



Adult Mental Health Initiative Inventory

An initial inventory of evidence-based practices in funded services, 2023-2024

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Minnesota Management and Budget
Results Management | Evidence-based Policymaking
658 Cedar Street
St. Paul, MN (55155)
ResultsManagement@state.mn.us
<https://mn.gov/mmb/budget/results-management/>

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Inventory Overview

Introduction and Purpose

[Adult Mental Health Initiatives \(AMHI\)](#) are county- and Tribal-based regional collaborations charged with coordinating mental health services and funding in their area for adults with serious and persistent mental illness (SPMI). There are 19 AMHIs in Minnesota ([map](#)). The structure of AMHIs (such as eligibility requirements and funding formulae) was established in 1996 to support community-based service delivery upon the closure of state institutions throughout the 1990s. AMHIs receive funding through federal and Minnesota Health Care Programs funding and are often supplemented by the county or through Tribal government funds.

The Minnesota Department of Human Services (DHS) administers AMHI state grant funding. These grants may be used to offer an expanded array of services through creative partnerships. In 2023, AMHIs received \$31 million in state grant funding (referred to in this report as the AMHI state grant). AMHIs also receive funding through Community Support Program (CSP), which is outside the scope of this inventory. Regional AMHIs can direct state grant funds to allowable services and local providers that meet the needs of their local community. AMHIs and their communities distributed state grant dollars to contract with approximately 200 service providers.

In 2022, the Legislature directed Minnesota Management and Budget to work with DHS and AMHIs to inventory and identify the use of Evidence-Based Practices (EBPs) in AMHI services (**Minn. Stat. §245.4661**, see [Appendix A](#)). This initial inventory focuses on identifying the programs and services provided through the AMHI state grant and the extent to which these are evidenced-based. Following the inventory, MMB has been directed to work with DHS and AMHIs to perform impact evaluations on Theory Based or Promising practices.

Overall, MMB found that the majority of AMHI funding is used to support EBPs that focus on providing mental health care. In contrast, resources used to fund Theory Based Practices typically support services that enable access to care, such as transportation or housing supports.

Inventory Review Process

[Evidence-Based Practices](#) play an important role in delivering proven outcomes for Minnesotans. Understanding the effectiveness of State investments helps decision makers direct taxpayer dollars toward programs with a record of success. The MMB definition of evidence-based practices includes those rated “Proven Effective” or “Promising.” Practices or services without an existing evidence base are considered “Theory Based.” (For more on how MMB and State of Minnesota define these evidence ratings, see the [Definitions of Evidence page](#) or [Appendix C](#).) MMB recognizes that newer approaches may not yet have evidence of effectiveness, and that there are other ways of knowing whether a program is effective. Programs benefit from having a combination of well-established EBPs and innovative programming which is intentionally designed to meet emerging community needs.

To identify the level of evidence for practices provided by AMHIs across Minnesota, MMB and DHS compiled a list of evidence-based mental health services, supports, and interventions that may be funded by AMHIs around the state. We mapped these EBPs to the corresponding billing codes, where appropriate. MMB then asked each AMHI to confirm which EBPs state grant funding supports. AMHIs also provided additional evidence-based, Theory Based, or community-based best practices that are currently funded.

This AMHI inventory documents the practices AMHIs budgeted for in Calendar Years 2023 and 2024 and the level of evidence for each based upon program reporting and administrative records. We collaborated closely with AMHIs to inform the methodology, provide perspective on findings, and identify opportunities for future improvements. The review built upon previous work by the MMB to compile evidence in Adult Mental Health services more broadly, first in our [2016 inventory and report](#) and later within the [Minnesota Inventory](#).

Two important issues were beyond the scope of this initial inventory. First, this inventory does not provide direct estimates of how much funding is spent on individual EBPs due to limitations in data reporting. Second, this inventory does not include an assessment of the fidelity to EBPs used by AMHIs. For more information on the inventory methodology, see [Appendix B](#) on page 21.

Summary of Inventory Findings

AMHIs use state grant funds to ensure that individuals with SPMI have access to consistent and effective care. Though these resources may be used to fund innovative services and emerging treatment models that may not yet be funded through Medicaid, in practice AMHIs are typically unable to devote funds to this purpose. Complexities in service delivery, braided funding, and health insurance policies often leave gaps in coverage and service availability that can impact the provision of care. AMHIs often fill these gaps with AMHI state grant funding. The [Results First report on Adult Mental Health](#) contains more information about many of these issues.

The majority of AMHI state grant funding is associated with Evidence-Based Practices.

- All AMHIs (100%) are investing in Evidence-Based Practices, with a wide range in number of unique EBPs.
- MMB identified 28 unique EBPs and 23 Theory Based practices. See Figure 1.
- Sixty-nine percent of AMHI grant spending was associated with EBPs. See Figure 2, and [Appendix B](#) to learn more about the methodology.

Figure 1 Number of Practices Funded by AMHIs by Level of Evidence

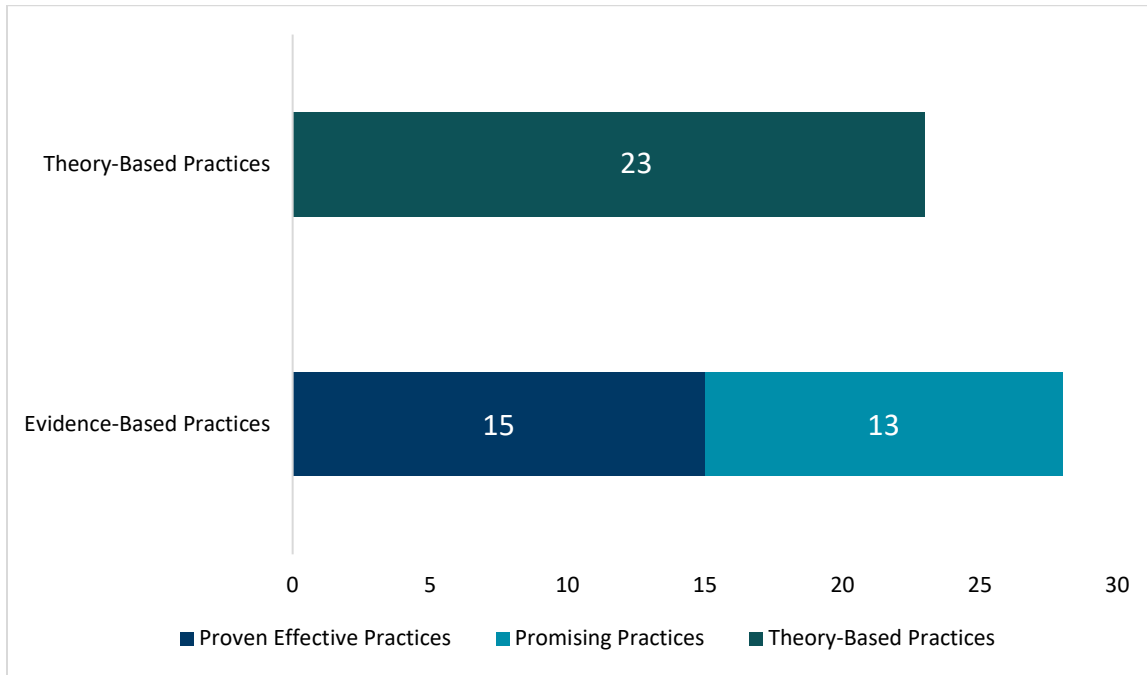
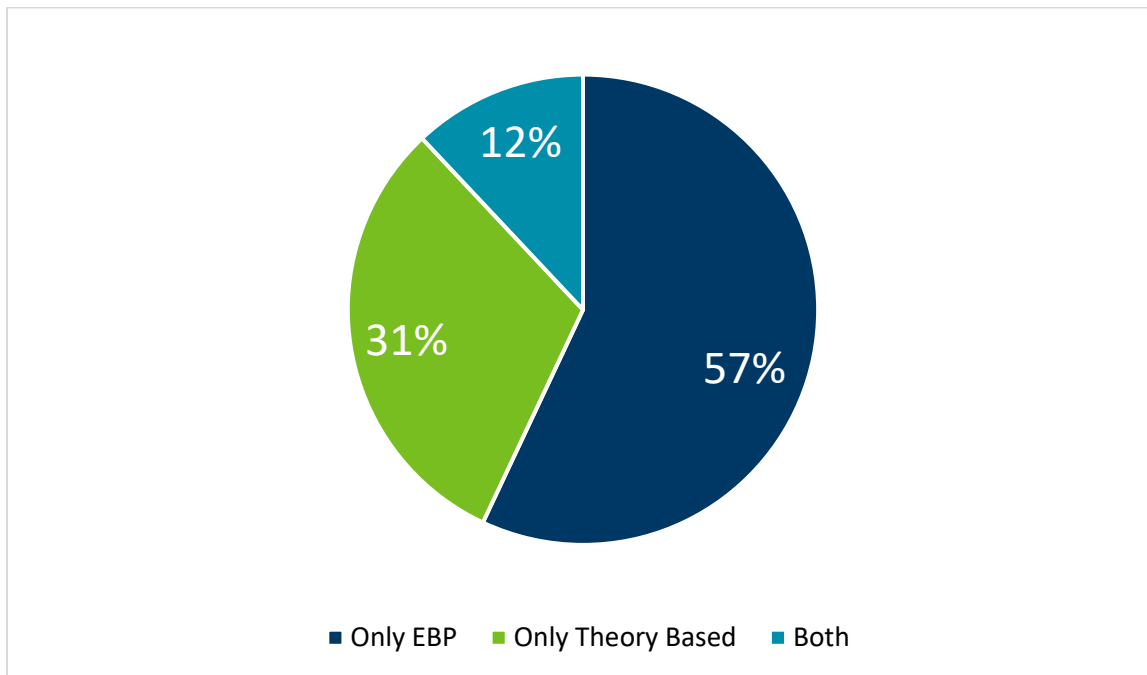


Figure 2 Proportion of Funds Directed Towards Evidence- and Theory Based Services out of the Total Statewide AMHI Budget



A wide variety of Evidence-Based Practices are used across the state.

- Among EBPs, 13 are Promising Practices and 15 are Proven Effective. See Figure 1.
- Three EBPs are being used by at least half of AMHIs: Case Management for Adult Mental Health, Assertive Community Treatment (ACT), and Individual Placement & Support Services (IPS).

Theory Based Practices are concentrated in three funding categories regardless of the AMHI's location.

- Three categories of funding are being used by 15 or more of the AMHIs: Housing Support (in use by 17 AMHIs), Transportation Support (17 AMHIs), and Basic Needs Assistance / Flex Funds (15 AMHIs).
- Most Theory Based Practices are only used by one or two AMHIs. Eight Theory Based services are provided by only one AMHI, each of which account for less than two percent of total statewide AMHI funds.
- Few community-based practices were identified as being funded with AMHI grant dollars. Community-based practices may be rolled in with other services or funded through CSP (which was not included in this inventory). In addition, AMHI funding can require formalized diagnoses prior to delivering care, which is at odds with many culturally informed and community-based preferences and therefore may reduce the use of the AMHI state grant for community-based practices.
- At this time, MMB is unable to assess whether some Theory Based practices identified could be considered community-based best practices. AMHIs have indicated an interest in expanding their use of community-based practices and identifying those community-based practices that are more likely to be effective.

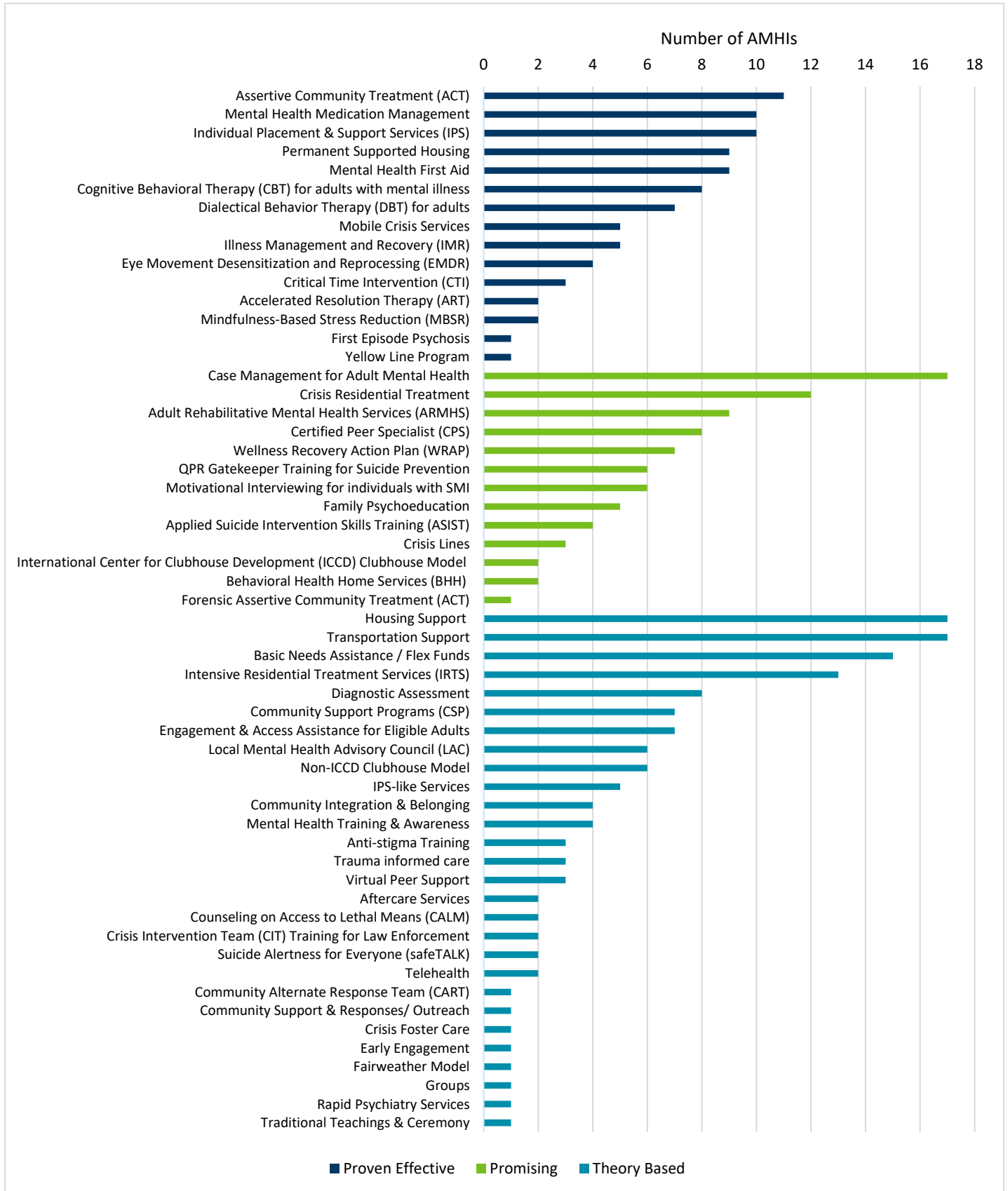
Opportunities for Future Learning

Though our research indicates that a substantial portion of funding is directed towards evidence-based practices, there are opportunities to increase the use of evidence-based practices within AMHI investments. The following opportunities for future learning were identified during the process of creating the AMHI inventory. MMB will work with AMHIs and DHS to determine next steps based on interest, utility, and capacity.

1. **Impact Evaluations:** Identify Promising and Theory Based practices currently in use by AMHIs to conduct impact evaluations or related follow-up research, as specified in the 2022 authorizing statute. A working group of AMHIs has been convened to assist with the selection of projects.
2. **Funding and Policy System Analysis:** Conduct broader analysis to understand the funding and policy systems within which AMHIs work and identify policy and program levers to improve care. During inventory development, MMB and AMHIs identified that several of the most commonly funded EBPs are eligible for reimbursement through Medical Assistance (MA). While AMHIs need flexibility to meet the needs of uninsured populations, further study and action may be needed to understand the cause of gaps in coverage and the impact of using AMHI funds to fill those gaps. These learnings may identify how the state could support the further use of EBPs and encourage the evaluation of innovative and community-based practices.

3. **Programmatic Changes to Maintain Inventory:** Identify and assess programmatic changes to streamline and embed data collection from AMHIs. A sustainable and routinely updated inventory will allow for on-going assessment of EBP use by AMHIs, such as in biennial application/budgeting and invoice processes. In doing so, this redesign can also make it easier to find and use high-quality evidence in applications.
4. **Community of Practice:** Support development of a community of practice among AMHIs to foster shared learning around new practices to best meet local needs and spur adoption of innovation across the state. This community of practice could also aid AMHIs in implementation of EBPs including collaborative technical assistance and fidelity reviews.
5. **Culturally Informed Care:** Identify and share information about evaluated, equity-focused, and culturally informed best practices that AMHIs may choose to fund to address the needs of specific local communities. AMHI leaders noted a need for and interest in approaches to culturally informed care but are still working to identify and describe these practices.

Figure 3 Number of AMHIs Reporting Specific Practices Stratified by Evidence Base, 2023-2024



Inventory

This inventory is displayed in descending order based on the number of AMHIs using the service.

For more on how MMB and State of Minnesota define these evidence ratings, see [Appendix C](#).

Table 1: Initial Inventory of AMHI Services

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Case Management for Adult Mental Health	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.	Promising	SAMHSA	17
Housing Support	Payments to support access to or maintenance of housing, including security deposits, first month's rent, utilities, etc.	Theory Based	Not at this time	17
Transportation Support	Variety of supports to ensure access to transportation, including providing access to rideshare options, car repairs, tire replacements, etc.	Theory Based	Not at this time	17
Basic Needs Assistance / Flex Funds	Maintain mental health through access to basic needs support when no other sources of funding are available. Basic needs may include housing support, transportation, medical payments, medication, etc.	Theory Based	Not at this time	15
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	Theory Based	Not at this time	13

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Crisis Residential Treatment	Time-limited crisis services within a residential setting. Services include crisis assessment, intervention services and crisis stabilization. This includes referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training and collaboration with other service providers in the community.	Promising	SAMHSA	12
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.	Proven Effective	WSIPP	11
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.	Proven Effective	SAMHSA	10
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 SPMI to find a job, keep employment, and earn a competitive wage.	Proven Effective	WSIPP	10
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.	Proven Effective	WSIPP	9

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
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	Promising	SAMHSA	9
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.	Proven Effective	NREPP	9
Cognitive Behavioral Therapy (CBT) for adults with mental illness	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.).	Proven Effective	WSIPP	8
Diagnostic Assessment	The diagnostic assessment (DA) is necessary to determine a member's eligibility for mental health services through Minnesota Health Care Programs (MHCP). The DA is a written report that documents the clinical and functional face-to-face evaluation of a person's mental health.	Theory Based	Not at this time	8
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.	Promising	WSIPP	8

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
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.	Promising	NREPP	7
Dialectical Behavior Therapy (DBT) for adults	DBT is a form of psychotherapy for treating patients with complex co-occurring disorders. A combination of individualized rehabilitative and psychotherapeutic interventions to treat dysfunctional coping behaviors emphasizes behavioral change, problem solving, and mindfulness.	Proven Effective	CEBC	7
Community Support Programs (CSP)	Weekly individual meeting with worker to provide supportive services in order to remain living more independently in the community. County boards are required to provide "sufficient community support services within the county to meet the needs of adults with serious and persistent mental illness who are residents of the county."	Theory Based	Not at this time	7
Engagement & Access Assistance for Eligible Adults	This category of services encompasses several support approaches to mental health. This includes marketing materials for community events to raise awareness of mental health services, aiding individuals with paperwork, targeted website improvement, and outreach to local communities to provide information about local mental health resources.	Theory Based	Not at this time	7

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
QPR Gatekeeper Training for Suicide Prevention	The QPR (Question, Persuade and Refer) Gatekeeper Training for Suicide Prevention is a brief training program designed to teach those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, teachers, caseworkers) the warning signs of a person experiencing a suicide crisis. The training is delivered by certified instructors and covers the myths and misconceptions about suicide and suicide prevention, the general warning signs of suicide, and the three target skills (i.e., question, persuade, refer)	Promising	NREPP	6
Local Mental Health Advisory Council (LAC)	A Local Mental Health Advisory Council (LAC) offers individuals, parents, families, and providers the opportunity to engage with how mental health care is provided in their community with the goal of improve mental health services for Minnesotans. It offers county, tribal and state policy makers the wisdom of those who experience mental health concerns first-hand.	Theory Based	Not at this time	6
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.	Promising	WSIPP	6
Non-ICCD Clubhouse Model	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. Some AMHIs referenced the "Eight Dimensions of Wellness" Model in conjunction with these centers.	Theory Based	Not at this time	6

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
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.	Promising	SAMHSA	5
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.	Proven Effective	WSIPP	5
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.	Proven Effective	WSIPP	5
IPS-like Services	Services based on the IPS model but without the full staffing / structure that is required for formal IPS.	Theory Based	Not at this time	5
Applied Suicide Intervention Skills Training (ASIST)	The Applied Suicide Intervention Skills Training is a program available to anyone wanting to increase the immediate safety of people at risk of suicide. The training program is aimed at developing “suicide first aid” skills and competencies. The ASIST model involves assessment of suicide risk and the development of a “safepan,” that includes options such as referrals to formal mental health services and connection to and support from family, friends, and other sources.	Promising	SAMHSA	4

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Eye Movement Desensitization and Reprocessing (EMDR)	A one-on-one form of psychotherapy designed to reduce trauma-related stress, anxiety, depression symptoms associated with posttraumatic stress disorder (PTSD) and improve overall mental health functioning. The intervention is delivered by an EMDR therapist who conducts repetitive 30-second dual attention exercises during which the client attends to a motor task while focusing on a target traumatic memory.	Proven Effective	CEBC	4
Community Integration & Belonging	Strategic use of AMHI funding to allow individuals to remain independent in the community. This funding can also support a peer support model of intentional community blended with permanent supportive housing principles.	Theory Based	Not at this time	4
Mental Health Training & Awareness	This category of services includes community training sessions and anti-stigma initiatives through various channels such as brochures, radio, billboards, and other marketing approaches. Funding spent on annual conferences focused on mental health and high-level training for professionals also fit in this category.	Theory Based	Not at this time	4
Crisis Lines	Crisis lines provide free and confidential counseling via telephone-based conversation, web-based chat, or text message to individuals in crisis, particularly those with severe mental health concerns such as suicidal thoughts. Counselors provide emotional support to callers, assess suicide risk and refer callers to resources including counseling, social services, and emergency services. Counselors can be professionals or volunteers.	Promising	What Works for Health	3
Anti-stigma Training	Community training / information sessions on mental health and mental health stigma.	Theory Based	Not at this time	3

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Trauma informed care	Healthcare which considers the widespread impact of trauma and works to understand paths for recovery; recognizes the signs and symptoms of trauma in patients, families, and staff; and integrates knowledge about trauma into policies, procedures, and practices.	Theory Based	Not at this time	3
Virtual Peer Support	Peer support models transitioned to virtual options during the pandemic.	Theory Based	Not at this time	3
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.	Proven Effective	NREPP	3
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.	Promising	NREPP	2
Aftercare Services	Nurse care or other bridge services for individuals being discharged from a hospital or at risk of hospitalization; provide support between or before receiving other community care services	Theory Based	Not at this time	2

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Counseling on Access to Lethal Means (CALM)	CALM is a 1.5 to 2 hour workshop designed to help providers implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms. It includes a number of components: background on suicide data and lethal means, an introduction to firearms, video presentation that models the counseling strategy, a presentation and discussion on conducting a counseling session, optional role plays, and a course evaluation.	Theory Based	Not at this time	2
Crisis Intervention Team (CIT) Training for Law Enforcement	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.	Theory Based	Not at this time	2
Suicide Alertness for Everyone (safeTALK)	SafeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The safeTALK learning process is highly structured, providing graduated exposure to practice actions.	Theory Based	Not at this time	2
Telehealth	The provision of healthcare over a distance through telecommunications technologies, such as the phone or internet. The transition to virtual options largely occurred during the pandemic.	Theory Based	Not at this time	2

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Accelerated Resolution Therapy (ART)	Accelerated Resolution Therapy (ART) is a brief, exposure-based psychotherapy aimed at treating psychological trauma, depression, anxiety, phobias, obsessive-compulsive disorder, and substance use. The program is delivered in one to five, 60–75 minute sessions over 2 weeks. The program incorporates specific visualization techniques enhanced through the use of rapid eye movements.	Proven Effective	SAMHSA	2
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.	Promising	WSIPP	2
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.	Proven Effective	NREPP	2
First Episode Psychosis	A coordinated specialty care team promotes shared decision-making to create a personal treatment plan with the individual served. Using this plan, specialists offer psychotherapy, medication management, family education and support, skills training, and work or education support. The target populations are transitional youth and adults who have experienced a first episode of psychosis and their family.	Proven Effective	WSIPP	1

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Forensic Assertive Community Treatment (ACT)	A specialized ACT Team that serves 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.	Promising	WSIPP	1
Yellow Line Program	The Yellow Line Project (YLP) is an officer-involved care coordination model designed to provide an early response for individuals with mental health or chemical dependency needs who become involved with the criminal justice system. YLP provides local law enforcement officers with additional resources to connect individuals with community-based care coordinators who can connect individuals to state and local services to address the underlying causes of recidivism and law enforcement interaction.	Proven Effective	Local Study	1
Community Alternate Response Team (CART)	Community Alternative Response Team (CART) provides short-term intensive mental health case management to divert eligible persons from civil commitment. CART works closely with pre-petition screening and hospital social work teams.	Theory Based	Not at this time	1
Crisis Foster Care	A short-term care service provided in the home setting in order to support the continued residence of a person who is unable to live independently. It is typically planned or scheduled, and may occur in the family's home, in a foster home, or in a licensed facility.	Theory Based	Not at this time	1

Practice or Service	Description	Evidence Rating	Source of Evidence	Count of AMHIs Using
Early Engagement	Early or voluntary engagement allows a mental health professional, practitioner, or peer specialist to continue engaging individuals with potential mental health needs for up to 90-days to try to build a relationship with the person and try to engage them in treatment voluntarily. They can also provide support in the following areas: Engage the person’s support network of family and friends, including education on means restriction and suicide prevention; Collaborate with the person to meet immediate needs including access to housing, food, income, disability verification, medications, and treatment for other medical conditions; Assistance in obtaining health insurance.	Theory Based	Not at this time	1
Fairweather Model	The Fairweather model provides a peer-supported, community-based residential and work environment. Core concepts within Fairweather programs include the following: members have a stake in the system, members are given much autonomy, their role is voluntary, there are opportunities for advancement in the system, and they fulfill roles expected in society.	Theory Based	Not at this time	1
Rapid Psychiatry Services	Supports focused on ensuring there are same day or next day appointments for individuals experience a crisis.	Theory Based	Not at this time	1

Appendix A: Statutory Authority

Minn. Stat. [§245.4661](#) ADULT MENTAL HEALTH INITIATIVE SERVICES

Subdivision 5a. **Evaluations.**

The commissioner of management and budget, in consultation with the commissioner of human services and within available appropriations, shall create and maintain an inventory of adult mental health initiative services administered by the county boards, identifying evidence-based services and services that are Theory Based or Promising Practices. The commissioner of management and budget, in consultation with the commissioner of human services, shall select adult mental health initiative services that are Promising Practices or Theory Based activities for which the commissioner of management and budget shall conduct evaluations using experimental or quasi-experimental design. The commissioner of human services, in consultation with the commissioner of management and budget, shall encourage county boards to administer adult mental health initiative services to support experimental or quasi-experimental evaluation and shall require county boards to collect and report information that is needed to complete the inventory and evaluation for any adult mental health initiative service that is selected for an evaluation. The commissioner of management and budget, under section [15.08](#), may obtain additional relevant data to support the inventory and the experimental or quasi-experimental evaluation studies.

Appendix B. Inventory Methodology

The following methodology and process was used to create this inventory in 2023.

Scope

Funds of Focus: The inventory only reviewed practices included in AMHI state grants that were funded through the Department of Human Services. Other funding received and disbursed by AMHIs was not included. Of note, this inventory does not include services that are funded through Medical Assistance (MA). MA funds typically cover all evidence-based mental health services and treatments for eligible enrollees. When AMHI funds are used to pay for EBPs, they are often doing so as the “funder of last resort” to ensure the continuum of care for individuals with SPMI.

Period of Funding: The inventory focused on funding budgeted for Calendar Years 2023 and 2024 by AMHIs and approved by DHS.

Level of Detail (Provider | Brass Code): AMHI grant budgets were analyzed at the level of the provider that was funded by AMHIs grants. For each provider, the grant funding received by AMHIs was further broken down by BRASS Codes, a system used by DHS across multiple programs for standardized funding allocation tracking.

Below is an example of how an AMHI’s budget is divided among providers and then itemized by BRASS Codes.

- Provider 1
 - BRASS Code 402 (Community Education & Prevention) - \$10,000
 - BRASS Code 452 (Adult Outpatient Psychotherapy) - \$72,000
- Provider 2
 - BRASS Code 402 (Community Education & Prevention) - \$3,000
 - BRASS Code 416 (Transportation) - \$3,000
 - BRASS Code 418 (Client Flex Funds) - \$20,000

Evidence-Based Practices: MMB compiled a list of EBPs related to adult mental health currently included on the [Minnesota Inventory](#). These practices received the rating of Proven Effective and Promising as [defined by MMB](#). AMHIs were able to identify additional EBPs through the inventory development process.

Some BRASS Codes are entirely aligned with EBPs; other BRASS codes contain a mixture of EBPs and Theory Based Practices. For this inventory, an entire BRASS code was categorized as evidence-based if any of its components were evidence-based. See the limitations section for more details.

Process

1. **Preliminary EBP identification:** MMB reviewed all 2023-2024 AMHI funding applications and made an initial identification of EBPs being supported by budget line item. This initial assessment was then refined in consultation with each AMHI and a statewide workgroup. For [Individual Placement & Support](#)

[Services](#) (IPS), [Intensive Residential Treatment Services](#) (IRTS), and [Adult Rehabilitative Mental Health Services](#) (ARMHS), providers were confirmed against DHS licensing lists.

2. **AMHI Worksheet Responses:** From June through August of 2023, each AMHI reviewed a worksheet to confirm EBPs included from MMB's initial review, identify additional EBPs used, and report additional Theory Based practices and services in use or that are known Community-based Best Practices.
3. **Analysis and Preliminary Finding Review:** MMB compiled inventory data from each AMHI. The preliminary findings were then presented during statewide AMHI meetings and a working group of AMHIs to provide additional feedback on the draft inventory.

Limitations

The following limitations provide important context about the AMHI Inventory.

1. **Cannot directly assign dollar values to specific EBPs.** Because EBPs were identified at the BRASS Code level, any BRASS code associated with an EBP was attributed entirely as an evidence-based budget item. This likely overstates how much AMHI funding is spent on EBPs and is why direct funding values are not reported in the inventory. This approach is consistent with [previous inventories developed by MMB](#). At present, there is not a way to further break down these BRASS codes to provide more clarity on how much funding is spent on EBPs.
2. **Fidelity is not included in assessment.** This inventory reflects the self-reported data by AMHIs to offer a preliminary understanding of currently funded EBPs. The inventory development did not include direct assessment of EBP implementation and fidelity to the model previously shown to be effective. This reflects the inventory approach previously used by MMB. [Previous reports](#) noted the barriers AMHIs face implementing EBPs given current funding and system challenges.
3. **Some BRASS codes are categories of services, not practices.** These include Housing Support, Transportation Support, and Basic Needs Assistance / Flex Funds. This distinction is notable in that these categories of services do not fit into the traditional impact evaluation paradigm.
4. **Two practices were not included.** MMB did not receive a description for two practices representing small funding amounts. These practices were removed from the inventory.

Appendix C. Definitions of Evidence

Evidence Ratings	Evidence Definitions
Proven Effective	<p>A Proven Effective service or practice offers a high level of research on effectiveness for at least one outcome of interest. This is determined through multiple qualifying evaluations outside of Minnesota or one or more qualifying local evaluation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.</p>
Promising	<p>A Promising service or practice has some research demonstrating effectiveness for at least one outcome of interest. This may be a single qualifying evaluation that is not contradicted by other such studies but does not meet the full criteria for the Proven Effective designation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.</p>
Theory Based	<p>A Theory Based service or practice has either 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. This ranking is neutral. Services may move up to Promising or Proven Effective after research reveals their causal impact on measured outcomes.</p>