There are currently 90 state-sanctioned Children’s Mental Health & Family Services Collaboratives serving communities across Minnesota. Collaboratives promote promising prevention & early intervention strategies through an expansive public health approach encompassing all developmental dimensions of well-being, including cognitive, social, emotional, behavioral, physical, environmental, economic, spiritual, educational & vocational.

The mission of the Collaboratives is to coordinate & integrate resources & services for children, youth & families who face complex problems & are involved with multiple service systems.

Emerging Mental Health Trends in 2016

Collaboratives Reported Increasing ...

Demand for mental health providers • Number of children being diagnosed for mental illness & disabilities • Complexity & severity of mental health issues • Substance use • Behavioral issues in schools • Homelessness • Suicide • Sex trafficking • Domestic abuse • Prevalence of trauma & ACEs • Fear of deportation & isolation within immigrant communities • Demand for out-of-home placements, in-patient hospitalization beds, foster care, respite care, residential treatment options – yet limited availability • Poverty & need for basic resources • Need for culturally relevant mental health care & traditional healing approaches • Racism • Bullying in schools • Use of electronics & internet • Prevalence of secondary trauma with staff & burnout • Involvement with child protection

Top 2016 Local Collaborative Priorities

Increasing Access to Mental Health & Treatment Providers
Ensuring Families Have Basic Resources
Addressing Adverse Childhood Experiences & Building Resilience

In 2016...

86% of Collaboratives Coordinated Early Identification of Children & Families in Need of Services
53 of Collaboratives Reported Being Involved with Community-Wide ACEs & Trauma-Informed Resilience Building Efforts
75% of Collaboratives reported using Minnesota Student Survey Data to Inform Decision-Making & Strategic Planning

Total Integrated Funding in 2016
$30.01 Million
Total 2016 LCTS $ = $13.19 Million
Total 2016 Non-LCTS $ = $16.82 Million

Integrated Fund Spending in 2016
$20.42 Million
Total 2016 LCTS $ Spent = $12.28 Million
Total 2016 Non-LCTS $ Spent = $8.14 Million

of Collaboratives are diversifying their funding streams with grants, partner contributions, volunteers & 3rd party billing to maximize their sustainability

Demand for mental health providers • Number of children being diagnosed for mental illness & disabilities • Complexity & severity of mental health issues • Substance use • Behavioral issues in schools • Homelessness • Suicide • Sex trafficking • Domestic abuse • Prevalence of trauma & ACEs • Fear of deportation & isolation within immigrant communities • Demand for out-of-home placements, in-patient hospitalization beds, foster care, respite care, residential treatment options – yet limited availability • Poverty & need for basic resources • Need for culturally relevant mental health care & traditional healing approaches • Racism • Bullying in schools • Use of electronics & internet • Prevalence of secondary trauma with staff & burnout • Involvement with child protection

Collaborative Sustainability
41% of Collaboratives are diversifying their funding streams with grants, partner contributions, volunteers & 3rd party billing to maximize their sustainability