl5
Day Treatment	Intensive daily group treatment and support. Treatment improves psychiatric stability, independent living skills, and healthy coping skills. Services are offered 3-5 days a week for around five to fifteen weeks. Day treatment seeks to help people move toward recovery by improving psychiatric stability, independent living skills and coping skills.	Three hours daily	Theory-based	*	*	*	*		Community Services & Supports	DHS Provider Manual - Day Treatment	
Drop-in centers	Drop-in centers provide mental health and social supports for people with SMI and SPMI. Often these include peer-based community support services focused on wellness, building social connections, employment, reducing isolation, reducing hospitalization, and enhancing community integration. While services differ, they share the common elements of socialization, empowerment, and advocacy. SAMHSA includes this as part of consumer-operated services.	Dependent on need	Theory-based	*	*	*	*		Community Services & Supports	SAMHSA - Consumer-Operated Services	SAMHSA designates consumer-operated services as evidence-based. In practice, MMB found intensity and process of these services often differ from the EBP suggested by SAMHSA. Certified clubhouses, following the International Center for Clubhouse Development (ICCD) model, are a promising practice.
Intensive Residential Treatment Services (IRTS)	Time-limited mental health services in a residential setting. A mental health professional supervises the recipient 24 hours a day to enhance stability, foster personal and emotional development, and teach skills to live independently.	Daily while in residential setting	Theory-based	*	*	*	*		Inpatient & Residential Treatment	DHS Provider Manual - IRTS	DHS services informed by evidence-based practices but not studied holistically. NAMI notes that IRTS plays an important role in ensuring the appropriate care for individuals that do not meet the hospital level of care.
Partial Hospitalization	A multidisciplinary team, in an outpatient hospital facility or community mental health center, provides a time limited, structured program to resolve or stabilize an acute episode of mental illness. At a minimum, services include one session of individual, group, or family psychotherapy and two or more other services (such as activity therapy or training and education).	Daily treatment in outpatient facility	Theory-based	*	*	*	*		Community Services & Supports	DHS Provider Manual - Partial Hospitalization	
Urgent Care for Adult Mental Health	Provides immediate care for an individual experiencing a crisis. An on-site team of psychiatrists, nurses, social workers, and trained peer support staff provide care. This is often combined with detoxification, crisis services, and referrals to other mental health services.	Dependent on need. Short duration with referral to other services.	Theory-based	*	*	*	*		Crisis Response Services		
45 day bed Hospitalization	The Department of Human Services contracts with several psychiatric hospitals to extend their lengths of stay in order to prevent clients from having to go to Anoka Metro Regional Treatment Center. Sometimes referred to as contract beds.	Ongoing evaluation and treatment	Category of services	*	*	*	*		Inpatient & Residential Treatment	DHS Provider Manual - Inpatient	
Acute Care Hospital (inpatient setting)	Medical and psychosocial services in a hospital setting. Mental health professionals supervise patients 24 hours a day. Services include stabilization, medical care, therapy, patient education, and discharge planning. Examples include Community hospitals, Community Behavioral Health Hospitals (CBHHs), and Anoka-Metro Regional Treatment Center (ARMTC).	Ongoing evaluation and treatment	Category of services	*	*	*	*		Inpatient & Residential Treatment	DHS Provider Manual - Inpatient	
Assessments, testing, consultation, and findings	Set of outpatient services that evaluate and communicate (with patient and care team) recipient's mental health. This includes diagnostic assessment, psychological and neuropsychological assessments, psychiatric and physician consultations and explanation of findings.	Dependent on need	Category of services	*	*	*	*		Basic Clinical Services	DHS Provider Manual - Mental Health Services	
Care Coordination	Care Coordination provides face-to-face, telephonic and collaborative support starting with a comprehensive, client-centered assessment highlighting strengths and needs. Includes case management and wraparound services. Behavioral Health Homes and First-Episode Psychosis are two examples of evidence-based services that use care coordination.	Dependent on need, at least monthly	Category of services	*	*	*	*		Community Services & Supports		
Community Education and Prevention	An aggregate category that includes outreach, events, and workshops to educate the general public on mental health issues and resources, and target high-risk individuals. It also includes anti-sigma and suicide prevention campaigns, such as Make it OK.	As offered, often weekly	Category of services	*	*	*	*		Health Promotion & Illness Prevention		
Employability services	An aggregate category that includes many types of services that promote the recovery of people with SMI through work. Vocational rehabilitation and Individual Placement & Supports are examples of employability services.	Dependent on need, often weekly during job search	Category of services	*	*	*	*		Community Services & Supports		DEED, DHS, and employment providers partner to offer assorted employment services.

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Other sets of services and settings in Minnesota's Mental Health Continuum											
General Housing	There are a range of different housing models with varying levels of ancillary services provided. The evidence identifies that combining housing with services, such as case management, skills development, and care coordination, are key to improved outcomes. Long-term, Supportive Housing is an example of an evidence-based practice.	Housing is continuous. Length of stay and other services based on the housing model.	Category of services	*	*	*	*		Community Services & Supports	DHS Housing Resources	There are range of housing options that vary in form and function. Many of these services have yet to be evaluated. Certain housing models have been shown effective and are listed under Permanent Supportive Housing.
Minnesota Security Hospital	The Minnesota Security Hospital is a secure residential treatment facility in St. Peter. The facility provides evaluation and therapy for around 350 patients deemed by the courts as mental ill and dangerous.	Ongoing evaluation and treatment	Category of services	*	*	*	*		Inpatient & Residential Treatment	DHS Programs & Services - Direct Care & Treatment	
Suicide Awareness, Prevention & Support	Crisis resources, prevention training, support groups, and other resources designed to prevent suicide. This includes evidence-based services, such as Question, Persuade, and Refer (QPR) and Applied Suicide Intervention Skills Training. It also includes community level suicide prevention planning.	Dependent on need	Category of services	*	*	*	*		Mental Health Promotion and Illness Prevention	NAMI resources	
Skills Development and Wellness Promotion	This incorporates a wide range of activities designed to promote physical, social, emotional, and mental health wellness. Skills include resiliency training which promotes skills to adapt to setbacks or misfortunes, and can protect individuals from mental health conditions. Local examples include Allina Health's Bounce Back Project, SAMHSA's 10x10, and the PartnerSHIP4Health.	Dependent on need	Category of services	*	*	*	*		Mental Health Promotion and Illness Prevention		

*This research only includes outcomes in hospitalization, employment, homelessness, and psychiatric symptoms verified by WSIPP or NREPP. These two clearinghouses have not reviewed the impact of the service on this outcome.

Impact on outcomes - definitions	
Proven effective	A proven effective service or practice offers a high level of research on effectiveness, determined through rigorous evaluation (such as randomized controlled trials) or high quality local evaluations.
Promising	A promising service or practice has some research demonstrating effectiveness, such as a single randomized controlled trial or evaluation with a comparison group design that are not contradicted by other such studies, but does not meet the full criteria for the proven effective designation.
Theory-based	A theory-based service or practice has no research on effectiveness or less rigorous research designs that do not meet the above standards. These services and practices typically have a well-constructed logic model or theory of change. This ranking is neutral. Services may move up to promising or proven effective after research reveals their impact on measured outcomes.
No effect	A service or practice with no effects has no statistically significant impact on the desired outcome. It does not include the service's potential effect on other outcomes. Research methods include rigorous evaluations, such as randomized controlled trials or rigorous local evaluations.
Category of services	These services represent a category of services that a client may receive, dependent on need. As services can vary from client to client, we cannot assess their effectiveness.

About Results First

A bipartisan provision enacted during the 2015 legislative session instructs Minnesota Management & Budget (MMB) to conduct benefit-cost analyses for corrections and human services, using the Pew-MacArthur Results First framework. The Results First team at MMB partners with agencies and counties to estimate benefit-cost ratios associated with practices that have been rigorously evaluated in Minnesota and elsewhere.

As policymakers face difficult budget choices, knowing which services have proven outcomes that lead to taxpayer savings is valuable. This ability to make informed choices when employing public resources maximizes the benefits to state residents. This inventory provides a central repository of services offered in Minnesota and evidence of their effectiveness.

The adult mental health benefit-cost analysis will be released in late 2016. More information is available on our website: https://mn.gov/mmb/results-first/
The benefit-cost analysis is based on the Washington State Institute for Public Policy (WSIPP) model. The technical appendix is on their website: http://www.wsipp.wa.gov/BenefitCost

Voices from the field column
The Results First team understand that services are complex and quality research exists that may not meet our definitions. We welcome that context and detail. If your organization would like to add a voices from the field comment, email ResultsFirstMN@state.mn.us. The statement must be 180 characters or less, validated by MMB, and attributable to the individual or organization submitting it. It can include links to additional information.

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