Results First Service Inventory: Children's Mental Health

This inventory presents information about children's mental health programs, practices, and services in Minnesota. The "Rating" column in subsequent pages indicates the extent to which research provides causal evidence of effectiveness. Where available, we show the child and family outcomes impacted. The research includes outcomes verified by respected sources (Washington Institute of Public Policy, Cochrane Review, and Campbell Collaborative, amongst others).

Number of services	Rating	Definitions
16	Proven Effective	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.
13	Promising	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.
37	Theory Based	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.
0	Mixed Effects	A Mixed Effects service or practice offers a high level of research on the effectiveness of multiple outcomes. However, the outcomes have both positive and negative effects on clients. This is determined through multiple qualifying studies outside of Minnesota or one or more qualifying local evaluation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
1	No Effect	A service or practice rated No Effect has no impact on the measured outcomes of interest. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
0	Proven Harmful	A Proven Harmful service or practice offers a high level of research that shows program participation adversely affects outcomes 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.
1	Inconclusive Effects	Results from the meta-analyses are insufficient to draw conclusions because the underlying studies found contradictory results. More research is needed. This is determined through multiple qualifying studied. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
24	Category of services	These services represent groupings of settings, assessments, tools, and processes that a client may receive dependent on need. If the parent rating is Theory Based, some of the services within the category may be evidence-based, but the services have not been studied holistically. If the parent rating is something other than Theory Based, there is at least one qualifying study that assessed the effectiveness of the services holistically.
5	Culturally-informed intervention	Many communities have built their own programs, imbued with culturally-specific context. These programs often have practice-based evidence on effectiveness, but evidence does not yet use qualifying research designs. We have attempted to note these programs and their own evidence.

	Other definitions
	Favorable impact on the outcome
	Neutral or contradictory evidence of impact on the outcome
	Unfavorable impact on the outcome
*	Adequate research is not available
Effective for which age groups?	As available, we report the age groups identified in the source of evidence. Age categories: Early childhood (0-5); Childhood (6-12); Adolescent (13-17); Transitional youth (18-21). If Theory Based, column will be left blank.
Additional comment or expert opinion	Provides additional context from experts in the field.

Name	Category	Description	Rating	Outcomes on disorders or psychiatric symptoms for children	Enhancement in child or family wellbeing	Source of evidence	Effective for which age groups?	Additional comment or expert opinion
Attachment and Biobehavioral Catch-Up (ABC)	Counseling / Therapy	**Description:** This parent-training intervention targets young children who have experienced adversity, such as maltreatment or disruptions in care. ABC addresses several issues including behavioral and biological dysregulation. **Target Population:** Young children with emotional/behavioral disorders.	Proven Effective	Favorable	Favorable (cognitive functioning; family cohesion; parenting practices; physical health and symptoms)	NREPP	**Ages:** Early childhood (0-2)	Some early research have found reductions in maternal depression. Since the sample sizes were relatively low, we would like to see additional evidence before adding to the inventory.
Attachment-Based Family Therapy (ABFT)	Counseling / Therapy	**Description:** Treatment seeks to address the problems that emerge when processes such as family conflict, detachment, harsh criticism, or traumas (e.g., abandonment, neglect, abuse) disrupt the secure base of family life. **Target population:** Adolescents diagnosed with emotional/behavioral disorders and their family.	Proven Effective	Favorable	*	NREPP	**Ages:** Adolescent (13-17)	
Behavioral parent training (BPT) for children with ADHD	Counseling / Therapy	**Description:** A brief intervention that involves psychoeducation and teaching parents behavior management techniques, such as reinforcement, communication skills, and teacher correspondence. **Target population:** Children diagnosed with ADHD and their family.	Proven Effective	Favorable	Favorable (parental stress)	WSIPP	**Ages:** Childhood (6-12)	
Bounce back project	Family, community, and client education and support	**Description:** A community initiative to promote research-based psychology skills, such as the Three Good Things. Brings together physicians, nurses, hospital leaders, staff and community partners. **Target population:** Communities, families, and mental health professionals.	Theory Based	*	*	Not at this time	n/a	
Brief Strategic Family Therapy (BSFT)	Counseling / Therapy	**Description:** BSFT is a brief intervention used to treat adolescent drug use that occurs with other problem behaviors. These co-occurring problem behaviors include conduct problems at home and at school, oppositional behavior, delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior. **Target population:** Adolescents with problem behaviors, including substance use, and their family.	Proven Effective (Culturally-informed intervention)	Favorable	Favorable (substance use, family functioning)	Crime solutions	Adolescents (12-18)	BSFT has been tested on several treatment populations including African-Americans, women, and those with HIV/Aids. The co-developer has made adaptations to a variety of settings: foster care, Native American reservations, home-based and community clinic settings, transitional programs and others. See https://bit.ly/2NJJuRE.
Certified Family Peer Specialists (CFPS)	Family, community, and client education and support	**Description:** An individual with a lived mental health condition works with the family of a child receiving mental health treatment to promote resiliency and recovery. Also provide nonclinical family peer support, building on the strengths of the family and helping them achieve desired outcomes. **Target population:** Children, adolescents, and transitional youth diagnosed with emotional/behavioral disorders and their family.	Theory Based	*	*	Not at this time	n/a	

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Check and Connect	Family, community, and client education and support	**Description:** A dropout prevention program for high school students with learning, emotional, and/or behavioral disabilities. Students typically enter the program in 9th grade, and are assigned a monitor who works with them as a mentor, advisor, and service coordinator. **Target population:** Adolescents diagnosed with emotional/behavioral disorders.	Promising	*	Favorable (student dropout rates and attendance)	[What Works Clearinghouse](#)	**Ages:** Adolescents (13-17)	
Child Parent Relationship Therapy	Counseling / Therapy	**Description:** A play-based treatment program involving parents in the therapeutic process. Teaches parents the skills to respond more effectively to their child's needs. In turn, children learn they can count on their parents to meet their needs for love, acceptance, safety, and security. **Treatment Population:** Children diagnosed with emotional/behavioral disorders and their family.	Proven Effective	Favorable	Favorable (family cohesion)	[NREPP](#)	**Ages:** Early childhood and Childhood (3-8)	
Child-Parent/Infant-Parent Psychotherapy	Counseling / Therapy	**Description:** A dyadic, relationship-based treatment for parents, infants, and young children designed to improve relationships in the wake of incidences of domestic violence and trauma. To prevent compromised development that can lead to later maladaptation and psychopathology, it seeks to correct the insecurities that have developed in maltreating parents from negative experiences. **Target population:** Young children that have experienced trauma and their family.	Proven Effective	Favorable	Favorable (child-parent secure attachment; maternal PTSD symptoms; maternal mental health)	[NREPP](#)	**Ages:** Early childhood (0 -5)	This service is also referred to as Toddler-Parent Psychotherapy. Five randomized trials provide support for the efficacy of Child-Parent Psychotherapy: https://bit.ly/2OAf1K4
Circle of Security Parenting (COS-P)	Family, community, and client education and support	**Description:** Manualized content that provides parenting skills to high-risk populations. The program seeks to teach caregivers about child attachment and exploratory behavior. **Target population:** High-risk children showing behavioral disorders and their family.	Theory Based	*	*	Not at this time	n/a	
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Counseling / Therapy	**Description:** School-based, cognitive-behavioral, skills-based interventions designed for elementary, middle, and high school students (CBITS: grades 5-12; Bounce Back: grades K-5) who have experienced traumatic events. Aims to improve the well-being of traumatized students by reducing symptoms of posttraumatic stress disorder (PTSD), anxiety, depression, problems related to behavior, and by improving behavior, social functioning, grades and attendance, peer and parent support, and coping skills. **Target population**: Children and adolescents that have experienced trauma.	Proven Effective	Favorable	Neutral (school conduct)	[Crime Solutions](#)	**Ages:** Childhood and Adolescent (6 - 17)	
Cognitive behavioral therapy (CBT) for children	Counseling / Therapy	**Description**: Therapies target problem-solving in order to reduce impulsive behavior; specific strategies include self-monitoring, modeling/role playing, self-instruction, generation of alternatives, and reinforcement. CBT can include other various components: scheduling pleasant experiences, emotion regulation, and communication skills. **Target population**: Children, adolescents, and transitional youth diagnosed with emotional/behavioral disorders and their family.	Proven Effective	Favorable	*	[WSIPP](#)	**Ages:** Children, Adolescents, and Transitional youth (7 - 21)	There are a multitude of different models of cognitive behavioral therapy, dependent on age, need, and population, but excludes models that use ADHD. This includes adaptions for anxiety, trauma, depression, insomnia, psychosis, eating-disorders, amongst others. This is an aggregate rating; the effectiveness of CBT varies dependent on the model and treatment population.

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Cognitive behavioral therapy (CBT) alone for children with ADHD	Counseling / Therapy	**Description**: Therapies aims to teach children strategies for altering thinking patterns and behavior. Examples of CBT methods used with an ADHD population include relaxation training, self-verbalization, a self-control game, or social problem-solving activities. Programs in this review may have included modules for parents either alone or in combination with their child, but children were the focus of interventions. **Target population**: Children, adolescents, and transitional youth diagnosed with ADHD and their family.	No Effect	Neutral	*	[WSIPP](#)	**Ages:** Children, Adolescents, and Transitional youth (7 - 21)	Some individual models that use CBT principles in concert with other supports show positive impacts, like Multimodal therapy and Behavioral Parent Training, but CBT alone a statistically significant impact on ADHD symptoms. This may suggest that CBT needs to paired with therapeutic components, such as strengthening parenting skills and fostering parents' involvement.
Collaborative bridging (CIBS)	Counseling / Therapy	**Description:** An integrated service that combines intensive in-home based therapeutic services with a short-term residential treatment placement. The service is designed so that the community-based therapeutic service is involved prior to the residential treatment placement, collaborates and coordinates in-home therapeutic services with the residential treatment staff during placement, and provides aftercare. **Target population:** Children diagnosed with emotional/behavioral disorders and their family.	Theory Based	*	*	Not at this time	n/a	
Crisis Nursery	Crisis services	**Description:** A family support program that provides temporary, short-term care for children while families address a crisis situation. Additional services may be included for the parent(s): crisis counseling and support, parent education, in-home family counseling, referral to community resources. **Target population:** Parents experiencing a mental health crisis and their families.	Promising	*	Favorable (child placement and permanency)	[MMB Literature Review](#)	n/a	
Crisis Text Line	Crisis services	**Description:** Free counseling via telephone, chat, or text message. Crisis line counselors provide support to callers, assess suicide risk, and referrals to counseling, social services, and emergency services **Target population:** Adolescents and transitional youth experiencing a mental health crisis and their family.	Promising	Favorable	*	[What Works for Health](#)	**Ages:** Adolescent and Transitional youth (16 - 21)	In April 2018, DHS replaced the Txt4Life program with Crisis Text Line, making it available in all MN counties. By texting "MN" to 741741 an individual in distress is connected to a trained counselor who can offer help and connect them to community resources.
Culturally adapted healthcare	Counseling / Therapy	**Description:** Tailors health care to a patient's norms, beliefs, values, and language. For example: matching specialists to patients by race or ethnicity; adapting patient materials to reflect patients' culture, language, or literacy skills; offering education via community-based health advocates; incorporating norms about faith, food, family, or self-image into patient care; and implementing patient involvement strategies. **Target population:** Culturally and linguistically diverse children and families	Proven Effective (Culturally-informed intervention)	*	Favorable (psychological functioning; healthcare outcomes)	[What Works for Health](#)	**Ages:** Transitional youth (19 - 25)	The research population is limited to transitional youth and adults. Three systematic reviews show that psychotherapy adapted to an individual's cultural understanding of illness improves psychological functioning more than standard psychotherapy and may improve satisfaction, expectations, adherence to treatment, and willingness to consider alternate illness explanations (Benish 2011, Chowdhary 2014, Fuentes 2012).

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Dialectical Behavior Therapy (DBT) for adolescent self-harming	Counseling / Therapy	**Description:** A treatment program that uses a combination of individualized rehabilitative and psychotherapeutic interventions. DBT involves weekly therapy and group skills training, telephone coaching as needed, and weekly consultation team meetings. **Treatment population:** Adolescents that exhibit self-harming behavior and their family.	Promising	Favorable	Favorable (self-harming behavior)	[WSIPP and McCauley et. al. 2018](#)	**Ages:** Adolescent (12 - 18)	We focus on a self-harming population, but small RCTs have shown favorable outcomes for adolescents with bipolar disorder when paired with pharmacotherapy. We need additional studies to establish the efficacy for this population. McCauley (2018) found here: https://bit.ly/2RjWAuG
Early Childhood Mental Health Consultation	Assessment services	**Description:** A mental health prevention service focused on building adults' capacity to support young children's emotional development. It includes training, reflective consultation, and skill building. **Target population:** Families with young children	Promising	*	Favorable (student self-efficacy, teacher turnover, favorable classroom environment)	[MMB Literature Review](#)	**Ages:** Early childhood (0 - 5)	A peer-reviewed systematic review found 11 qualifying studies. Of those, two were RCTs. One RCT found positive impacts and the other found neutral impacts. The remaining 9 quasi-experimental studies showed varying--but generally positive--impacts.
Eye movement desensitization and reprocessing (EMDR) for child trauma	Counseling / Therapy	**Description:** During this individual-based treatment, clients focus on a traumatic memory for 30 seconds at a time while the therapist provides a stimulus. The client reports on what thoughts come to mind and clients are guided to refocus on that thought in the next stimulus session. During therapy visits, clients report on the level of distress they feel. In later phases, a positive thought is emphasized during the stimulus sessions. **Target population:** Children that have experienced serious trauma and their family.	Promising	Favorable	*	[Crime solutions](#)	**Ages:** Children, Adolescent, and Transitional youth (6 - 21)	Research findings for EMDR are specific to children with trauma. There was no effect on internalizing behavior or anxiety disorders.
First episode psychosis	Counseling / Therapy	**Description:** 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. **Target population:** Transitional youth and adults who have experienced a first episode of psychosis and their family.	Proven Effective	Favorable	*	[WSIPP](#)	**Ages:** Adolescent and Transitional youth (15 - 25)	
Gathering of Native Americans (GONA)	Family, community, and client education and support	**Description:** A GONA is a culture-based planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices. **Target population:** American Indian communities	Theory based (Culturally-informed intervention)	*	*	Not at this time	n/a	SAMHSA has formally articulated a framework and theory of change. For more see: https://bit.ly/2AhJq7Y
Generation PMTO / After Deployment Adaptive Parenting Tools (ADAPT)	Family, community, and client education and support	**Description:** A group parent training intervention which aims to teach effective family management skills in order to reduce antisocial and problematic behavior in children. **Target population:** Parents of children with behavioral disorders and their children. ADAPT is a modification for kids with parents deployed in the military.	Proven Effective	Favorable	Favorable (antisocial-aggressive behavior; conduct problems; delinquency/criminal behavior; illicit drug use)	[Blueprints](#)	**Ages:** Early childhood, Childhood, and Adolescent (3-18)	Research findings for ADAPT: https://bit.ly/2IoGB7z

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JED campus model	Family, community, and client education and support	**Description:** A campus-wide public health approach to provide comprehensive, customized support in mental health, substance use, and suicide prevention. **Target population:** Universal prevention for college-age students.	Theory based	*	*	Not at this time	*	
Incredible Years: Child and Parent training	Family, community, and client education and support	**Description:** A group, skills-based behavioral intervention for parents of children with behavior problems. The curriculum focuses on strengthening parenting skills and fostering parents' involvement in children's school experiences in order to promote academic, social, and emotional competencies and reduce conduct problems. Children are taught social, emotional and academic skills. **Target population:** Children with behavioral disorders and their family.	Proven Effective	Favorable	Favorable (antisocial-aggressive behavior; conduct problems; positive social/prosocial behavior; prosocial with peers)	CEBC	**Ages:** Early childhood and Childhood (4 - 8)	
Integrated Dual Disorders Treatment (IDDT)	Counseling / Therapy	**Description:** Counselors, clinicians or multidisciplinary teams provide treatment to support recovery when mental illness and substance use disorders occur together. They use specific listening and counseling skills to guide awareness of how mental and substance use disorders interact and to foster hopefulness and motivation for recovery from both disorders. **Target population:** Adolescents with co-occurring disorders and their family.	Theory Based	*	*	Not at this time	n/a	This is an evidence-based service for adult populations, but we could not find sufficient evidence for a youth population.
Intensive In Home Therapy	Counseling / Therapy	**Description:** A form of therapy (also called systemic family therapy or in-home family therapy) intended to increase stability at home and in the community for family members experiencing emotional and behavioral difficulties. Typically, medical necessity for in-home family therapy must be identified through diagnostic assessment. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Promising	*	Favorable (child behavior and parent child interactions)	CEBC	**Ages:** Childhood and Adolescent (6-17)	Refers to services delivered by certified practitioners using a validated model, such as MST-CAN.
Intensive Treatment in Foster Care (ITFC)	Counseling / Therapy	**Description**: A bundled service for children who are in a family foster care setting with a mental illness diagnosis and require intensive intervention without 24-hour medically monitoring. Service includes psychotherapy, psycho-education, clinical consultation and crisis assistance. **Target population**: Children in need of intensive rehabilitative mental health services and their families.	Theory Based	*	*	Not at this time	n/a	
Managing and Adapting Practice (MAP)	Counseling / Therapy	**Description:** This system involves a set of resources and models that help counselors organize the best available evidence, track treatment history and client outcomes, and support assessment, planning, and monitoring care. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Promising	Favorable	*	Crime solutions	**Ages:** Childhood (6-12)	Recently, the MAP concepts and architecture were used to design and evaluate a modular, flexible treatment protocol called "Modular Approach to Therapy for Children (MATCH)".

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Mentoring: Community-based services for children with disruptive behavior disorders	Family, community, and client education and support	**Description:** In community-based mentoring programs for children with disruptive behavior disorders, paraprofessional mentors are paired with youth with diagnosed disruptive behavior disorders. Mentors promote and reinforce positive behaviors and goals and brief parents on progress. **Target population:** Children diagnosed with disruptive behavior disorders, their families, and community members.	Promising	Favorable	*	[WSIPP](#)	**Ages:** Childhood (8 - 12)	There is a wide range of quality for mentoring programs. To find more about best practices, see https://www.mentoring.org/program-resources/elements-of-effective-practice-for-mentoring.
Mobile crisis response for children	Crisis services	**Description:** Provide face-to-face, short-term, intensive mental health services during a mental health crisis or emergency. Responders help the recipient cope, identify resources, avoid hospitalization, develop an action plan and begin a baseline level of functioning. **Target population:** Children experiencing a mental health crisis and their family.	Theory Based	*	*	Not at this time	n/a	This is an evidence-based practice for adult populations, but we could not find sufficient evidence for a youth population.
Motivational interviewing to engage children in mental health treatment	Counseling / Therapy	Motivational interviewing is a method of communication intended to increase participants' motivation for change. In clinical practice, motivational interviewing can be used with the goal of increasing engagement in treatment. **Target population:** Children diagnosed with emotional/behavioral disorders and their family.	Promising	*	Favorable (treatment engagement/retention)	[WSIPP](#)	**Ages:** Early childhood, Childhood, Adolescent and Transitional youth (4 - 21)	Motivational interviewing is a technique used by a range of practitioners across the human services spectrum. The technique has demonstrated positive impacts across populations on engagement and retention in treatment.
Parent Child Interaction Therapy (PCIT)	Counseling / Therapy	**Description:** A manualized intervention where a therapist directly observes a parent and child through a one-way mirror while providing direct coaching to the parent through a radio earphone. The focus is on building the skills of the parent to more positively interact with the child and manage his or her behavior. Therapists aim to restructure the parent-child relationship and provide the child with a more secure attachment to the parent. **Target population:** Children diagnosed with emotional/disruptive behavior disorders and their families.	Proven Effective (Culturally-informed intervention)	Favorable	Favorable (parental stress)	[WSIPP](#)	**Ages:** Early childhood and Childhood (3 - 8)	Bigfoot and Funderburk (2011) adapted this service for American Indian populations. To see more, visit https://bit.ly/2Rkxlpd Typically, this service is delivered to children with disruptive behavior. It is also used in other populations, including those with anxiety, delayed emotional development, selective mutism, and those with a history of trauma.
Positive Behavioral Interventions and Supports (PBIS)	Family, community, and client education and support	**Description:** A multi-tiered framework supports the ability to respond quickly and appropriately to behavioral and mental health concerns within school settings. **Target population:** Universal prevention for children.	Proven Effective	*	Favorable (improved youth behavior)	[What Works for Health](#)	**Ages:** Children (5 - 11)	This rating references research on the first tier of PBIS.
Social Emotional Learning curricula	Family, community, and client education and support	**Description:** Programs are designed to foster the development of core competencies, teach students to understand and manage emotions, set and achieve goals, feel and show empathy, establish and maintain relationships, and make responsible decisions. One example is Collaborative for Academic, Social, and Emotional Learning (CASEL). **Target population:** Universal prevention for children.	Proven Effective	Favorable	Favorable (juvenile problem and at risk behaviors)	[Crime Solutions](#)	**Ages:** Childhood and Adolescent (5 - 18)	Examples include Students Teaching Attitudes of Respect, Girls Lead, and Coping with Stress.

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Sources of Strength	Family, community, and client education and support	**Description:** A school-based, suicide prevention program designed to build socioecological-protective influences across a full student population, using youth leaders from diverse social cliques to develop and deliver, with adult mentoring, messaging aimed at changing the norms and behaviors of their peers. **Target population:** Universal prevention for adolescents and transitional youth.	Promising	*	Favorable (help for suicidal peers, seeking help, coping, school engagement, support to peers, trusted adults)	Crime Solutions	**Ages:** Adolescent and Transitional youth (14 - 21)	
Targeted Case Management (MH-TCM)	Family, community, and client education and support	**Description**: Assists recipients in gaining access to needed educational, health, legal, medical, social, vocational and other services and supports. The four core components are: assessment, planning, referral/linkage and monitoring/coordination. **Target population**: Children in need of intensive rehabilitative mental health services and families.	Theory Based	*	*	Not at this time	n/a	The PracticeWise Evidence-Based Youth Mental Health Services Literature Database (PWEBS) lists case management as a practice element in larger treatment families - most of which include clinical interventions.
Transition services	Family, community, and client education and support	**Description:** Youth services that promote activities after high school: postsecondary education, vocational training, employment, continuing and adult education, adult mental health and social services, other adult services, community participation, and living independently. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Theory Based	*	*	Not at this time	n/a	
Trauma-Focused Cognitive Behavioral Therapy (CBT)	Counseling / Therapy	**Description:** A psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems. Treatments include psycho-education, techniques for managing physiological and emotional stress, the gradual desensitization to memories of the traumatic event (also called exposure), and cognitive restructuring of inaccurate or unhelpful thoughts. **Target population:** Children, adolescents, and transitional youth that have experienced trauma and their family.	Proven Effective (Culturally-informed intervention)	Favorable	*	WSIPP	**Ages:** Early childhood, Childhood, Adolescent and Transitional youth (4 - 21)	Different modalities exist for different age groups. Bigfoot and Schmidt (2010) adapted this service for American Indian populations: https://bit.ly/2QmVLNw. Similar results were found in meta-analyses completed by other researchers.
Use of antidepressant medication in combination with therapy for depression in children	Counseling / Therapy	**Description:** Compares whether anti-depressants alone or in combination with therapies generates the best results for children with depressive disorder. **Target population:** Children, adolescents, and transitional youth diagnosed with depression and their family.	Inconclusive	Research on the psychiatric impact is inconclusive	*	Research on the psychiatric impact is inconclusive	**Ages:** Adolescent and Transitional youth (16 - 21)	A Cochrane Review noted found it was not possible to determine whether adding anti-depressants to psychotherapy was more effective than psychotherapy alone. https://bit.ly/2AQWjGn. Other meta-analyses found similar results.
Wraparound Service	Family, community, and client education and support	**Description:** A team-based care coordination strategy for juveniles (involved in several service systems, experience cognitive-behavioral challenges, and are at-risk of out-of-home placement) and their families. Services include, planning (care coordination), implementation, monitoring, and follow-up. **Target population:** Children diagnosed with emotional/behavioral disorders and their families. Often a juvenile justice or child welfare population.	Promising	*	Favorable (child and family wellbeing)	CEBC	**Ages:** Early childhood, Children, Adolescent, and Transitional youth (3 - 21)	The systems of care grant will introduce a new wraparound model. The model will follow SAMHSA best practices and will be supported with fidelity monitoring.

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Youth ACT (Assertive Community Treatment)	Counseling / Therapy	**Description**: A non-residential, team-based program serving children with mental health diagnoses, between ages 16-21. A multi-disciplinary team offers therapeutic and rehab focused services. **Target population**: Children in need of intensive rehabilitative mental health services and their families.	Theory Based	*	*	Not at this time	n/a	DHS is currently redesigning this offering.
Youth Mental Health First Aid	Family, community, and client education and support	**Description:** Teaches the basic first aid skills needed to help a person who is experiencing a mental health problem or crisis. Participants complete an 8-12 hour course. **Target population:** Communities and families	Promising	*	Favorable (increased knowledge of mental health; reduced stigma)	[What Works for Health](#)	**Ages:** Transitional youth (18 - 25)	

Settings, personnel, and core functions

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Assessment, consultation, and evaluation services	Assessment services	**Description:** A wide range of services to identify and evaluate behavioral and emotional disorders. There are several diagnostic tools used to determine and evaluate a child's mental health and eligibility for services. Includes Diagnostic Assessment and Child and Teen Check Ups. **Target population:** Universal.	Theory Based (Category of services)	*	*	Not at this time	n/a	May occur in a range of settings: primary care, schools, community organizations, and hospitals. Includes DC: 0-3R, DC: 0-5, and DCM-5.
Care coordination	Family, community, and client education and support	**Description:** Models to coordinate the different services which families require to meet their holistic needs. Many different models exist--like Wraparound services, treatment courts, system navigators, and Medicaid Health Homes--to provide this care management. **Target population:** Children and families with complex needs.	Theory Based (Category of services)	*	*	Not at this time	n/a	There are many evidence-based care coordination models. Wraparound is an example that targets children with behavioral or emotional disorders. Many other programmatic areas offer services that meet the intersected needs families, including those with children with mental health needs.
Certified Community Behavioral Health Clinics	Treatment setting	**Description**: A service delivery model being piloted for further integration of substance use disorder and mental health services. This new service delivery model aims to coordinate care across settings and providers to ensure seamless transitions for individuals across the full spectrum of health and social services, increase consistent use of evidence-based practices, and improve access to high-quality care. **Target population**: Children in need of rehabilitative mental health services and families.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Child & Adolescent Behavioral Health Services (CABHS)	Treatment setting	**Description**: Provides hospital and community-based mental health services to children and adolescents who have a serious emotional disturbance and whose needs may exceed the capacities of their families and local communities. **Target population**: Children in need of intensive rehabilitative mental health services and families.	Theory Based (Category of services)	*	*	Not at this time	n/a	

Name	Category	Description	Rating	Outcomes on disorders or psychiatric symptoms for children	Enhancement in child or family wellbeing	Source of evidence	Effective for which age groups?	Additional comment or expert opinion
Children's Residential Treatment	Treatment setting	**Description**: A 24/7 program with clinically supervised services provided in a community setting to prevent placement in more intensive, expensive or restrictive settings. Care and treatment are designed to help the child improve family living and social interaction skills and/or gain skills to return to the community. **Target population**: Children in need of intensive rehabilitative mental health services and families.	Theory Based (Category of services)	*	*	Not at this time	n/a	Level of care: severe emotional disturbance (SED).
Children's Therapeutic Support Service (CTSS)	Counseling / Therapy	**Description:** A flexible package of mental health services for children who require varying levels of therapeutic and rehabilitative intervention. It typically includes psychotherapy, skills training, crisis assistance, and mental health service plan development, and it can be provided in different settings such as at home or at school. **Target population:** Children diagnosed with emotional/behavioral disorders and their family.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Crisis services	Crisis services	**Description:** A wide range of time-limited services that meet the need of clients during a crisis. Includes county mental health crisis phone numbers, the statewide mental health crisis phone number, children's mobile crisis response, adult mobile crisis response, stabilization, residential placements, crisis nursery, crisis assessment, and interventions; including referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training and collaboration with other service providers in the community. **Target population:** Children experiencing a mental health crisis and their family.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Crisis stabilization services	Crisis services	**Description:** Includes short-term supportive services and connecting the child and family to ongoing services. Short-term supportive services may be provided in the child's home, a family member or friend's home, or in the community, available up to 14 days after a crisis intervention. Also involves the development of a treatment plan. **Target population:** Children experiencing a mental health crisis and their family.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Day treatment	Treatment setting	**Description**: A site-based mental health program, consisting of group psychotherapy and skills training services, intended to stabilize the child's mental health status and develop and improve independent living and socialization skills.. **Target population**: Children in need of rehabilitative mental health services and families	Theory Based (Category of services)	*	*	Not at this time	n/a	

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Family School Support Worker Program	Family, community, and client education and support	**Description:** A multi-system team including social workers, teachers, counselors, mental health providers, and community supports. They work to provide preventative services and problem solving with families within their assigned school. FSSW also provides brief, solution focused in-home services with families to identify and assess needs as well as work with families to develop a plan to address their needs either for an individual child or the entire family system. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Family Home Visiting	Family, community, and client education and support	**Description:** A range of programs that generally include home visiting by public health nurses during a woman's pregnancy and years after birth. Programs often aim to improve prenatal health and outcomes, child health and development, and family economic self-sufficiency. **Target population:** Varies by program, typically children 0-3	Please reference the Results First Child Welfare Inventory	*	*	[Results First Child Welfare Inventory](#)	*	Many, but not all home visiting models are evidence-based. For a full listing, see our child welfare inventory.
Medication Management	Family, community, and client education and support	**Description:** Provides education for individuals on multiple medications. A trained pharmacist or clinician educates clients and their families on how to take their medication and potential interactions and side effects. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Theory Based (Category of services)	*	*	Not at this time	n/a	This category includes different types of providers and medication educators, including the Medication Therapy Management Services (MTMS).
Mental Health Behavioral Aide	Family, community, and client education and support	**Description:** A trained aide helps a child diagnosed with an emotional disturbance practice skills in the child's home, school or community setting. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Mental health collectives and coalitions	Family, community, and client education and support	**Description:** The community leads effort to support mental health. Activities include mental health awareness, building community resiliency, and advocacy for health promotion, prevention, and treatment services. **Target population:** Communities and families.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Minnesota Intensive Therapeutic Homes (MITH)	Treatment setting	**Description:** Provides an alternative to institutional placement for children and adolescents with severe emotional disturbance and serious acting out behaviors. Services are provided within a family foster setting. **Target population**: Children in need of intensive rehabilitative mental health services and families.	Theory Based	*	*	Not at this time	n/a	
Other case management services	Family, community, and client education and support	**Description:** Common components for families in many public assistance systems. They ensure child and family wellbeing, check compliance with program requirements, connect participants to health, employment, housing, and other services, and provide education and support. **Target population:** Children and families involved with juvenile justice, child welfare, and public assistance systems.	Theory Based (Category of services)	*	*	Not at this time	n/a	This refers to other forms of case management found in the juvenile justice, child welfare, and other public systems, and often received by children with emotional or behavioral disorders. It also can include coordination of supports between multiple systems.

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Outreach, awareness, and education programming	Family, community, and client education and support	**Description:** This programming seeks to provide education and resources for mental health services and suicide prevention. Examples include NAMI Ending the Silence, Let's Talk About It, More than Sad, and Schools Mobilizing Awareness and Reducing Tragedies (SMART)	Theory Based (Category of services)	*	*	Not at this time	n/a	These groups have the ability to destigmatize mental health and create belongingness.
Outpatient mental health services	Treatment setting	**Description**: Services provided to children who live outside a hospital can include individual, group and family therapy, individual treatment planning, diagnostic assessments, medication management, and psychological testing. **Target population**: Children in need of rehabilitative mental health services and families.	Theory Based (Category of services)	*	*	Not at this time	n/a	There is wide variation in the definition and model of "outpatient" treatment.
Partial hospitalization	Treatment setting	**Description**: A time-limited program of psychotherapy and other therapeutic services that may be provided in an outpatient hospital facility or Community Mental Health Center. The child or youth continues to live at home but travels to a treatment center for services. The goal of this program is to resolve or stabilize an acute episode of mental illness. **Target population**: Children in need of intensive rehabilitative mental health services and families.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Psychiatric Residential Treatment Facility (PRTFs)	Treatment setting	**Description**: Provide services to children and youth with complex mental health conditions. PRTFs are more intensive than other services, such as residential treatment or day treatment, but less medically intensive than a psychiatric hospital or a hospital psychiatric unit. **Target population**: Children in need of rehabilitative mental health services and families.	Theory Based (Category of services)	*	*	Not at this time	n/a	Level of care: mental illness and moderate to high risk. Admittance requires an assessment, limited social supports, and active need for treatment and evidence that past treatment has not been successful.
Respite care	Treatment setting	**Description**: Provides temporary care for children with mental health needs who live at home. This gives families and caregivers a much needed break while offering a safe environment for their children. **Target population**: Families with children in need of rehabilitative mental health services.	Theory Based (Category of services)	*	*	Not at this time	n/a	Respite can be for varying lengths. For instance, Rice County offers short-term respite, where case managers take children with emotional disorders to music or art lessons, day camps, and other recreational activities for several hours. This offers parents needed time to rest and complete other tasks.
School-Linked Mental Health Services	Treatment setting	**Description:** Community mental health agencies provide mental health services in schools (school-based), and at the child's home or community setting (school-linked). Includes assessments, individual/group/family therapy, skills training, crisis interventions, psychoeducation, and supportive services and care coordination. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Theory Based (Category of services)	*	*	Not at this time	n/a	
Screening in child welfare and juvenile justice systems	Assessment services	**Description:** Agencies screen children receiving child protective services or those in out-of-home placement, a child for whom parental rights have been terminated, a child found to be delinquent, a child in juvenile detention and certain children in trouble with the law. **Target population:** Communities.	Theory Based (Category of services)	*	*	Not at this time	n/a	This includes validated assessments like ACES, 35-evaluations, structured decision-making, parent-child interaction assessments, and parental health evaluations. It may also include techniques like motivational interviewing and risk, need, responsivity.

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Shelter care for families with mental health needs	Treatment setting	**Description**: Refers to the temporary care that is given to a child in physically unrestricting facilities. In some shelters, screening and treatment for emotional/behavioral disorders is available for families. **Target population**: Children in need of rehabilitative mental health services and families	Theory Based (Category of services)	*	*	Not at this time	n/a	
Skills training	Family, community, and client education and support	**Description:** Children develop behavioral skills. It may be delivered to help the youth to self-monitor, compensate for, cope with, counteract, or replace skill deficits or maladaptive skills acquired during the course of a psychiatric illness. **Target population:** Children diagnosed with emotional/behavioral disorders and their families.	Theory Based (Category of services)	*	*	Not at this time	n/a	These are typically deployed by non-clinical staff.
Substance use treatment (prevention, treatment, and recovery)	Counseling / Therapy	**Description:** Chemical dependency treatment provides a continuum of care to prevent, treat, and promote recovery from substance use disorder. These services are tailored to suit the needs of each offender, and may include screenings and assessments, treatment, and rehabilitation. Many evidence-based models exist for treating substance, including cognitive behavioral therapy and Multidimensional Family Therapy. **Target population:** All ages	See Results First's substance use report	*	*	Results First SUD Inventory	n/a	Many youth with behavioral or emotional disorders may have or develop a substance use disorder. While not all substance use services are evidence based, many are effective at preventing or treating substance use. The Results First team reviewed the evidence for substance use interventions here: http://bit.ly/1yK5cwi.
Telehealth for children's mental health treatment	Treatment setting	**Description:** Clinical services and therapy delivered remotely to clients. This is often used when specialists are unavailable in certain regions and is often paired with in-person treatment for other services. **Target population:** All ages	Theory Based (Category of services)	*	*	Not at this time	n/a	Some evidence suggests that telehealth is an effective method of delivery. For instance, this meta-analysis finds Remote CBT for children with anxiety to be an effective alternative to in-person treatment, https://bit.ly/2psjDUw.