



2016 Annual Collaborative Report Summary

Children's Mental Health & Family Services Collaboratives

May 2019
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OVERVIEW

The following information highlights data collected from the 85 Collaboratives that completed the *2016 Annual Collaborative Report*. Every chart includes a sample size (N) with the number of Collaboratives that responded to each question.

History & Purpose of Collaboratives

In 1993, the Minnesota Legislature established Children’s Mental Health Collaboratives (CMHCs) and Family Services Collaboratives (FSCs), referred to as ‘Collaboratives’ in this report. The mission of the Collaboratives is to coordinate and integrate resources and services for children, youth and families who face complex problems and are involved with multiple service systems.

There are currently 90 state-sanctioned Collaboratives serving communities across Minnesota. Collaboratives promote promising prevention and early intervention strategies through an expansive public health approach encompassing all developmental dimensions of well-being (cognitive, social, emotional/behavioral, physical, environmental, economic, spiritual, and educational/vocational).

Collaboratives in Minnesota

- Total # of Collaboratives 90
- Counties with an active Collaborative 82/87 (94%)
- Family Services Collaboratives 47
- Integrated FSC/CMHC 31
- Children’s Mental Health Collaboratives 12

Collaborative Priorities

The current [Collaborative Priorities](#) include:

- Promoting Mental Health & Well-Being of Children, Youth & Young Adults
- Supporting Healthy Growth & Social Emotional Development of Children, Youth & Young Adults
- Strengthening Resilience & Protective Factors of Families, Schools & Communities

The 2016 Annual Collaborative Report

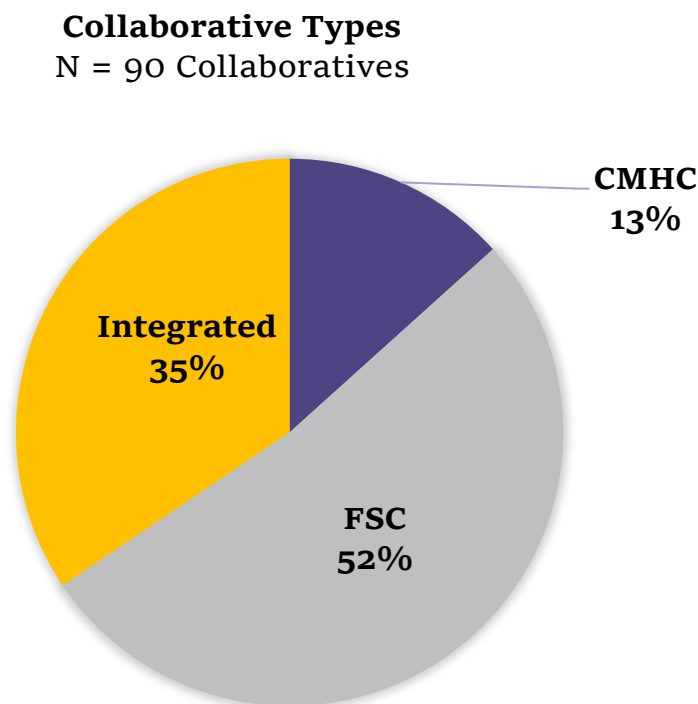
The Collaborative Report is due annually to DHS and gathers data from Collaboratives in Minnesota that is shared among Collaboratives, Collaboratives’ partners, policy makers, funders, and others. The report collects data to ensure compliance in meeting statutory mandates, progress toward integrating services and funding, and priority outcome measures.

SUMMARY DATA

Collaborative Types

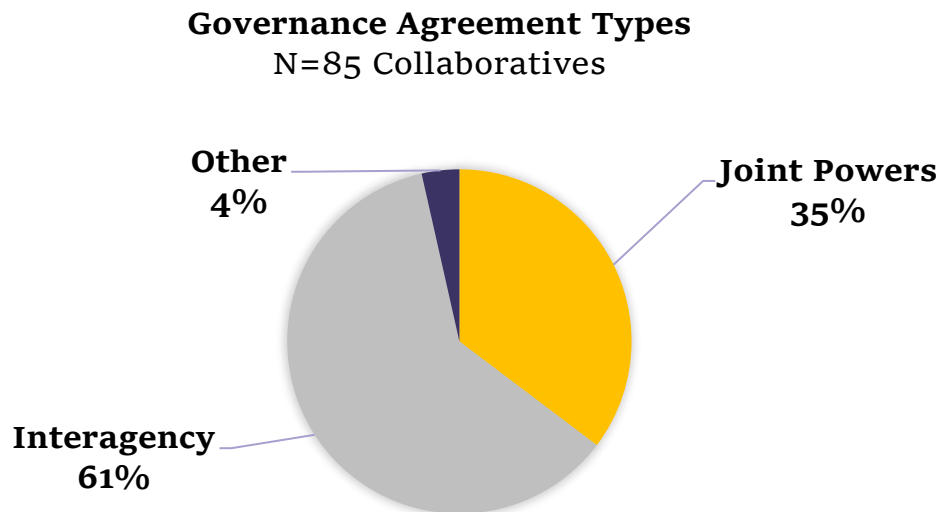
Children's Mental Health and Family Services Collaboratives share similar goals of reducing gaps and barriers to accessing resources/services and assuring resources/services cut across traditional boundaries. However, they each have slightly different target populations, geographic areas of coverage, and purposes. One of the main differences between the CMHCs and FSCs is the target populations they serve.

- **The target population for Family Services Collaboratives (FSC) is all children, birth to age 18, or birth through age 21 for individuals with disabilities.**
- The target population for **Children's Mental Health Collaboratives (CMHC)** is children up to age 18 with an emotional or behavioral disturbance or children at risk of suffering an emotional or behavioral disturbance who can benefit from multi-agency service coordination and wraparound services; or informal coordination of traditional mental health services provided on a temporary basis.
- **Integrated Collaboratives (Integrated)** focus on serving the target populations and geographic areas of both the CMHCs and FSCs.



Governance Agreements

Collaboratives are governed under a Joint Powers Agreement, Interagency Agreement, or nonprofit status (501c3). These agreements outline the governing partners, integrated funding, and local agreements related to the local operation of Collaboratives.



Governing Board Partners

The 85 Collaboratives that submitted the *2016 Annual Collaborative Report* collectively reported that their governing boards are represented by over 1,000 voting partners across the state, with an average of 12 voting members per Collaborative.

Family Services Collaboratives must include the following partners as voting members of their governing boards:

- One school district
- One county
- One public health entity
- One community action agency
- One Head Start grantee (if not the community action agency)

Children's Mental Health Collaboratives must include the following partners as voting members of their governing boards:

- One county
- One school district or special education cooperative
- One mental health entity
- One juvenile justice or corrections entity

Integrated Collaboratives must include representation from partners outlined under both Children's Mental Health & Family Services Collaboratives as voting members of their governing boards.

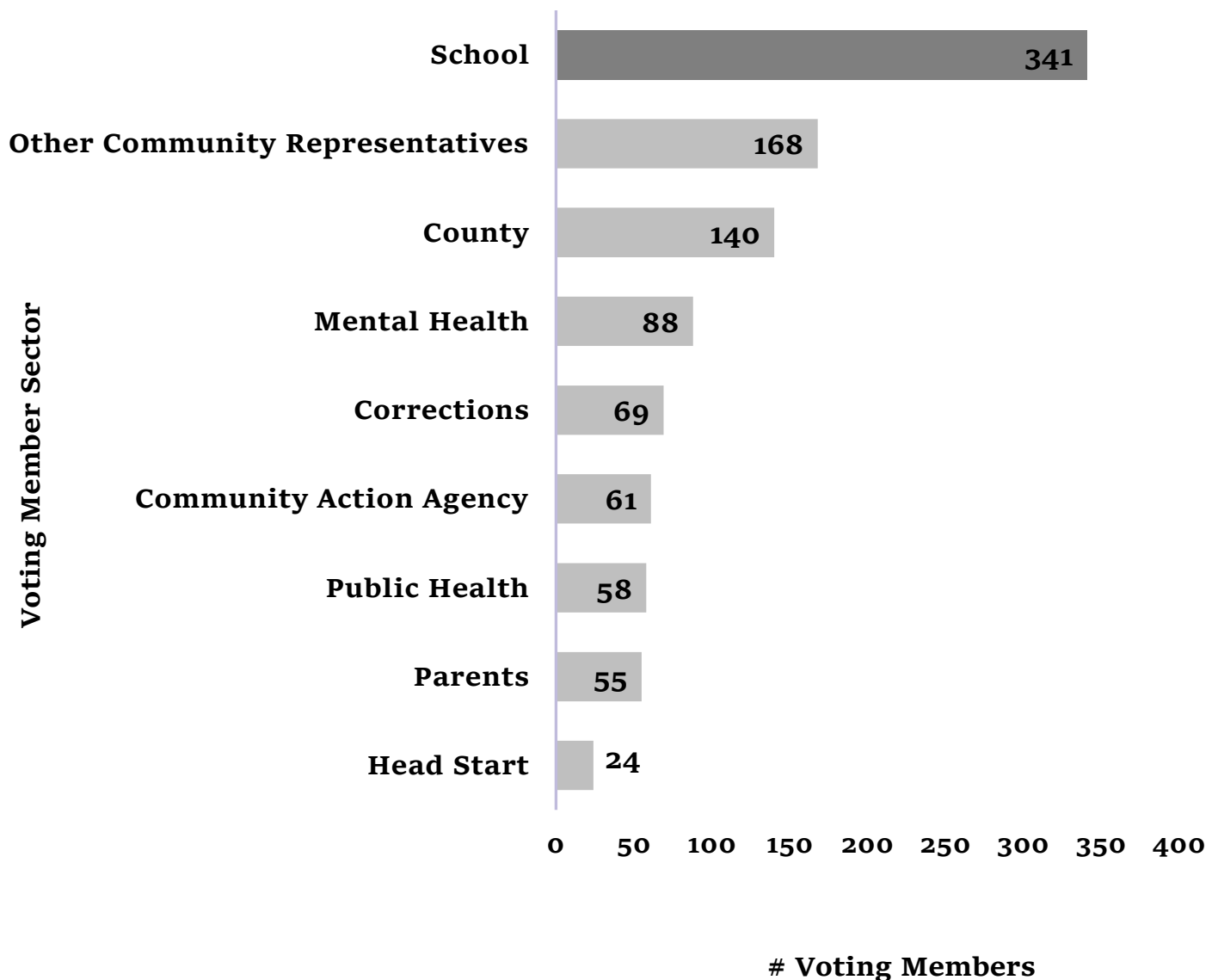
Parent, Caregiver, & Consumer Representation on Collaborative Boards

An integrated mental health system requires strong collaboration between parents and professionals in identifying children in the target population, facilitating access to the integrated system, and coordinating care and services for children and youth. Therefore, parent and caregiver representation in Collaboratives' decision-making is a crucial component to ensure that Collaboratives are meeting the needs of children and families across the state. Of the 85 Collaborative respondents, 34% reported having at least one parent/caregiver/consumer of services as a voting member on their board.

Voting Members Represented on Collaborative Governing Boards Across Minnesota - By Sector

N=85 Collaboratives

Number of Statewide Governing Board Voting Members = 1,004

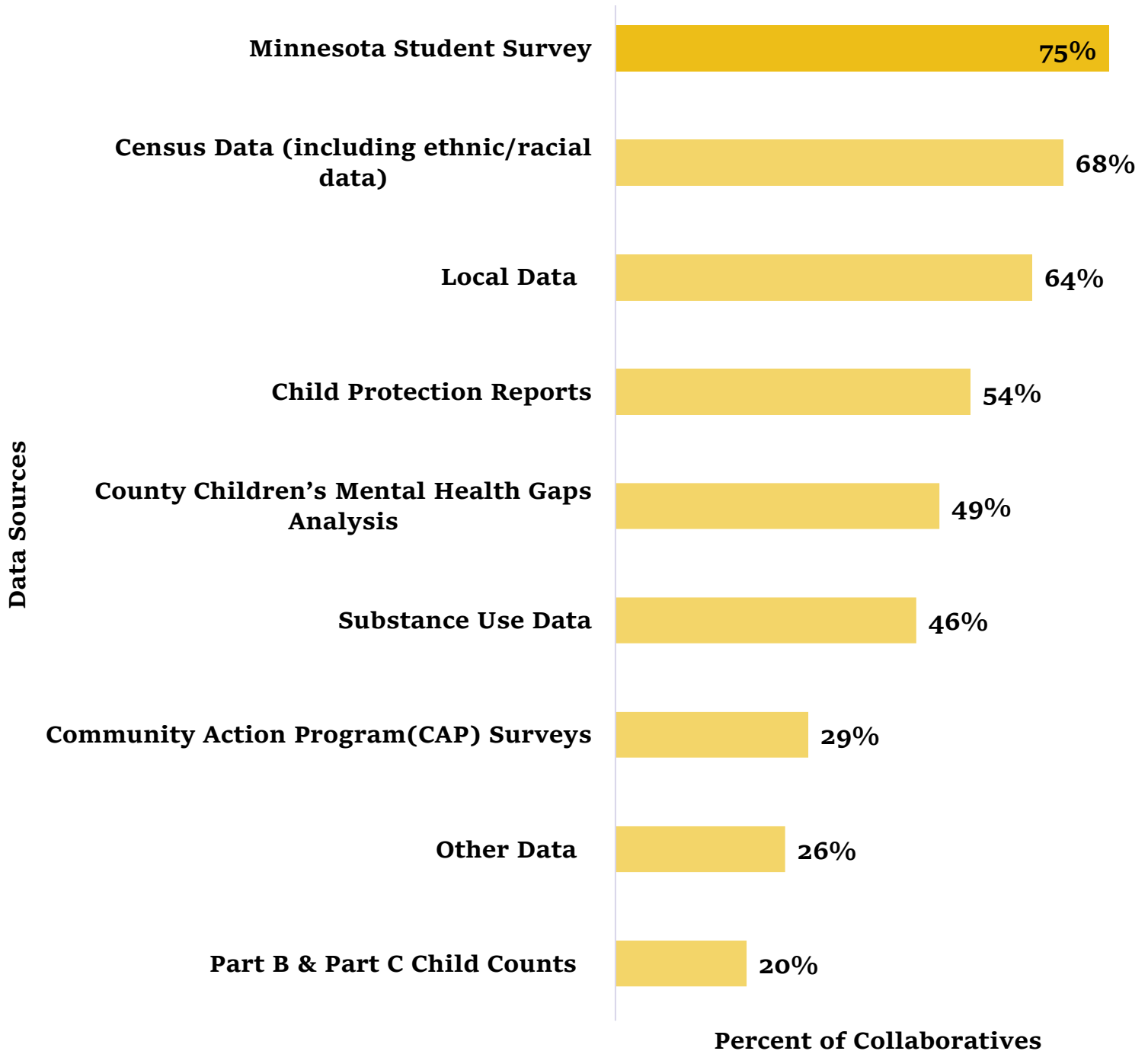


Primary Data Collaboratives Used for Strategic Planning

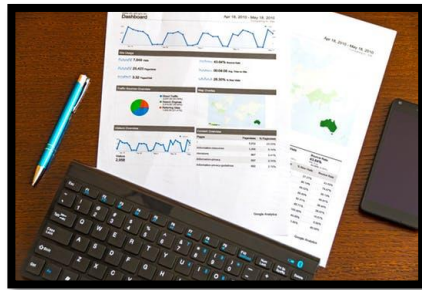
Collaboratives reported on the types of data sources they used in 2016 to assess local needs and inform their strategic planning efforts.

Percent of Collaboratives Using Each Data Source

N = 85 Collaboratives



Additional Data Sources Collaboratives Used in 2016



- **Community Data:** Assessments gathered by United Way, Human Services, PRO Kinship, mentoring programs, Bridge to Health Survey, Wilder Research publications and reports, Essentia Health Community Assessment, Collective Impact Data, focus group data, County Health Rankings and Roadmaps - Robert Wood Johnson Foundation, Children's Hospital Community Health Needs Assessment, annual survey data from providers and parents, knowledge from partners and advisory board members, written and verbal evaluations of activities/events, Search Institute Developmental Assets Profile Survey, Kids Count, Mobile Crisis Response Program data, Minnesota Demography Center Demographics, Underage Substance Abuse Surveys, MN Department of Health data, nonprofit agency statistics, and SHAPE data
- **Other Local Data:** Teen pregnancy stats, mental health trends, data related to expulsion from child care, CMHC/FSC data, LCTS participant data, homelessness data, economic data, referral data, and ACEs data
- **School Data:** Attendance rates, student achievement data, school census data, Free/Reduced Lunch records, school district profile data, Office Discipline Referral Data, Suspension/Expulsion Data, School Membership Data, Reasons for Chronic Truancy Survey, 3rd grade reading and high school graduation data, School Safety Data, School Linked Mental Health Summary Data, Social/Emotional Assessments (ASQSE & GOLD), Progress on Reading and Math Scores, P&I student and community surveys, and Youth Voice survey (SPARK-Search Institute)
- **Public Health Data:** County health assessments and public health community survey data, Public Health home visits, CHIP data, and health insurance coverage data from State Health Access Data Assistance Center (SHADAC)
- **Child Protection Data:** Intake data, investigations, assessments, out of home placement, and child mortality data
- **Early Childhood Data:** Screening, Pathways Scholarship Data, Head Start wait list, Child Care wait lists, and ECFE participation
- **Law Enforcement Data:** Juvenile court, recidivism and police department data

Integrated Service Delivery Components



The following chart highlights 13 categories that have been identified as key Integrated Service Delivery components for Collaboratives and outlines the percentage of Collaboratives that are currently supporting local efforts in each component area.

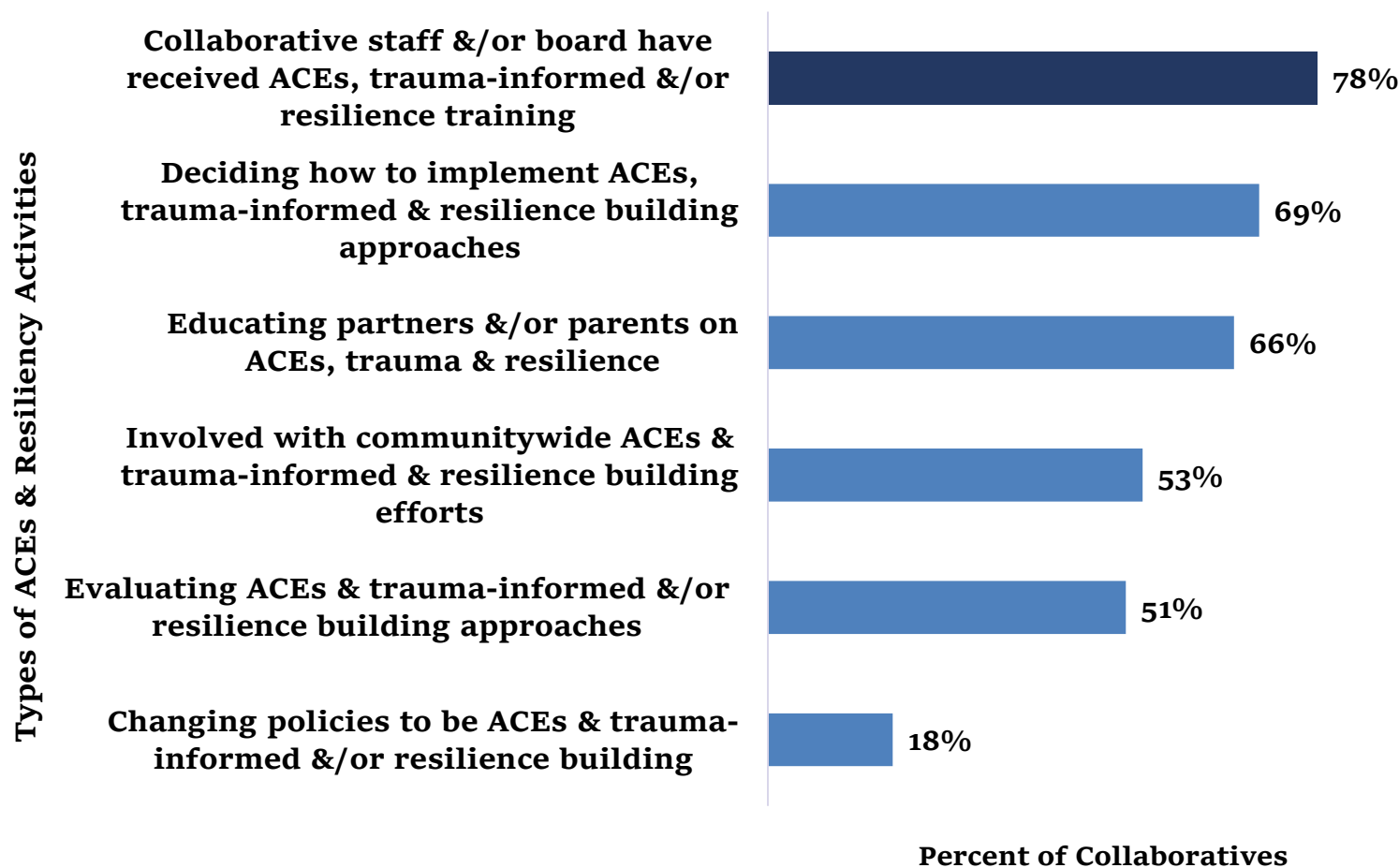
Key Components to Integrated Service Delivery	Percent of Collaboratives targeting each Integrated Service Delivery Component N = 85 Collaboratives
Coordinated unitary or integrated case management	18%
Wraparound process	19%
Individualized children's mental health rehabilitation services	25%
Coordinated transportation services	34%
Coordinated assessment across systems to determine which children & families need coordinated multi-agency services & supplemental services	38%
Multi-agency service plans or multi-agency plan of care	39%
Initial outreach to all new mothers	52%
Strong collaboration between parents & professionals in identifying children in the target population, facilitating access to the integrated system & coordinating care & services for these children	62%
Periodic family visits to children who are potentially at risk	68%
Integrated funding of services	68%
Coordinated services & interventions across service systems	81%
Coordinated outreach to children & families in need of services	84%
Coordinated early identification of children & families in need of services	86%

Addressing Adverse Childhood Experiences (ACEs) & Building Resilience

In the *2016 Annual Collaborative Reports*, Collaboratives indicated how they were integrating ACEs and resilience research into their practice. Supported by grants from the Department of Human Services, Minnesota Communities Caring for Children (MCCC) began partnering in 2016 with local Collaboratives to offer *Understanding ACEs: Building Self-Healing Communities* presentations to build awareness about emerging science related to neurodevelopment, ACEs, resilience, and epigenetics across the state. MCCC also began providing technical assistance to help Collaborative communities integrate trauma-sensitive strategies into their practice.

Most of the 85 Collaboratives that submitted a 2016 Collaborative Report said they were actively working on reducing ACEs and building resiliency in their communities. In 2016, Collaboratives integrated an average of 3 of the 6 activities below.

Percent of Collaboratives Statewide Participating in the Following ACEs & Resiliency Activities
N=85 Collaboratives



The most common ways Collaboratives worked to address ACEs and build resilience in 2016 were by offering training on ACEs and trauma-informed approaches to practice, developing planning teams to lead this work locally and determining next steps.

Collaborative Highlights

Here are just a few examples of how Collaboratives are currently working to reduce ACEs and build resilience across the state.

*An ACES Booklet was created by partner representatives to be used with Public Health, Pathways (advocacy program for victims of a domestic or sexual act), Hospital/Clinic, ECFE and Mental Health Center. Schools have provided training to staff on ACES. Other partner staff have been provided opportunity to attend ACES Training. The next step is for professionals to discuss the next steps...and the third step is to provide community education to engage families with supporting resiliency within their family and their community. - **Chippewa CARE Collaborative***

*The Collaborative was chosen as one of the 2016 pilot projects to move forward the work of bringing information on ACEs and the building of resilience and protective factors in our community... In 2016, Collaborative partners continued to work with ReThink Mental Health on addressing a comprehensive approach to ACEs...There is an expectation that all Collaborative partners receive training on ACEs and trauma, as well as, partner agency staff. ReThink Mental Health has also chosen trauma informed care to be the focus of their work...Together we will be able to build a unified system of working with this population. - **Clay County Collaborative***

*Building capacity of the local Collaborative partners through mini-trainings at all Collaborative meetings about ACEs, resilience, and protective factors; promotion and support of regional trainings on these topics; three Collaborative partners attended the Midwest ACE Summit in November 2016. Our annual Grant County FUN Fest & Expo provides the opportunity for people to connect with other community members, discover and learn more about the concrete supports (resources, supports and services) available to them and their families. - **Grant County Child & Youth Council***

*We have purchased the film Paper Tigers to utilize as a tool to help us educate and create awareness, compassion and resiliency countywide on Adverse Childhood Experiences. - **Koochiching County Family Collaborative***

*PACT was awarded an Innovation Grant from the Bush Foundation in 2016 to address the needs of children birth through age 8 and their families impacted by ACEs. "Partnering for Resilience" provides the opportunity for our members to come together to better understand the impact ACEs has on young children and to develop projects that will support kids and families. The project got underway in 2016, gathering input from families and professionals. Here we gathered data, conducted listening sessions with providers and parents. We shared this data with our members. After sharing with partners, we asked for their feedback on the data as well. Planning meetings for the pilot project are taking place in 2017. - **PACT for Families Collaborative***

*Our community has an active ACES Initiative Committee. There are representatives from schools, health and human services, mental health agencies, mentoring programs and interested community members. The focus of the committee has been to increase the opportunities for communities to learn more about ACES and the importance and impact of resiliency. Presentations have been made to area service groups, churches, school groups and to the general public on ACES and the impact on the brain. The ACES Committee has submitted a proposal to the Collaborative for funding to train 30 community members as ACES Interface trainers. - **Winona County Family & Children Mental Health Services Collaborative***

COLLABORATIVE PROGRAM OUTCOMES

In 2016, Collaboratives spent **\$20,420,293** from their integrated funds on the delivery of **553 programs and services** that reached **217,089 children, youth, and families** across the state. Collaboratives reported on all programs and services supported by their integrated funds, not just those funded with LCTS dollars. Whenever possible, Collaboratives provided unduplicated numbers for persons served by programs, the number of programs, and program funding in 2016.

Outcome Areas

The 553 programs and services were affiliated with **five primary program outcome areas** related to the Collaborative Priorities, including:

- ❖ **Outcome Area 1:** Improve Early Effective Interventions to Meet Social & Emotional Developmental Needs of Children (birth to 5 years)
- ❖ **Outcome Area 2:** Improve Community Prevention & Clinical Interventions to Meet the Mental Health Needs of Children & Youth
- ❖ **Outcome Area 3:** Improve Services & Supports to Strengthen Family Permanency
- ❖ **Outcome Area 4:** Improve Services to Support Children's Learning & Success in School
- ❖ **Outcome Area 5:** Improve Interventions for Youth Experiencing Risks for Negative Outcomes (Chemical Dependency, Corrections, Truancy, etc.)

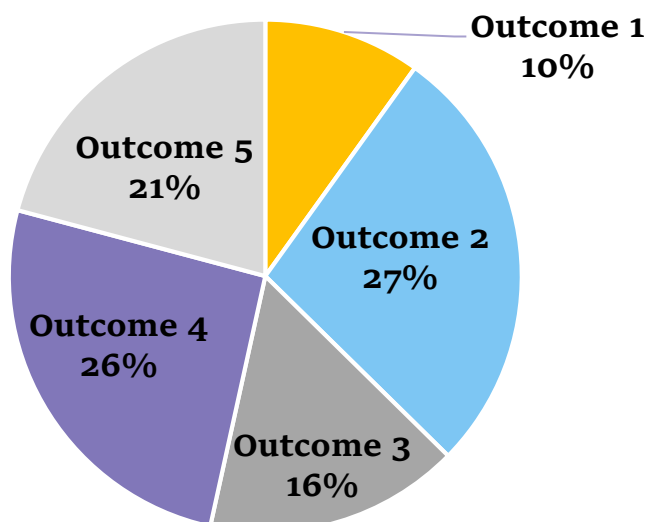
Program & Services Spending

LCTS funding from Collaborative integrated funds accounted for 60% of total program spending (\$12,184,805), and 40% of total program spending was supported by non-LCTS resources (\$8,235,489). **Many programs relied on a combination of funding** (LCTS and other resources, such as grants and partner contributions).

Percent of 2016 Integrated Fund Spending - by Outcome

N = 85 Collaboratives

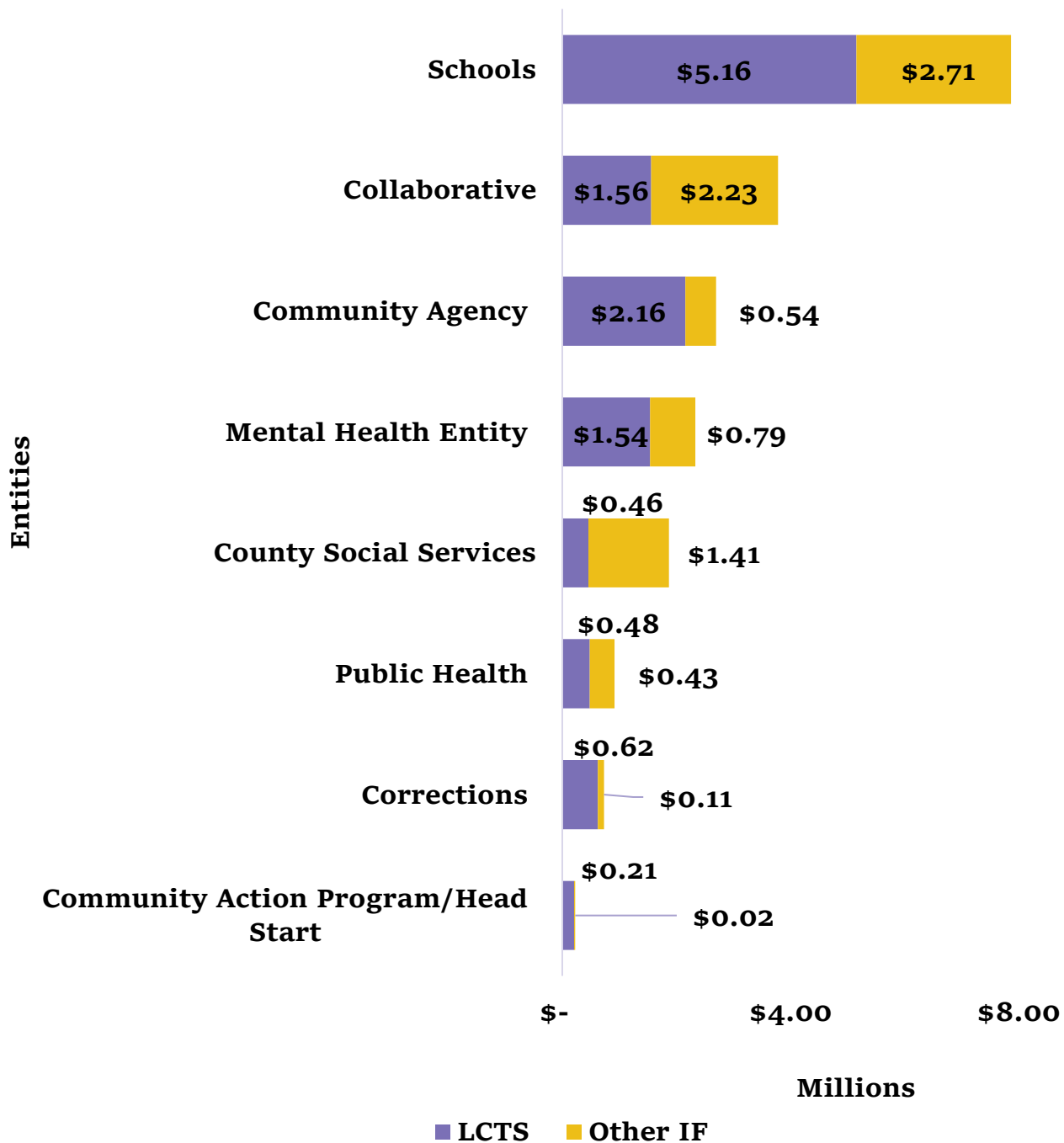
Total Integrated Fund Program Spending = \$20.42 million



Amount of Integrated Funding Received - by Entity & Funding Source

N = 85 Collaboratives

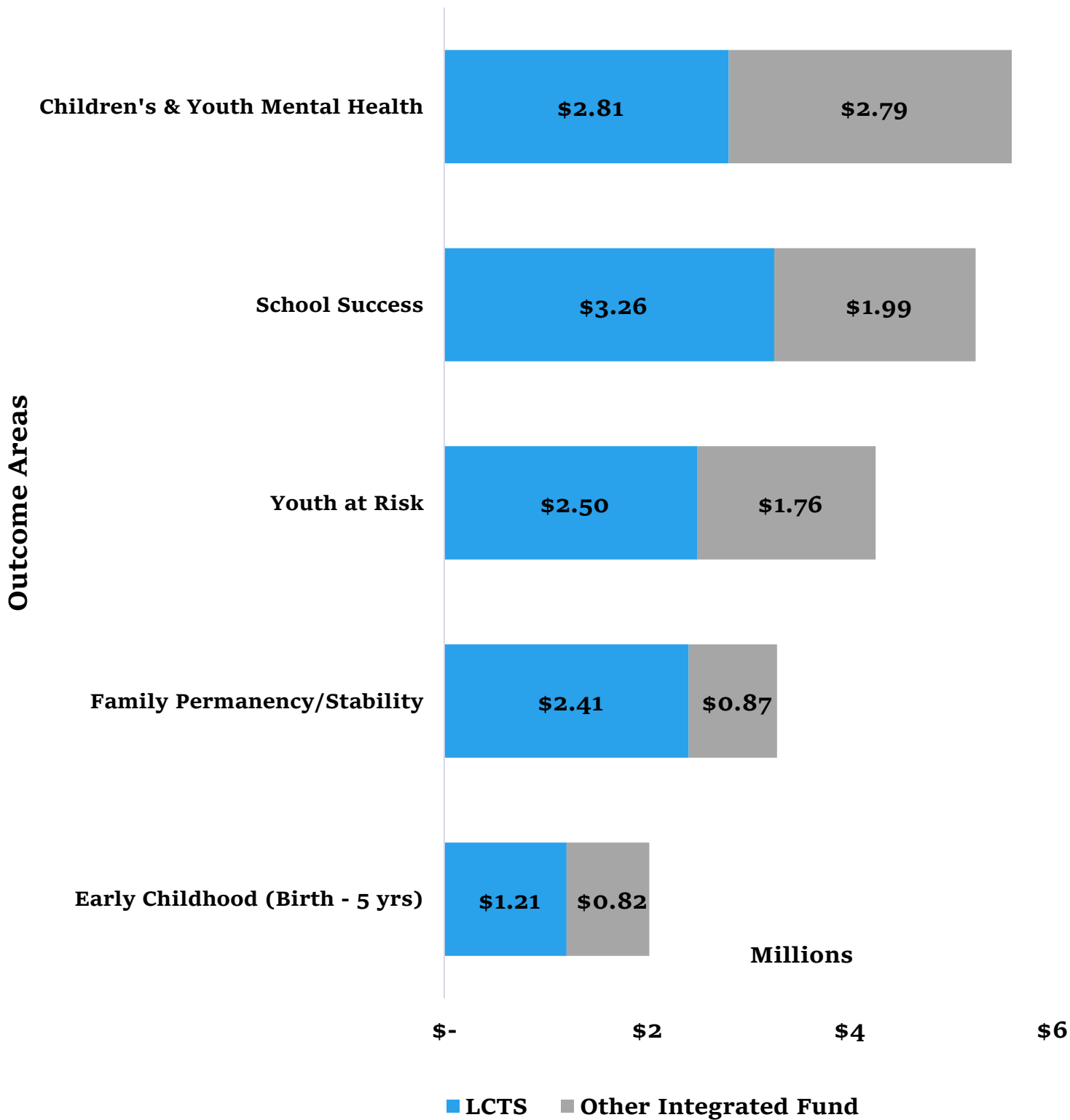
Total Spending = \$20.42 million



Amount of Integrated Fund Spending - by Outcome Area & Funding Source

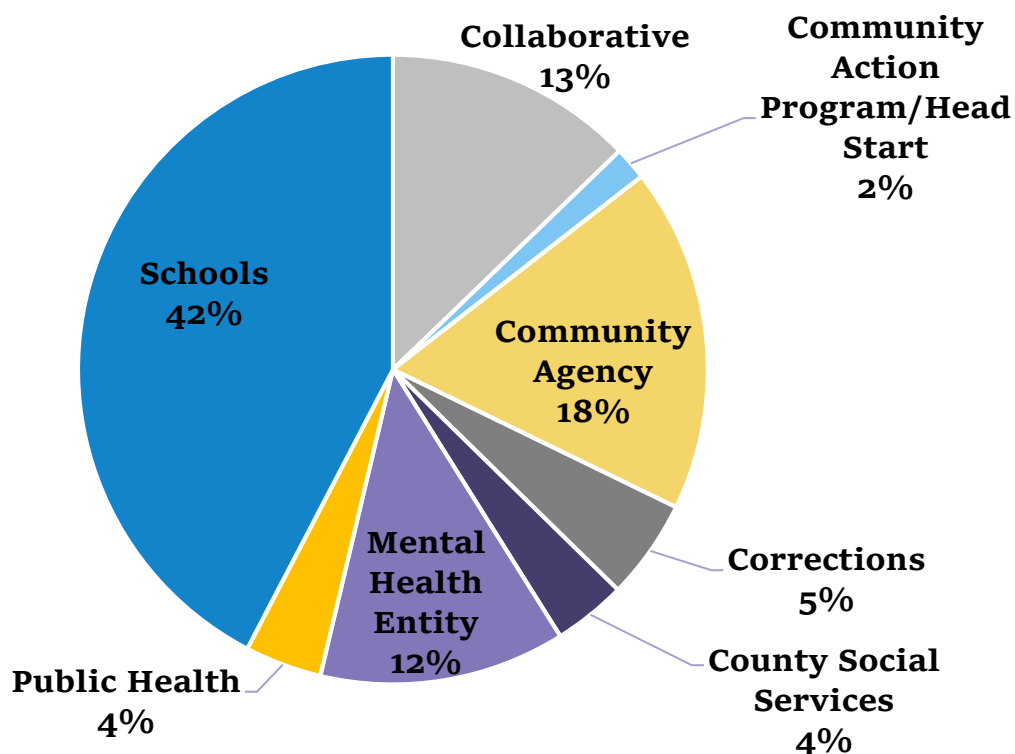
N=85 Collaboratives

Total Spending = \$20.42 million



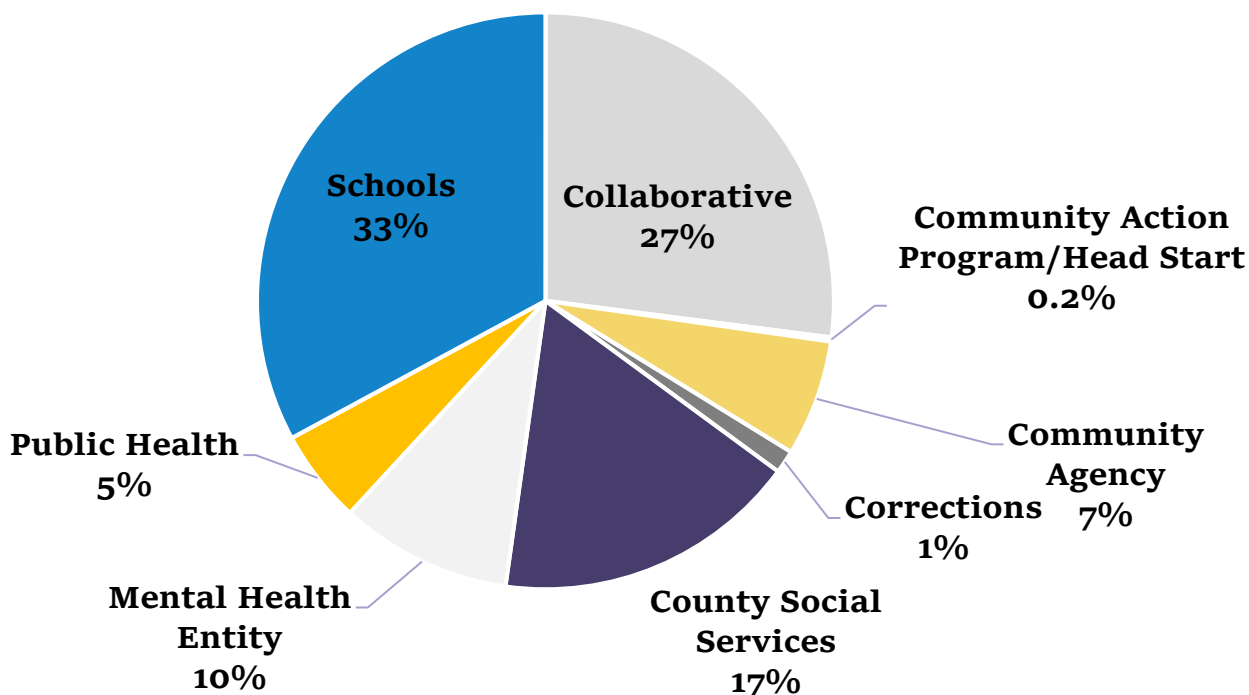
Percent of 2016 LCTS Integrated Funding Received - By Entity

N = 85 Collaboratives
Total LCTS Received = \$12,184,805



Percent of 2016 Non-LCTS Integrated Funding Received - By Entity

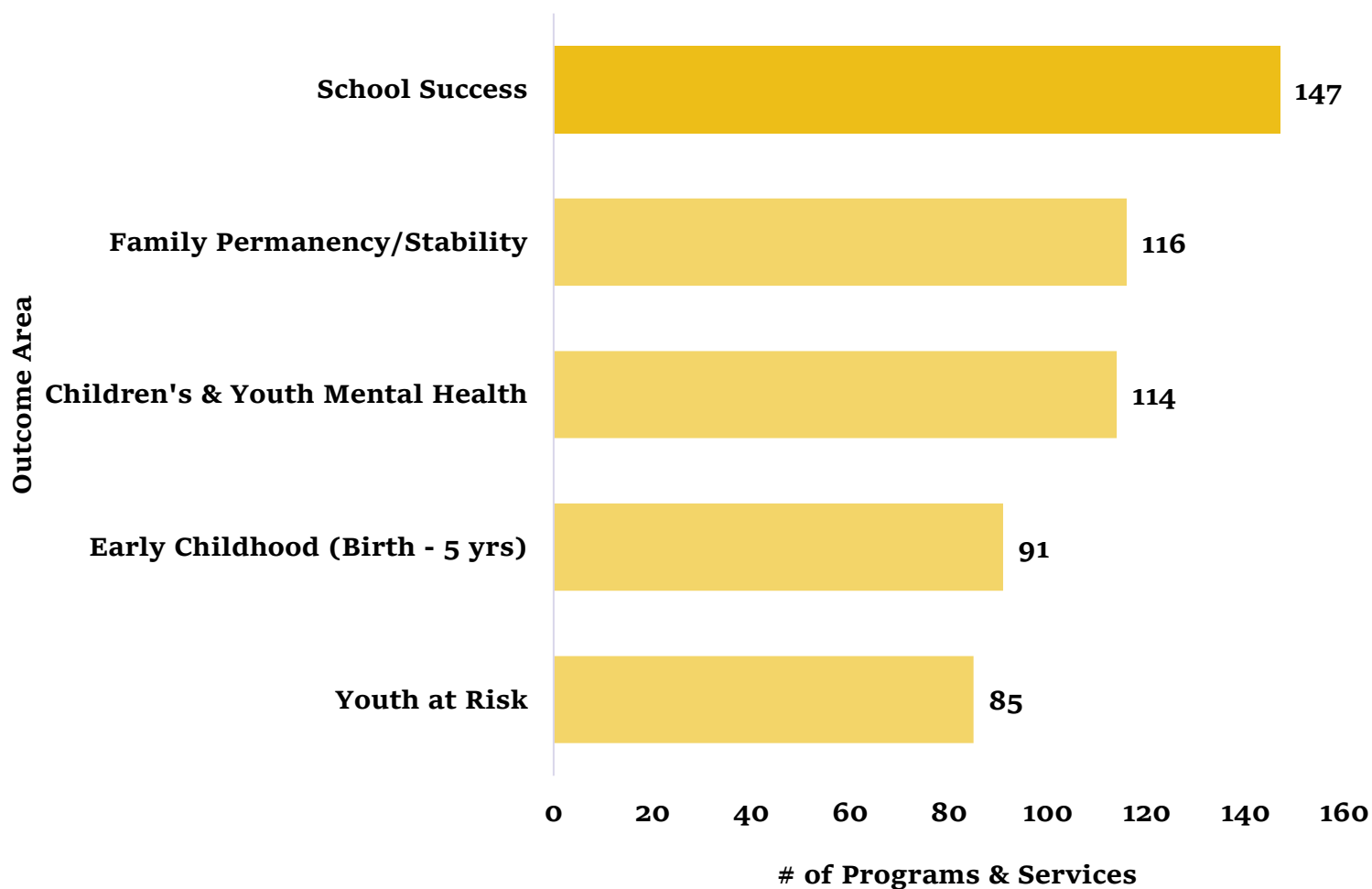
N = 85 Collaboratives
Total Non-LCTS Received = \$8,235,489



Number of Services & Programs by Outcome Area

N = 85 Collaboratives

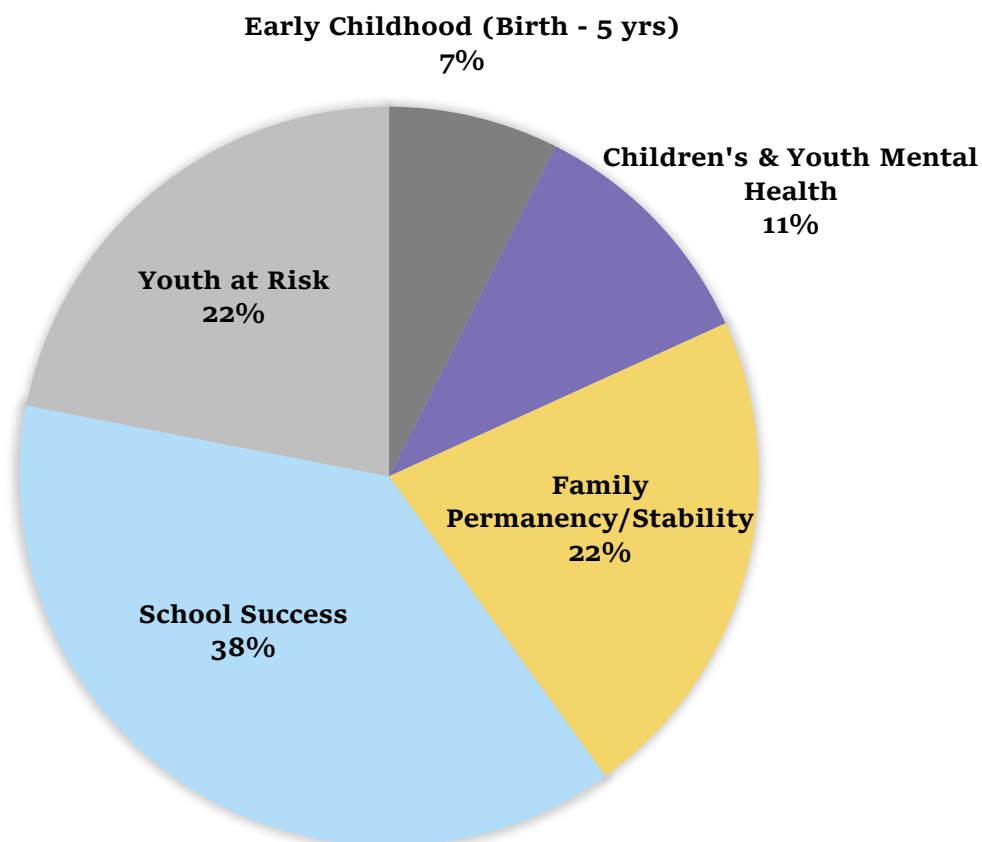
Total Programs & Services = 553



Percent of Total Participants - by Outcome Area

N=85 Collaboratives

Total Participants = 217,089



Outcome Summary

Total Collaborative Integrated Fund Spending on Programs & Services in 2016					\$ 20,420,293	
Outcomes	% of Collaboratives Supporting Programs	Programs & Services	# of Children, Youth & Families Served	LCTS Integrated Fund Spending in 2016	Non-LCTS Integrated Fund Spending in 2016	% Total of Integrated Fund Spending by Outcome Area
Outcome Area 1 Improve Early Effective Interventions to Meet Social & Emotional Developmental Needs of Children (birth to 5 years)	61%	91	16,142	\$ 1,208,186.00	\$ 817,337.00	10%
Outcome Area 2 Improve Community Prevention & Clinical Interventions to Meet the Mental Health Needs of Children & Youth	56%	114	23,384	\$ 2,808,948.00	\$ 2,794,862.00	27%
Outcome Area 3 Improve Services & Supports to Strengthen Family Permanency or Stability	63%	116	47,413	\$ 2,413,156.00	\$ 871,923.00	16%
Outcome Area 4 Improve Services to Support Children's Learning & Success in School	72%	147	82,558	\$ 3,257,813.00	\$ 1,988,344.00	26%
Outcome Area 5 Improve Interventions for Youth Experiencing Risks for Negative Outcomes	56%	85	47,592	\$ 2,496,701.00	\$ 1,763,023.00	21%
TOTAL		553 Programs & Services	217,089 Children, Youth & Families Served	\$ 12,184,804.00	\$ 8,235,489.00	100%

Outcome Area 1 Improve Early Effective Interventions to Meet Social & Emotional Developmental Needs of Children Birth to 5



of Programs & Services Reported: 91

Served: 16,142 children & their families

Total Integrated Fund Spent on Outcome Area 1: \$ 2,025,523

LCTS Money Spent in 2016: \$ 1,208,186

Integrated Fund Money (Non-LCTS) Spent in 2016: \$817,337

of Collaboratives Supporting Programs & Services in Outcome Area 1: 52/85 (61%)

Priority Audience includes children aged 0 - 5 years old and their caregivers, and pregnant and expecting teens and adults. Some programs specifically support first time caregivers, English language learners and/or immigrants, and children and families who identify as: culturally and/or racially diverse, low-income and/or eligible for free and reduced lunch, lacking access to PreK, children identified as “at-risk” or with risk factors for developmental delays, and children having trouble in school and/or identified for having challenging behaviors.

Types of Programs & Services:

- ***Expectant Caregiver, Teen Parenting & General Parent Education***
(e.g., birth prep classes, newborn baby visits, caregiver support groups, Circle of Security, Partners in Parenting, WIC – My Plate Program, NW Teen Parent Connection)
- ***Early Childhood Screening, Support, Programming***
(e.g., Home Visiting, Follow Along, Family Facilitator Program, Head Start, Early Identification, Early Childhood Therapist/Social Workers, School Linked Mental Health, Nurse Family Partnership, Adoption Programs, Diaper Bank)
- ***Early Childhood Provider Education & School Readiness***
(e.g., preschool grants, Invest Early, Social Emotional Learning skills, family literacy programs)

Collaboratives Addressing Outcome Area 1

- **Anoka** Co. Children & Family Council
- **Becker** Co. Children's Initiative
- BRIDGES - **Sherburne** Co. Children's Mental Health Collaborative
- **Carlton** Co. Children & Family Services Collaborative
- **Carver** Co. Interagency Council
- **Cass** Co. Leech Lake Reservation Children's Initiative
- **Chisago** Co. Interagency Children's Service Cooperative
- **Clay** Co. Collaborative
- **Cottonwood** Co. Family Services Collaborative
- **Dakota** Co. Integrated Children's Mental Health & Family Service Collaborative
- **Douglas** Co. Children's Mental Health Collaborative
- **Edina** Family Services Collaborative
- Families First **Brown** Co.
- **Freeborn** Co. Family Services Collaborative
- **Goodhue** Co. Family Services Collaborative
- **Grant** Co. Child & Youth Council
- **Hennepin South Services** Collaborative
- **Hopkins** Schools and Community in Partnership
- **Houston** Co. Family Services Collaborative
- **Itasca** Co. Family Services Collaborative
- **Jackson** Co. Family Services Network
- **Koochiching** Co. Family Collaborative
- **Lac qui Parle** Children's Mental Health Collaborative
- **Lake of the Woods** Children and Families Collaborative
- **Le Sueur** Co. Family Service Collaborative
- **Minneapolis** Redesign
- **Minnetonka** Family Collaborative
- **Mower** Co. Family Connections
- **Nicollet** Co. Family Services Collaborative
- **North Shore** Collaborative
- **Northern St. Louis** Co. Family Service Collaborative
- **Northwest Hennepin** Family Service Collaborative
- **Orono** Family Services
- **Otter Tail** Co. Family Services Collaborative
- **PACT** for Families Collaborative
- **Pope** Co. Family Collaborative
- **Robbinsdale** Area Redesign
- **Saint Paul** Children's Collaborative
- **Sibley** Co. Children's Collaborative
- **Southern St. Louis** Co. Family Service Collaborative
- **St. Anthony/ New Brighton** Family Services Collaborative
- **St. Louis Park** Family Services Collaborative
- **Steele** Co. Children's Mental Health Collaborative
- **Stevens** Co. Early Childhood Initiative
- **Traverse** Co. Connections
- **Wabasha** Co. Family Services Collaborative
- **Wadena** Co. Family Services Collaborative
- **Waseca** Co. Collaborative for Families
- **Watonwan** Visions for Families & Community
- **Wilkin** Co. Children's Collaborative
- **Winona** Co. Family & Children Mental Health Services Collaborative
- **Wright** Co. Family Services Collaborative

Outcome Area 2: Improve Community Prevention & Clinical Interventions to Meet the Mental Health Needs of Children & Youth



of Programs & Services Reported: 114

Served: 23,384 children, youth & their families

Total Integrated Fund Spent on Outcome Area 2: \$ 5,603,810

LCTS Money Spent in 2016: \$2,808,948

Integrated Fund Money (Non-LCTS) Spent in 2016: \$2,794,862

of Collaboratives Supporting Programs & Services in Outcome Area 2: 50/85 (56%)

Priority Audience includes professionals, families, and children ages 3 - 21 years (PreK to Grade 12). Some of the programs specifically support children with Severe Emotional Disturbance (SED) and other identified mental health needs/ behavioral issues, and those identified as “at-risk”, uninsured, or culturally and racially diverse.

Types of Programs & Services:

- ***Mental Health & Case Management & Wraparound Supports***
(e.g., co-located school therapy, school linked mental health, children’s mental health, child psychiatry, case management, therapeutic support, family school support)
- ***Chemical Dependency Programming***
(e.g., counselors, day treatment)
- ***Crisis Intervention***
(e.g., De-escalation Training, Suicide Prevention Task Force)
- ***Basic Resources***
(e.g., housing, transportation, clothing, furniture, SNAP applications)
- ***Caregiver Support***
(e.g., Parent Support, kinship, Parenting with Purpose Speaker Series)
- ***Respite Activities***
(e.g., Fidgety Fairy Tales, Twin Town Skate Park)
- ***Resilience Building Activities***
(e.g., Community Mediation, Restorative Practices, Youth Mindfulness)

Collaboratives Addressing Outcome Area 2

- **Anoka** Co. Children and Family Council
- **Beltrami** Area Service Collaborative
- **Benton** Co. Children's Mental Health Collaborative
- BRIDGES - **Sherburne** Co. Children's Mental Health Collaborative
- **Carlton** Co. Children & Family Services Collaborative
- **Carver** Co. Interagency Council
- **Cass** Co. Leech Lake Reservation Children's Initiative
- **Chisago** Co. Interagency Children's Service Cooperative
- **Clay** Co. Collaborative
- **Clearwater** Co. Children's Mental Health Collaborative
- **Cottonwood** Co. Family Services Collaborative
- **Dakota** Co. Integrated Children's Mental Health & Family Service Collaborative
- **Douglas** Co. Children's Mental Health Collaborative
- **Edina** Family Services Collaborative
- **Goodhue** Co. Family Services Collaborative
- **Hennepin South Services** Collaborative
- **Isanti** Co. Integrated Collaborative
- **Jackson** Co. Family Services Network
- **Kittson** Co. Children's Collaborative
- **Koochiching** Co. Family Collaborative
- **Le Sueur** Co. Family Service Collaborative
- **Mahnomen** Co. Interagency Collaborative
- **Minneapolis** Redesign
- **Minnetonka** Family Collaborative
- **Mower** Co. Family Connections
- **Nicollet** Co. Family Services Collaborative
- **Nobles** Co. Family Connections Collaborative
- **North Shore** Collaborative
- **Northern St. Louis** Co. Family Service Collaborative
- **Northwest Hennepin** Family Service Collaborative
- **Olmsted** Co. BRIDGE Collaborative
- **Otter Tail** Co. Family Services Collaborative
- **PACT** for Families Collaborative
- **Pope** Co. Family Collaborative
- **Ramsey** Co. Children's Mental Health Collaborative
- **Rice** Co. Family Services Collaborative
- **Robbinsdale** Area Redesign
- **Scott** Family Net
- **Southern St. Louis** Co. Family Service Collaborative
- **St. Louis Park** Family Services Collaborative
- **Stearns** Co. Family Services Collaborative
- **Suburban Ramsey** Family Collaborative
- **Todd** Co. Family Services Collaborative for Children & Families
- **Traverse** Co. Connections
- **Wabasha** Co. Family Services Collaborative
- **Wayzata** Partners for Healthy Kids
- **Westonka** Healthy Community Collaborative
- **Wilkin** Co. Children's Collaborative
- **Winona** Co. Family & Children Mental Health Services Collaborative
- **Wright** Co. Family Services Collaborative

Outcome Area 3: Improve Services & Supports to Strengthen Family Permanency or Stability



of Programs & Services Reported: 116

Served: 47,413 children, youth & their families

Total Integrated Fund Spent on Outcome Area 3: \$3,285,079

LCTS Money Spent in 2016: \$2,413,156

Integrated Fund Money (Non-LCTS) Spent in 2016: \$871,923

of Collaboratives Supporting Programs & Services in Outcome Area 3: 57/65 (63%)

Priority Audience includes children 0 - 18 years of age and their caregivers. Some programs support families identified as: low-income, “at-risk”, single parent households, homeless, immigrants or refugees, and culturally and/or racially diverse.

Types of Programs & Services:

- **Caregiver Support**
(e.g., ECFE Parenting Classes, CARE Liaison program, Operation Community Connect, Family Planning, Respite, family needs vouchers, Circle of Parents, YWCA childcare, kinship, resource centers, Fatherhood Partnership Project, Crisis Nursery, Supervised Visitation, Circles of Security)
- **Chemical Dependency Counseling**
(e.g., Alcohol Prevention)
- **Child Education & Extracurricular Support**
(e.g., family literacy, after school camp, summer programming, KidPack-Bonfire, FUN Fest & Expo, mentoring)
- **Grant Funds & Mental Health Support**
(e.g., flex, emergency, contingency, enhancement funds)
- **Culturally Specific Programming**
(e.g., bi-cultural Latino community social worker, community asset fund for immigrant and refugee families)
- **Mental Health Awareness**
(e.g., STIGMA 180)

Collaboratives Addressing Outcome Area 3

- 3 Counties for Kids (**Sibley, Brown, Watonwan**)
- **Anoka** Co. Children & Family Council
- **Beltrami** Area Service Collaborative
- **Big Stone** Co. Family Service Coll.
- BRIDGES - **Sherburne** Co. Children's Mental Health Collaborative
- **Carlton** Co. Children & Family Services Collaborative
- **Carver** Co. Interagency Council
- **Cass** Co. Leech Lake Reservation Children's Initiative
- **Chippewa** CARE Collaborative
- **Clay** Co. Collaborative
- **Cottonwood** Co. Family Services Collaborative
- **Crow Wing** Co. Family Service Collaborative Council
- **Dodge** Co. Family Services Collaborative
- **Douglas** Co. Children's Mental Health Collaborative
- **Edina** Family Services Collaborative
- Families First **Brown** Co.
- **Grant** Co. Child & Youth Council
- **Hennepin South** Services Collaborative
- **Hopkins** Schools and Community in Partnership
- **Houston** Co. Family Services Collaborative
- **Isanti** Co. Integrated Collaborative
- **Jackson** Co. Family Services Network
- **Kanabec** Co. Family Services Collaborative
- **Koochiching** Co. Family Collaborative
- **Lac qui Parle** Children's Mental Health Collaborative
- **Lake of the Woods** Children and Families Collaborative
- **Le Sueur** Co. Family Service Collaborative
- **Mahnomen** Co. Interagency Collaborative
- **Mille Lacs** Co. Family Services Collaborative: Family TIES
- **Minnetonka** Family Collaborative
- **Mower** Co. Family Connections
- **Nobles** Co. Family Connections Collaborative
- **Northwest Hennepin** Family Service Collaborative
- **Otter Tail** Co. Family Services Collaborative
- **PACT** for Families Collaborative
- **Pope** Co. Family Collaborative
- **Ramsey** Co. Children's Mental Health Collaborative
- **Rice** Co. Family Services Collaborative
- **Robbinsdale** Area Redesign
- **Saint Paul** Children's Collaborative
- **Scott** Family Net
- **Sibley** Children's Collaborative
- **Southern St. Louis** Co. Family Service Collaborative
- **St. Louis Park** Family Services Collaborative
- **Stearns** Co. Family Services Collaborative
- **Stevens** Co. Early Childhood Initiative
- **Suburban Ramsey** Family Collaborative
- **Todd** Co. Family Services Collaborative for Children & Families
- **Traverse** Co. Connections
- **Wabasha** Co. Family Services Collaborative
- **Wadena** Co. Family Services Collaborative
- **Waseca** Co. Collaborative for Families
- **Watonwan** Visions for Families & Community
- **Wayzata** Partners for Healthy Kids
- **Wilkin** Co. Children's Collaborative
- **Winona** Co. Family & Children Mental Health Services Collaborative
- **Wright** Co. Family Services Collaborative

Outcome Area 4: Improve Services to Support Children's Learning & Success in School



of Programs & Services Reported: 147

Served: 82,558 children, youth & their families

Total Integrated Fund Spent on Outcome Area 4: \$5,246,157

LCTS Money Spent in 2016: \$3,257,813

Integrated Fund Money (Non-LCTS) Spent in 2016: \$1,988,344

of Collaboratives Supporting Programs & Services in Outcome Area 4: 65/85 (72%)

Priority Audience includes children (pre-natal through 21 years) and their families. Some programs specifically support teen parents, students at risk of academic failure, low income, and/or receiving free and reduced lunch or who qualify for Head Start, those with emotional behavioral disorder in Federal IV Settings, English language learners, and students with an ADHD diagnosis.

Types of Programs & Services:

- ***School-Based Providers & Services***

(e.g., ALC therapists, social workers, mental health intervention, truancy intervention, nursing outreach, social/emotional skill building, student leadership opportunities, bullying prevention)

- ***Support Programs for Children & Family***

(e.g., Partners for Success Program, preschool scholarships, resource centers, restorative justice programs, teen parenting, Incentives for Attendance, Physical, Mental & Dental Health Connections, mentoring programs, Head Start, Proctor Schools Bookmobile)

- ***Extracurricular Activities***

(e.g., Quality Out of School Time, Camp Connect, Wolf Ridge Learning Center, YMCA, After School scholarships & programs, Fun Club, Paper Tigers screening, Imagination Library, Senior Overnight, Youth Led IZI)

- ***Culturally Responsive Programming***

(e.g., Opening Doors for English Learners, bilingual worker)

Collaboratives Addressing Outcome Area 4

- 3 Counties for Kids (**Brown, Sibley, Watonwan**)
- **Anoka** Co. Children & Family Council
- **Becker** Co. Children's Initiative
- **Beltrami** Area Service Collaborative
- BRIDGES - **Sherburne** Co. CMHC
- **Carlton** Co. Children & FSC
- **Carver** Co. Interagency Council
- **Chippewa** CARE Collaborative
- **Clay** Co. Collaborative
- **Clearwater** Co. CMHC.
- **Cottonwood** Co. FSC
- **Dakota** Co. Integrated Collab.
- **Dodge** Co. FSC
- **Douglas** Co. CMHC
- **Edina** FSC
- **Fillmore** FSC
- **Goodhue** Co. FSC
- **Grant** Co. Child & Youth Council
- **Hennepin** Co. CMHC
- **Hennepin South** Services Collab.
- **Hopkins** Schools and Community in Partnership
- **Houston** Co. Family Services Collaborative
- **Hubbard** Co. Social Services Collaborative
- **Isanti** Co. Integrated Collaborative
- **Itasca** Co. Family Services Collaborative
- **Kanabec** Co. Family Services Collaborative
- **Kittson** Co. Children's Collaborative
- **Lac qui Parle** Children's Mental Health Collaborative
- **Le Sueur** Co. Family Service Collaborative
- **Lyon/Murray** Families Project
- **Mahnomen** Co. Interagency Collaborative
- **Minneapolis** Redesign
- **Minnetonka** Family Collaborative
- **Mower** Co. Family Connections
- **Nicollet** Co. Family Services Collaborative
- **Nobles** Co. Family Connections Collaborative
- **North Shore** Collaborative
- **Northern St. Louis** Co. Family Service Collaborative
- **Northwest Hennepin** Family Service Collaborative
- **Orono** Family Services
- **Otter Tail** Co. Family Services Collaborative
- **PACT** for Families Collaborative
- **Pine** Co. Children's and Family Service Collaborative
- **Pope** Co. Family Collaborative
- **Redwood** Co. Collaborative
- **Rice** Co. Family Services Collaborative
- **Robbinsdale** Area Redesign
- **Rock Pipestone** Family Services Collaborative
- **Saint Paul** Children's Collaborative
- **Sibley** Co. Children's Collaborative
- **Southern St. Louis** Co. Family Service Collaborative
- **St. Anthony/ New Brighton** Family Services Collaborative
- **St. Louis Park** Family Services Collaborative
- **Steele** Co. Children's Mental Health Collaborative
- **Stevens** Co. Early Childhood Initiative
- **Suburban Ramsey** Family Collaborative
- **Todd** Co. Family Services Collaborative for Children & Families
- **Traverse** Co. Connections
- **Wadena** Co. Family Services Collaborative
- **Watonwan** Visions for Families & Community
- **Wayzata** Partners for Healthy
- **Westonka** Healthy Community Collaborative
- **Wilkin** Co. Children's Collaborative
- **Winona** Co. Family & Children Mental Health Services Collaborative
- **Wright** Co. Family Services Collaborative

Outcome Area 5: Improve Interventions for Youth Experiencing Risks for Negative Outcomes (Chemical Dependency, Corrections, Truancy, etc.)



of Programs & Services Reported: 85

Served: 47,592 youth & their families

Total Integrated Fund Spent on Outcome Area 5: \$4,259,724

LCTS Money Spent in 2016: \$2,496,701

Integrated Fund Money (Non-LCTS) Spent in 2016: \$1,763,023

of Collaboratives Supporting Programs & Services in Outcome Area 5: 50/ 85 (56%)

Priority Audience: Kindergarten through 12th grade children and youth. Some programs specifically support youth; with mental health diagnoses or at-risk behaviors and attendance problems, who have been dropped from enrollment due to 15+ days of consecutive absence, with chemical health needs, and low-level first-time offenders.

Types of Programs & Services:

- ***Basic Needs for Youth***
- ***School-Based Providers & Services***
(e.g., Truancy Counselors, Every Day Attendance Matters Program, School Liaison, Family Resource Worker, School Social Workers, Project Attend, Wraparound Funds, Kinship)
- ***Extracurricular Activities***
(e.g., Homeward Bound Theatre, Summer is Go Time, Galaxy Youth Centers, Community Education, mentoring, Self-Group, After School Activity Bus)
- ***Chemical Health & Juvenile Justice Programs***
(e.g., Drug Court, Restorative Justice & Practices, Teen Court, Alcohol/Tobacco Decisions, Drug Free Communities, licensed chemical health counselors, juvenile sexual assault advocacy, juvenile restitution, probation, re-entry service program)

Collaboratives Addressing Outcome Area 5

- **Aitkin** Co. Family Services Collab.
- **Becker** Co. Children's Initiative
- **Beltrami** Area Service Collaborative
- BRIDGES - **Sherburne** Co. Children's Mental Health Collaborative
- **Carlton** Co. Children & Family Services Collaborative
- **Chisago** Co. Interagency Children's Service Cooperative
- **Clay** Co. Collaborative
- **Clearwater** Co. Children's Mental Health Collaborative
- **Cottonwood** Co. Family Services Collaborative
- **Crow Wing** Co. Family Services Collaborative Council
- **Dakota** Co. Integrated Children's Mental Health & Family Service Collaborative
- **Dodge** Co. Family Services Collaborative
- **Douglas** Co. Children's Mental Health Collaborative
- **Edina** Family Services Collaborative
- Families First **Brown** Co.
- Family Services Collaborative of **Faribault & Martin** Counties
- **Freeborn** Co. Family Services Collaborative
- **Hennepin** Co. Children's Mental Health Collaborative
- **Hennepin South** Services Collaborative
- **Houston** Co. Family Services Collaborative
- **Isanti** Co. Integrated Collaborative
- **Itasca** Co. Family Services Collaborative
- **Jackson** Co. Family Services Network
- **Kanabec** Co. Family Services Collaborative
- **Le Sueur** Co. Family Service Collaborative
- **Minnetonka** Family Collaborative
- **Mower** Co. Family Connections
- **Nicollet** Co. Family Services Collaborative
- **Nobles** Co. Family Connections Collaborative
- **Northern St. Louis** Co. Family Service Collaborative
- **Northwest Hennepin** Family Service Collaborative
- **PACT** for Families Collaborative
- **Pine** Co. Children's & Family Service Collaborative
- **Pope** Co. Family Collaborative
- **Ramsey** Co. Children's Mental Health Collaborative
- **Rice** Co. Family Services Collaborative
- **Saint Paul** Children's Collaborative
- **Scott** Family Net
- **Stevens** Co. Early Childhood Initiative
- **St. Louis Park** Family Services Collaborative
- **Stearns** Co. Family Services Collaborative
- **Steele** Co. Children's Mental Health Collaborative
- **Todd** Co. Family Services Collaborative for Children & Families
- **Traverse** Co. Connections
- **Wadena** Co. Family Services Collaborative
- **Watonwan** Visions for Families & Community
- **Westonka** Healthy Community Collaborative
- **Wilkin** Co. Children's Collaborative
- **Winona** Co. Family & Children Mental Health Services Collaborative
- **Wright** Co. Family Services Collaborative

QUALITATIVE DATA

Practices that Strengthen Resilience & Promote Protective Factors

Of the 85 Collaboratives that submitted a 2016 Collaborative Report, 82% of them reported that their Collaborative was engaging in new and promising practices to strengthen resilience and protective factors in families, schools or communities. Some of the practices included increased parent support, professional development opportunities for providers, new programs and resources, increased collaboration between sectors, and new funding opportunities. A few of the many promising practices are shared.

Collaborative Highlights

The WRAP (We Rally Around Parents) program was implemented and completed a full year in March 2017. This program is designed to match parents with resources that can reduce stressors, so the parents are ready to support their children as they enter school. It started with the hopes of connecting parents, who may be struggling with mental health, with the resources they need in order to stay healthy and provide support to their children. - Aitkin County Family Services Collaborative

Beltrami Area Service Collaborative worked with Thrive to plan and carry out a Professional Training Series at the low cost of \$25 per person. Topics included: Child/Adult Relationship Enhancement, Creating Compassionate Communities by Understanding ACEs, Ojibwe Family Relationships: Historical and Contemporary, Mindfulness Skills, The Impact of Drug Use on Infants and Child Development, and How to Share Upsetting Psychological or Developmental Information about Children with Parents. - Beltrami Area Service Collaborative

One district had multiple child, parent and school staff deaths. Because of the developed relationships across the county, staff were deployed from all districts to assist with support during these crises. Funding was also used to develop a program called STIGMA 180 --- a program to educate the public/parents and students about mental health issues. Overall goal is to educate to lessen and remove stigma and negative beliefs. - Carver County Interagency Council

Social workers train the entire staff about bullying and how to help students work through this difficult issue. - Houston County Family Services Collaborative

Our area received a Drug Free Community Grant and we are in year 2 of this 5-year grant. Several members from the Collaborative participate in the DFC Grant meetings and activities. Our community benefits from a very active Early Head Start, Head Start and ECFE where the 3 groups collaborate to sponsor Family Nights for their students and parents. They present several healthy, interactive activities each year and they are very well attended. - Kittson County Children's Collaborative

Southwestern Mental Health Center partnered with Canvas Health to connect to and promote the 24-hour Mental Health Crisis Textline, "TXT4Life" in Nobles County. SWMHC and Southwest Crisis Center partnered to provide My Life My Choice Group aimed at preventing trauma and promoting resiliency among adolescent girls susceptible to sex trafficking. SWMHC is also participating in several programs (programs are listed in depth on 3.2) throughout Nobles County and school districts. - Nobles County Family Connections Collaborative

The NWHFSC is a Key Partner along with Hennepin County Medical Center and Hennepin County Public Health who applied for and received a MN State Innovation Model (SIM) grant. Our SIM Accountable Communities for Health grant also received a grant from the Institute for Healthcare Improvement (IHI) funded by the Robert Wood Johnson Foundation to do transformational work engaging communities in sustaining efforts to improve the health and well-being of the community. One of the focuses for both our ACH and IHI grant is mental health, depression and social connectedness. The other is closely related, healthy life styles. - **Northwest Hennepin Family Service Collaborative**

The Collaborative believes that through the allocation of resources in our schools we have been able to intervene more proactively with students and families, thus preventing trauma and promoting resilience and mental health. Pine County Health and Human Services is working within one of the county's high school systems to prevent trauma, promote resiliency and improve mental health. Together with another stakeholder, a social worker from the agency has been trained in the Circle of Security Training Program. This program will be introduced to individuals at risk (e.g., teen parents). This curriculum will be part of their high school education at the local Alternative Learning Center. Additionally, Pine County Probation, the Pine County Attorney's office and Pine County Health and Human Services are implementing Restorative Justice practices for juveniles about to enter the criminal justice system and the school districts are also implementing restorative practices as part of their discipline practices. - **Pine County Children's & Family Service Collaborative**

The Chemical Health Coalition and the Mental Health Collective have been working with each other and with partners (including local schools and community youth services providers) on proactive, evidence-based building of social-emotional skills. Northfield Promise is integrating social-emotional skill building in its benchmarks and assessing the level of social-emotional competence through various means, including the Search Institute's Developmental Assets Profile. Faribault Schools have implemented an evidence-based social-emotional skills building program at one of the elementary schools as a pilot. Efforts aimed at intentional asset building in schools and via community-based organizations have become the foundational prevention pieces with emerging and expanding training and education efforts. - **Rice County Family Services Collaborative**

Several of our grant-funded programs focus on strengthening protective factors through building children's understanding of their own cultural identity. This happens through culturally-specific staff who are well trained, use of culturally-specific texts, use of culturally-significant materials (Native American trunk, for example), teaching of indigenous language (Ojibwe), as well as teaching cultural traditions and history. - **St. Paul Children's Collaborative**

Sibley County Collaborative has been training staff and childcare providers to identify brain development and behaviors that warrant a referral to a program that provides targeted intervention strategies. Identified children are transported to Brown County and enrolled in the local SEED program. SEED was established as a pilot in New Ulm, central point of 3 Counties (Brown, Sibley and Watonwan). The program is designed to counter aggressive behaviors of young children entering school and at greatest risk. Children (age zero to four) will receive therapy/education to increase emotional competency and social cognition. - **Sibley County Children's Collaborative**

We have implemented a countywide mentoring program for children between 5 and 17 years of age in Stevens County. The program has really been able to expand both the number of mentors and mentees in the last year. Mentors provide guidance and support, help set and accomplish goals, and act as a positive role model for the child they are mentoring. Although this program is open to all families in the county, those families with children who are considered high risk are strongly encouraged to participate in the program. - Stevens County Early Childhood Initiative

In 2016, the SRFC and Joint Powers Board were chosen by Silos to Circles to engage in a year long project of Concerted Social Collaboration (via Marnita's Table) to develop a Community Resilience Plan that addresses practical and tangible ways in which our community will organize around health and healing. This is a prestigious award as the members of Silos to Circles were looking for 'collaborative breakthroughs' with 4 communities across the state of MN (i.e., tribal, urban, rural and suburban) who have demonstrated they know how to authentically engage a vibrant cross-section of partners to tackle issues pertinent to their communities. ...Over the span of a year, this project undertook a series of practitioner lunch-and-learn sessions, documentary screenings, community conversations and community-based participatory action research to uncover and connect stakeholders and resources for the purpose of supporting community health, breaking down individual silos, and promoting resilience in Ramsey County. - Suburban Ramsey Family Collaborative

Interfaith Outreach and the Wayzata and Orono School Districts are partners in Great Expectations. The initiative provides in-school and out-of-school educational opportunities designed to set all of our kids on the path to success from cradle to career. A data-driven, evidence-based, achievement-focused initiative, its agenda is to ensure all kids have the opportunity to start strong, achieve critical learning benchmarks, graduate from high school, have access to post-secondary education and training, and are ready to pursue a career of choice. - Wayzata Partners for Healthy Kids

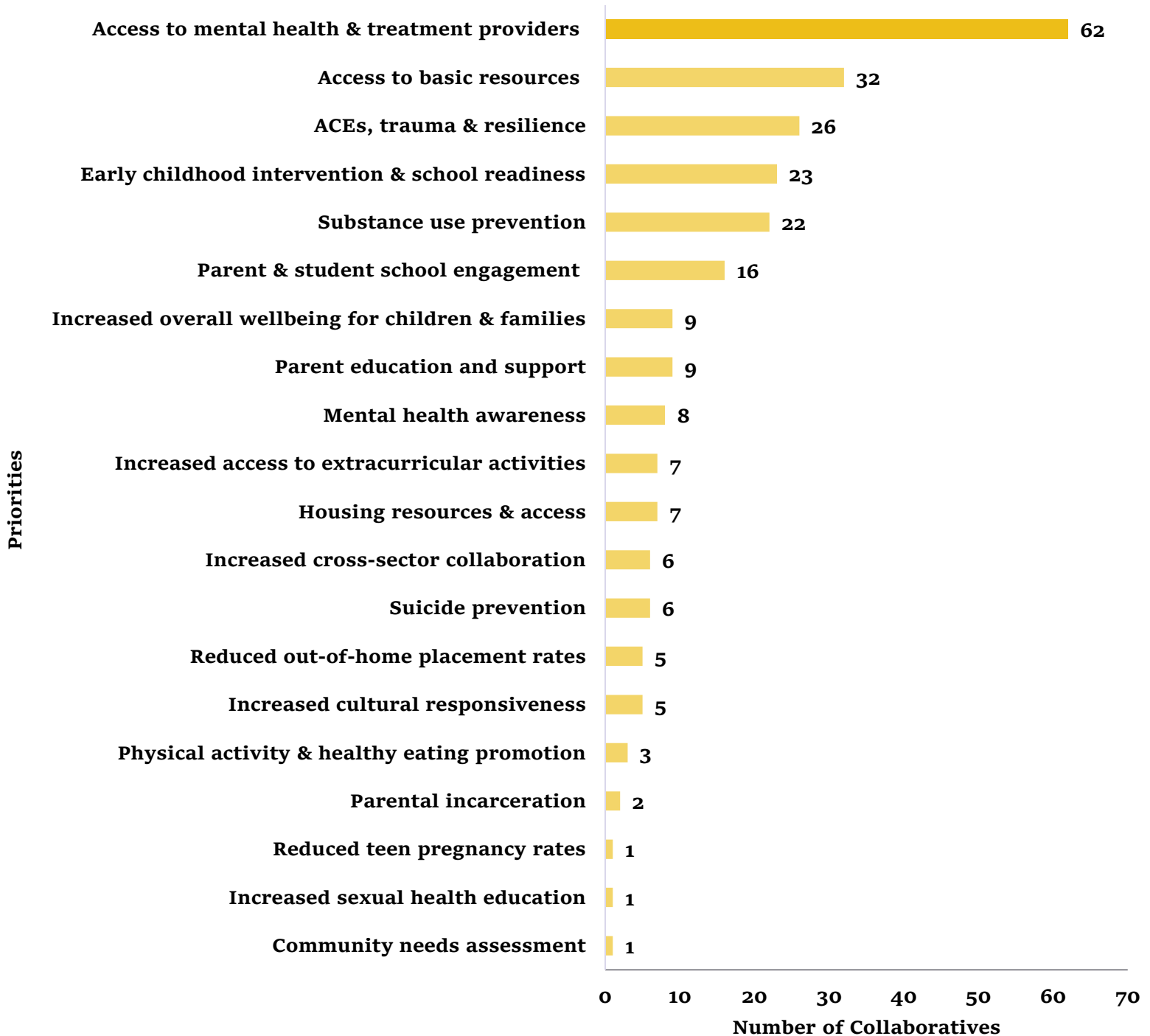
The Southern Valley Early Childhood Initiative Coalition created a resource guide to help strengthen early care and education for young children and families... Research from the Strengthening Families Approach and Child Welfare Information Gateway show providing the protective factor of "concrete support in times of need" reduces the likelihood of child abuse and neglect. Research tells us these protective factors of parent resilience, social connections, knowledge of parenting and child development, social/emotional skills of children build family strengths and a family environment that promotes a strong child and youth development. Meeting basic economic needs like food, shelter, clothing and healthcare is essential for families to thrive. - Wilkin County Children's Collaborative

Top Collaborative Priorities

Of the 85 Collaboratives that submitted a 2016 Collaborative Report, 99% reported their top three Collaborative priorities. The three most common priorities were (1) access to mental health and treatment providers, (2) access to basic resources, and (3) ACEs, trauma, and resilience. The chart below highlights the most frequently cited priorities by Collaboratives.

Top Collaborative Priorities

N = 84 Collaboratives



Emerging Children's Mental Health Trends

Of the 85 Collaboratives that submitted a 2016 Collaborative Report, 66% reported that their Collaboratives noticed emerging needs in their communities related to children and family mental health. The most common trends are reported here.

Collaboratives reported on the most common trends they have been noticing in their communities, and found the following to be **increasing**:

- Caseloads and demand for mental health providers
- Number of children at younger ages developing mental health issues
- Complexity and severity of mental health issues
- Diagnoses of students with mental health issues, such as depression and anxiety, and disabilities, such as autism
- Substance use
- Behavioral issues in schools
- Homelessness
- Suicide
- Sex trafficking
- Domestic abuse
- Prevalence of trauma and ACEs
- Fear of deportation and 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 and need for basic resources
- Need for culturally relevant mental health care and traditional and non-traditional healing approaches
- Racism
- Bullying in schools
- Use of electronics and internet – which has been linked with social isolation
- Prevalence of secondary trauma with staff and burnout
- Involvement with child protection

Collaborative Observations

The complexity of needs in the families being served has led to provider burn out and increased stress. While every effort is made to keep caseloads down, the sheer volume of children in out of home placement and in referrals to agencies means everyone does a little bit more to meet the demand. Our rural community agency, while not a provider of mental health services does contract with two agencies to utilize agency space for mental health appointments. They continue to see high numbers of referrals for mental health appointments. Our mobile crisis program is experiencing a larger than normal volume of calls and dispatches. Even in typical slow times, like holidays, they are seeing an increase in calls. Schools are seeing young children with aggressive behaviors. – Clay County Collaborative

The struggle to obtain basic needs remains for families in this community. There also seems to be an increase in anxiety, depression and self-harm behaviors. - Clearwater County Children's Mental Health Collaborative

*Unfortunately, there has been an increase in the number of youth who have died by suicide in the first months of 2017. The Collaborative is involved in community planning related to addressing this issue and expects to continue to take an active part. In looking at Integrated Shared Care statistics, there has been an increase in the number of children identified as needing mental health supports as a result of not meeting social emotional developmental milestones. Often, parents of these children are also in need of mental health support. There continues to be a need to coordinate care across both formal and informal supports. - **Douglas County Children's Mental Health Collaborative***

*There still continues to be a lack of resources in our area for therapists and psychiatry. Children and adolescents are still being hospitalized for mental health crises. There are still not enough mental health providers to cover the need in the area. - **Kanabec County Family Services Collaborative***

*There is much more fear, anxiety and isolation in immigrant populations since the election. We see it in the parents' unwillingness to apply for health and food support benefits which their kids qualify, leave the house, and engage in the community and school. Parents are doing more planning and making arrangements for after a deportation. Kids are displaying signs of anxiety, depression and fear in our schools and community. - **Minneapolis Redesign***

*We are seeing a need for more staff care in our community. Secondary trauma affects staff in each of our partner organizations. The Olmsted County BRIDGE Collaborative is beginning to host focus groups of providers and staff working with kids 0 - 5 and within schools to discuss needs and strategies to increase staff capacity and retention rates. - **Olmsted County BRIDGE Collaborative***

*Our member school districts have been expressing a greater need for mental health supports in the schools. Several have reported greater incidence of behavioral issues and mental health concerns at younger ages. - **PACT for Families Collaborative***

*Need to build cultural capital; need increased access to culturally responsive options across Ramsey County. - **Ramsey County Children's Mental Health Collaborative***

*Minimal number of mental health therapists in rural areas limits access to mental health service in schools and communities. Significant increase of drug abuse and significant shortage of foster care. - **Sibley County Children's Collaborative***

Connection to Early Childhood Mental Health Grantee

Of the 85 Collaboratives that completed the 2016 Collaborative report, 87% said that their Collaborative collaborates with their local Early Childhood Mental Health Grantee. Collaboratives most often connect with Early Childhood Mental Health Grantees at regular meetings where they have an opportunity to share knowledge, provide updates, engage in co-learning, and plan strategically to identify gaps in the system and strategies to minimize gaps. In some cases, Collaboratives also make referrals and analyze local data with grantees. In most cases, Collaboratives reported positive and open communication with grantees.

Collaborative Reflections

Stellher Human Services is the local grantee for early childhood services. The Collaborative works with them on several BASC-led efforts, including the monthly meetings of the Bemidji Interdisciplinary Review Team, the MDH E-Health Grant Team (PACT), and the School Linked Mental Health Partners monthly meetings. BASC's executive director serves on the local Thrive Bemidji Early Childhood Action Team Advisory Council and Stellher serves on the Thrive Action Team. In addition, BASC has advocated for their program needs with the local school district and facilitated meetings with their partners. All indications are that they are doing a fantastic job meeting the needs of our community. - Beltrami Area Service Collaborative

Therapeutic Services Agency, Inc. (TSA) participates at every level of our collaborative structure. Representatives from TSA serve on the Chisago/Pine County Early Childhood Committee, as well as the Chisago County Children's Mental Health Committee. In addition, TSA holds a seat on our collaborative cabinet as the Mental Health Representative. This allows for ongoing conversation and coordination with key stakeholders around the table on a regular basis. - Chisago County Interagency Children's Service Cooperative

Child Protection uses the new guidelines. They provide Mental Health Screening all the way down to infants. We also have the CEED program which is a preschool program that works with preschool children on social and emotional development. We are a small county and the providers know each other well and refer to agencies and programs to work with children and families. - Cottonwood County Family Services Collaborative

We have one grantee who is active on our Collaborative and has taken a lead in educating partners on early childhood mental health. The other grantees are designated on paper to serve Dakota County but in reality they only serve Dakota County children if the children are able to get to their clinic sites outside of Dakota County. There is a disconnect between what the grantees report to DHS and what they really do locally. Part of my job is to make sure they are delivering services on a local level, as DHS does not track this. - Dakota County Integrated Children's Mental Health & Family Service Collaborative

They are at the table assisting in identification of gaps and strategies to minimize and eliminate gaps. Early Childhood Mental Health Grantees provide training for staff working with families and children. - Families First Brown County

*Our early childhood program offers free screenings prior to entrance of kindergarten. A majority of those who enter into the early childhood program can do so with scholarships to help make it affordable and have recently incorporated adult basic education programs to help families who are in need of assistance or additional support. - **Freeborn County Family Services Collaborative***

*They have a voting seat at the table; they regularly attend our meetings and report updates and findings to all members; we pay for professional evaluation services through Wilder Research - which allows Wilder to submit reports and data findings. - **Hennepin County Children's Mental Health Collaborative***

*Our Collaborative helps fund an early childhood outreach worker who does home visiting. In addition, our funds help support bilingual parenting classes for Spanish and Somali speaking parents as part of our Ready to Learn priority. A major goal of these classes is to help parents and others access early childhood services as well as community and statewide resources. - **Hopkins Schools & Community in Partnership (SCIP)***

*The chairperson of the Help Me Grow/IEIC Committee attends our quarterly governance board meeting keeping members up to date on committee activity. MLC continues to provide the evidence-based Healthy Families America through our public health department to high risk, young families/parents with newborns. Local mental health provider that provides Reflection Supervision also provides PCIT services to families that we refer to them. - **Mille Lacs County Family Services Collaborative: Family TIES***

*The MFC funds the Children and Family Support Program. CFSP provides early intervention services for children experiencing social emotional and behavioral challenges within the context of the child's family, early childhood settings and community. By providing individual support, parent education, timely referrals to mental and physical health services, service coordination and staff training the CFSP program effectively improves the mental health of kids and strengthens the capacity of families to support their child's healthy development and school success. - **Minnetonka Family Collaborative***

*The mental health agency that has the Early Childhood Mental Health Grant is very good about communicating their services to the local social services, public health and the schools. - **Nicollet County Family Services Collaborative***

*The three ECMH Grantees are a significant part of OTFSC, not only do they have a seat at the governance table, they also participate significantly in all collaborative activities. The grantees engage in work through schools with our School Based Mental Health program as well as participate significantly with the Children's Mental Health LAC. - **Otter Tail County Family Services Collaborative***

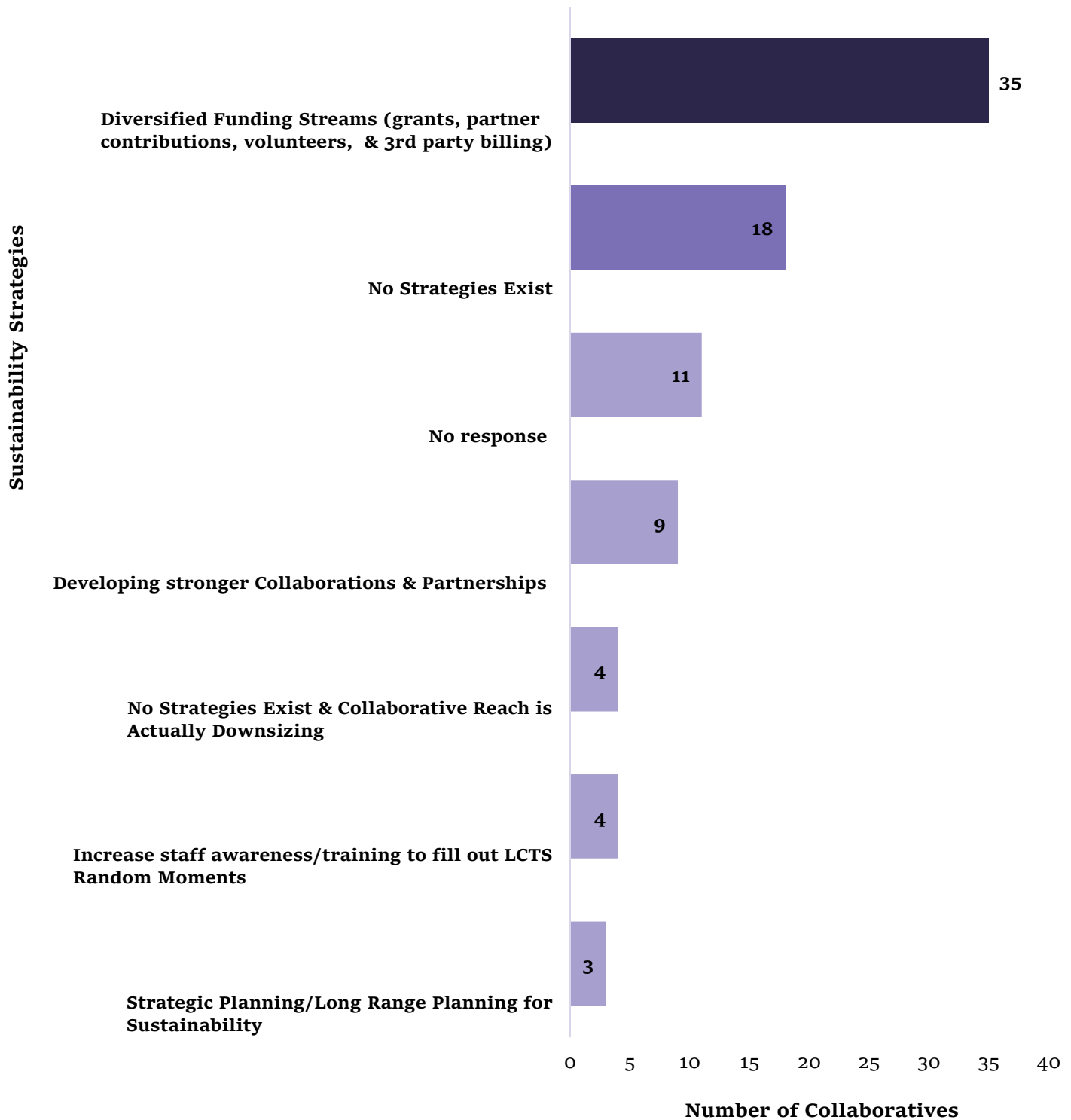
*We have a Positive Community program at both of our primary schools. The coordinator focuses on building positive behaviors throughout each school community. Children with mental health needs are on the rise. Services provided include mindful school training for students and staff, parent education sessions, small group instruction on positive behaviors, self-regulation, and brain development. - **Westonka Healthy Community Collaborative***

Funding Strategies for Collaborative Sustainability

Of the 85 Collaboratives that submitted a 2016 Collaborative Report, 60% reported having strategies they were using to promote sustainability of their collaborative efforts.

Collaborative Strategies Used to Promote Sustainability

N= 85 Collaboratives



Multi-County Collaboratives: Overview

In Minnesota, there are six multi-county Collaboratives, including 3 Counties for Kids Collaborative, Family Services Collaborative of Faribault & Martin Counties, Lyon/Murray Families Project, North Shore Collaborative, PACT for Families Collaborative, and Rock Pipestone Family Services Collaborative.

Collaborative Name	Counties Represented
3 Counties for Kids Collaborative	Brown, Sibley & Watonwan
Family Services Collaborative of Faribault & Martin Counties	Faribault & Martin
Lyon/Murray Families Project	Lyon & Murray
North Shore Collaborative	Cook & Lake
PACT for Families Collaborative	Kandiyohi, McLeod, Meeker, Renville & Yellow Medicine
Rock-Pipestone Family Services Collaborative	Pipestone & Rock

Multi-County Collaboratives: Coordination

Collaboratives primarily coordinate strategic planning and integrate services and resources across and among their counties in the following ways:

- Regular meetings are held to identify children's mental health trends, gaps in services, resources, and collaborative strategies
- Unique county needs are identified and resources are customized based on those needs
- Meetings have decision-making representatives from all participating counties
- Resources and learning are shared across counties

Multi-County Collaborative Reflections

*3 Counties Collaborative meets monthly and representatives from the three counties serve on both Mental Health and Family Services Collaboratives. Programs and resources are shared across counties and are evaluated to determine fit to individual county needs, so they can be modified to better meet the needs.... The Regional Coordinator meeting is held quarterly which is an informal meeting to share ideas and resources and hear what other Collaboratives are seeing in their areas and how they address those issues. - **3 Counties for Kids** (in collaboration with Families First Children's Collaborative, Sibley County Children's Collaborative, & Visions for Families & Community Collaborative)*

*Human Services and the Collaborative operate as a single agency. - **Family Services Collaborative of Faribault & Martin Counties***

Members from both Counties are represented on our Board of Directors and are equally involved in decisions. - North Shore Collaborative

Joint board meetings with all partners being asked to contribute what is going on in their areas, identifying needs and services, building on each other's experiences, strategizing to support each other. Sharing and coordinating is beneficial to all. - Lyon/Murray Families Project

We utilize several options to look at strategic planning and service and coordination needs: Our Local Advisory Committee (5 counties) looks at gaps in mental health services and emerging needs, with their findings brought to each County Board. The presentation was made by an LAC member and a parent in 2016; PACT monthly collaborative meetings are used to identify issues and resources through utilizing a focused conversation or other methods; The Chief Elected Officials Board and Executive Board, along with invited Social Service Directors have an annual retreat to review needs for the next year and common issues to address; PACT Director meets with all Public Health Directors to discuss needs and trends and attends a local School Superintendent's meeting. This combination provides a foundation for collaborative staff to bring the information back to collaborative members and to look for additional resources and ways to better coordinate resources and services. - PACT for Families Collaborative

Through the Governing Board, the decision is voted on how to allocate LCTS funding based on the school district size and need for school mental health services. - Rock Pipestone Family Services Collaborative

Multi-Collaborative Counties: Overview

In Minnesota, there are 6 counties that have more than one Collaborative operating within them. These counties include; Brown, Hennepin, Ramsey, Sibley, St. Louis County, and Watonwan.

County	# of Collaboratives	Collaborative Names
Brown	2	Families First Collaborative & 3 Counties for Kids
Hennepin	13	Edina Family Services Collaborative, Hennepin County Children's Mental Health Collaborative, Hennepin South Services Collaborative, Hopkins School and Communities in Partnership, Minneapolis Redesign, Minnetonka Family Collaborative, Northwest Hennepin Family Service Collaborative, Orono Healthy Youth, Robbinsdale Area Redesign, St. Anthony-New Brighton Family Services Collaborative, St. Louis Park Family Services Collaborative, Wayzata Partners for Healthy Kids, & Westonka Healthy Community Collaborative
Ramsey	3	Ramsey County Children's Mental Health Collaborative, St. Paul Children's Collaborative, & Suburban Ramsey Family Collaborative
Sibley	2	Sibley County Children's Collaborative & 3 Counties for Kids
St. Louis County	2	Northern St. Louis County Family Services Collaborative & Southern St. Louis County Family Services Collaborative
Watonwan	2	Visions for Families & Community & 3 Counties for Kids

Multi-Collaborative Counties: Coordination

Collaboratives in multi-collaborative counties coordinate in the following ways:

- Meet annually to determine changing trends, gaps and intervention/prevention
- Meet regularly (monthly or quarterly) to check-in, share best practices, and ensure that services and funding are not duplicated
- Offer opportunities to meet in subcommittee groups to address specific issues (such as a school-based mental health subcommittee)
- Share funding for programs & services and collaborate on initiatives and co-host events and trainings
- Communicate informally via email and phone as issues or pressing topics arise
- In some cases, there is “board member cross-over”, where board members of one Collaborative serve on the board for another Collaborative in the same county
- In some cases, Collaborative Coordinators oversee more than one Collaborative in the same county – which allows for transparency, regular updates, and information sharing across the Collaboratives

Multi- Collaborative County Reflections

*Strategic planning is done by each Collaborative and incorporated with the 3 Counties for Kids Collaborative strategic planning. Each Collaborative's board has the opportunity to approve or reject program or process expenses. A new program may be set up in one county as a pilot before introduction to other counties. Dependent on need and resources it could also be offered to the 3 counties from a central site. – **Brown, Sibley & Watonwan County Collaboratives***

*The Hennepin County Children's Mental Health Collaborative (CMHC) has a strategic planning framework that is updated every two years. The CMHC does not participate in any of the 12 Family Services Collaboratives' strategic planning processes. The 12 Family Services Collaboratives in Hennepin County do not participate in any formal strategic planning work, but much planning and sharing/coordination of resources and opportunities occur throughout the year and at quarterly Collaborative Coordinator meetings. At these meetings, Coordinators discuss trends, training and other issues related to LCTS and the Collaboratives. Many Hennepin County Collaboratives partner with each other on events and programs that align with shared county priorities (such as a joint viewing and community conversation of the documentary "Paper Tigers" or joint ACEs trainings). In addition, a tangible resource depository was created in 2016 for sharing resources across the Hennepin County Collaboratives (including videos on mental health, bullying, home visiting, etc.). LCTS funding, however, is very specific and defined within each district. – **Hennepin County Collaboratives***

*The LCTS Partnership Board is one vehicle for coordinated planning and spending with a defined geography and service scope lens (mental health vs. non-mental health; City of Saint Paul vs. Suburban Ramsey County not including Saint Paul). When countywide coordination is at issue, the county usually convenes all 3 Collaboratives, such as in the case of sex trafficking prevention/intervention, Coordinated Youth Continuum of Care and JDAI. – **Ramsey County Collaboratives***

*The Collaboratives have similar strategic plans and goals, but spending is done independently. The Collaboratives will convene on joint matters (e.g., hiring a replacement Collaborative Director). The Boards will likely convene for information sharing and planning late 2017 or early 2018. – **St. Louis County Collaboratives***

INTEGRATED FUNDING

Collaboratives are required by legislation to establish an integrated fund. This is a pool of public, private, local, state and federal resources including in-kind contributions, consolidated by Collaboratives' partners to accomplish the shared goals of the Collaboratives. The primary objectives of the integrated fund are to reduce the incentive for cost shifting, reduce system fragmentation (which includes funding in "silos") and create a pool of flexible public dollars that can respond to children's and families' needs.

Overview

In 2016, the total statewide Collaboratives' integrated fund in 2016 was **\$30,011,133**. The federal LCTS 2016 funds made up about 44% of the total statewide Collaboratives' integrated fund. State and other federal dollars constituted 21% of the total, statewide Collaboratives' integrated fund. Partner cash and in-kind contributions to the integrated fund constituted 30% of the integrated fund in 2016, and non-partner contributions were 4% of the total integrated fund.

Sources of Integrated Funding

The following chart shows federal, state and local contributions to the aggregate Collaborative integrated fund.

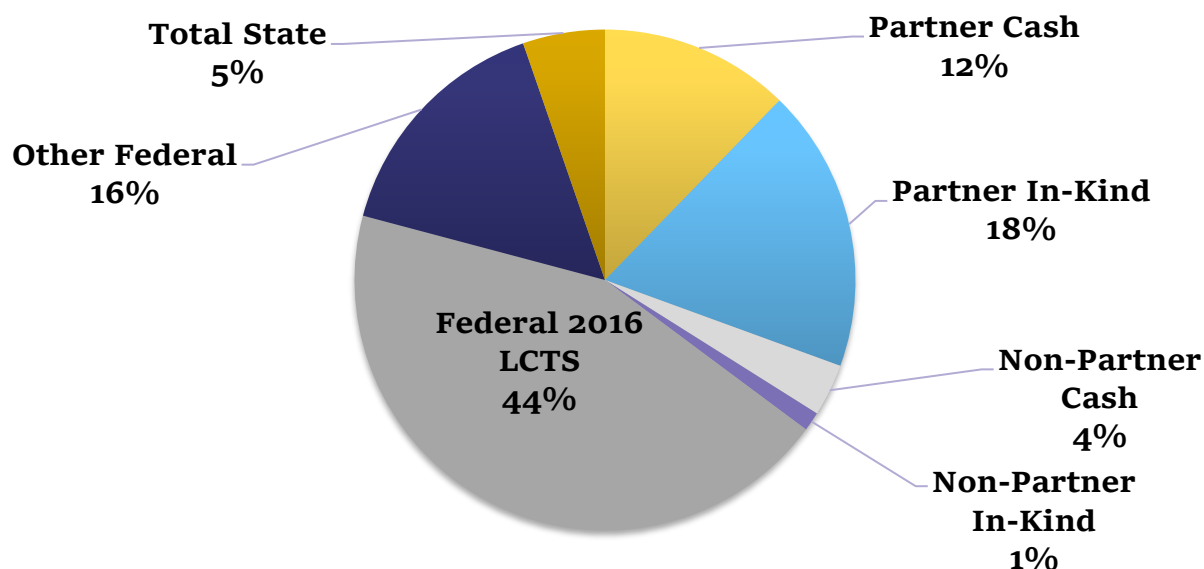
Funding Source	Amount	% of Total Integrated Fund
Non-Partner In-Kind	\$ 369,971	1%
Non-Partner Cash	\$ 1,013,536	3%
Total State	\$ 1,591,588	5%
Partner Cash	\$ 3,682,702	12%
Other Federal	\$ 4,670,264	16%
Partner In-Kind	\$ 5,491,039	18%
Federal 2016 LCTS ¹	\$ 13,192,033	44%
TOTAL INTEGRATED FUND	\$ 30,011,133	100%

¹ This refers to LCTS funds received in 2016 and does not include LCTS interest and carryover funds.

2016 Collaborative Integrated Funding Sources

N = 85 Collaboratives

Total Integrated Fund Contributions = \$30,011,133



Local Collaborative Time Study (LCTS)

The largest contributor to Collaboratives' integrated fund is the Local Collaborative Time Study (LCTS), which makes up 44% of the statewide Collaboratives' integrated fund. The Collaboratives reported LCTS funds received in 2016. LCTS is a federal reimbursement mechanism that Collaboratives can use to draw down dollars for mental and physical health services as well as early intervention and prevention of out-of-home placement. LCTS participants include schools, corrections and public health entities that are partners in Collaboratives.

Non-LCTS Federal Funds

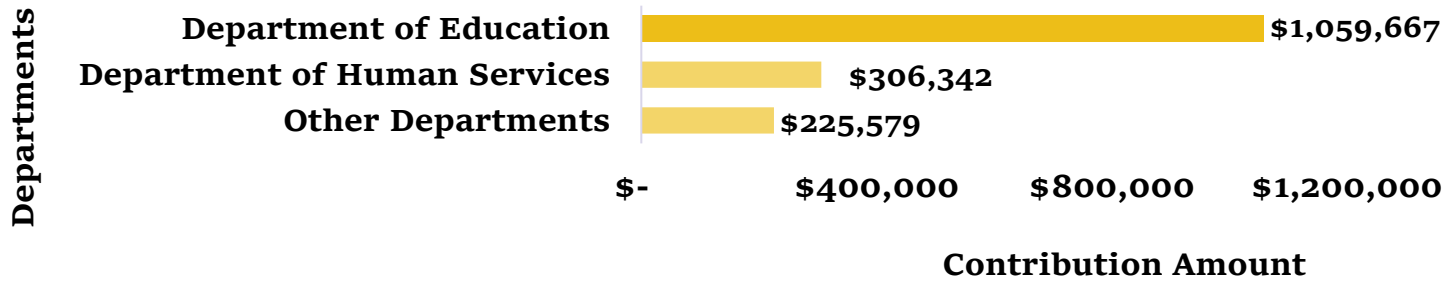
The "Other Federal" funds category includes all contributions from federal sources, aside from LCTS funds. This category included contributions from Drug Free Communities grants, and Community Mental Health grants, and Child Welfare grants. This category comprised 16% of the Collaboratives' integrated fund in 2016.

State Funds

In 2016, funds from the State of Minnesota made up 5% of the Collaboratives' integrated funding. The Minnesota Department of Education funding comprised 67% of all state contributions; the Minnesota Department of Human Services provided 19% of state contributions; and the remaining state contributions were provided by other sources. These other sources included Minnesota Department of Health, Minnesota Department of Public Safety, and Minnesota Department of Corrections grants.

State Contributions to 2016 Collaborative Integrated Fund

N = 85 Collaboratives



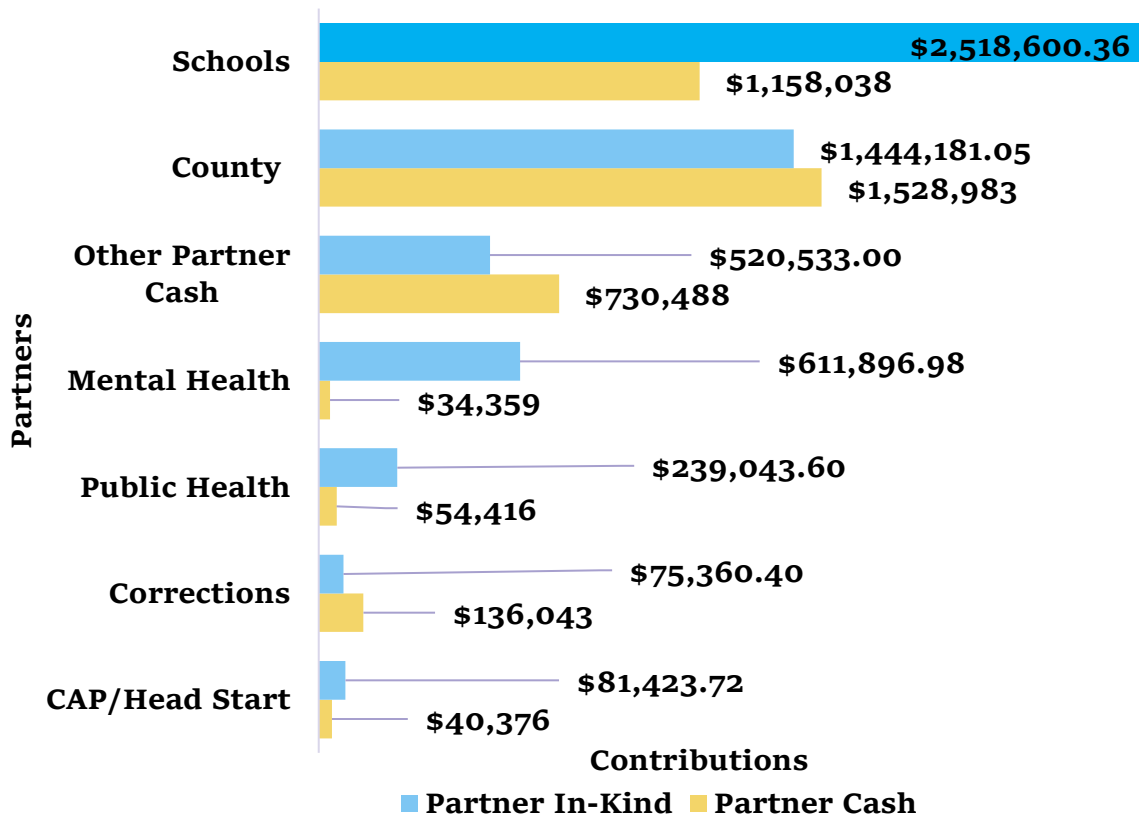
Partner Cash & Partner In-Kind Contributions

In 2016, the combined partner cash and in-kind contributions were **\$9,173,741**. The partner cash contributions were **\$3,682,702** and the partner in-kind contributions were **\$5,491,039**. Statewide, the highest partner cash contributions came from counties, and the highest partner in-kind contributions came from schools.

Partner Cash & In-Kind Collaborative Integrated Fund

N = 85 Collaboratives

Total Partner Contributions = \$9,173,741



Note: The category "Other Partner Cash" includes funders from local YMCAs, local non-profits, local hospitals, local churches, cities, homeless shelters, University of Minnesota - Extension, local sheriff's departments, local park boards, tribal nations, private sector organizations, and local chamber of commerce organizations.

Non-Partner Cash & Non-Partner In-Kind

The smallest funding categories for the Collaborative integrated fund in 2016 were non-partner cash and non-partner in-kind contributions. These two categories combined totaled \$1,383,507 and comprised just 5% of Collaboratives' integrated funding in 2016.

Totals for LCTS Program Outcomes

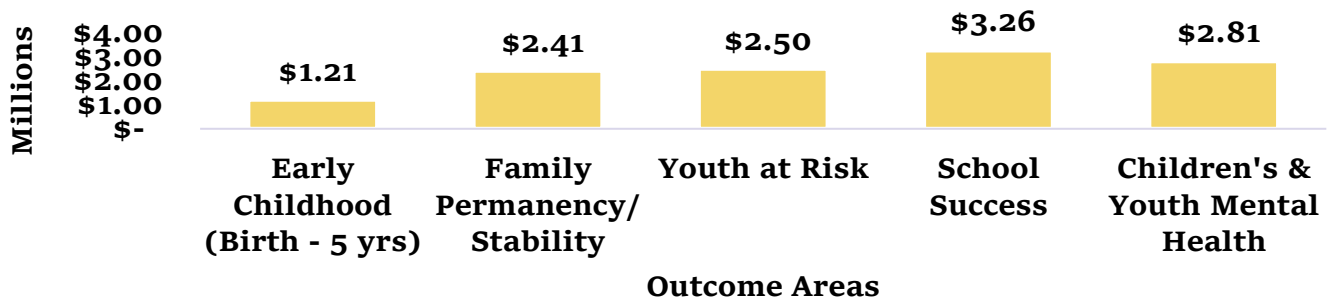
Summary Based on Data from 2016 Collaborative Report

Number of Services/Programs	553
Number of Persons Served	217,089

All 2016 LCTS Funding Spent - by Outcome Area

N = 85 Collaboratives

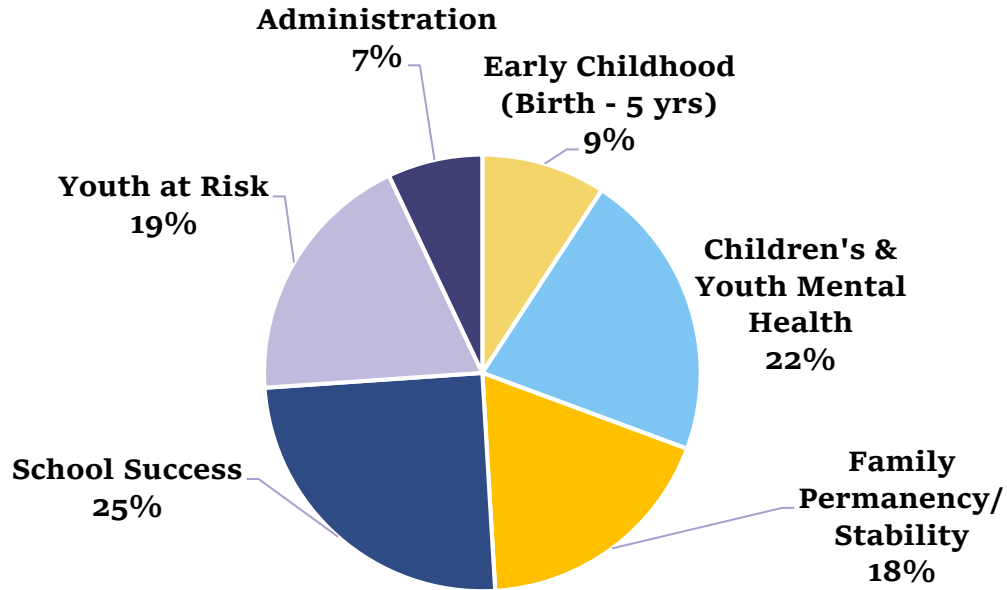
Total LCTS Program Spending = \$12,184,805



Total LCTS Integrated Funding Available	\$13,192,033
All LCTS Program & Administration Spending	\$13,107,122
<i>Total 2016 LCTS Spending on Outcomes</i>	<i>\$12,184,805</i>
<i>Total 2016 LCTS Spending on Administration</i>	<i>\$922,317</i>

Percent of LCTS 2016 Spending - By Category

N = 85 Collaboratives
Total LCTS Spending = \$13,107,122



Entity Receiving LCTS Funding

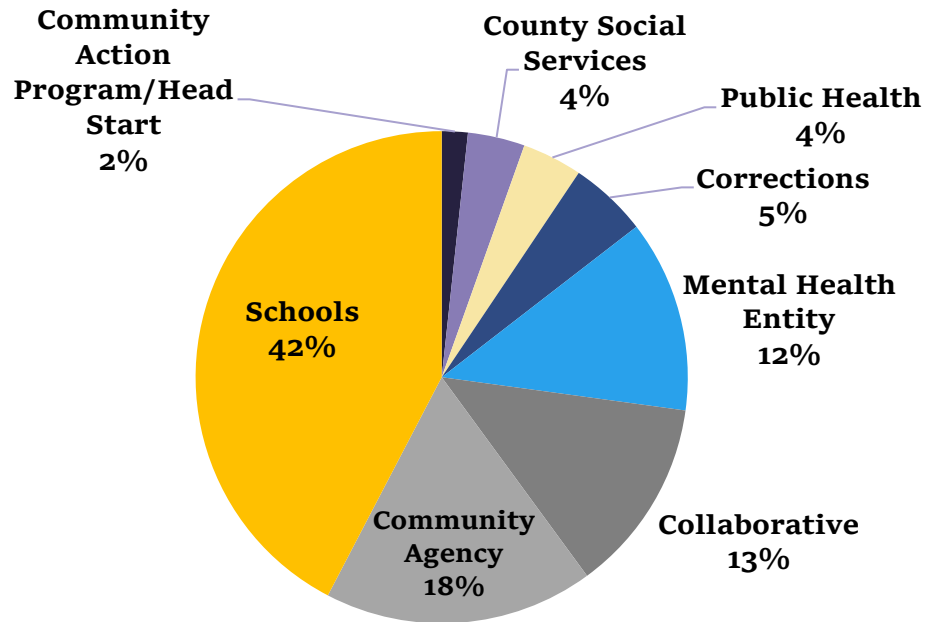
Overall, schools received slightly more than 42% of LCTS program funding.

Entity	Amount	Percent
Schools	\$5,159,574	42.3%
Community Agencies	\$2,158,114	17.7%
Collaboratives	\$1,557,734	12.8%
Mental Health Entities	\$1,538,919	12.6%
Corrections	\$624,834	5.1%
Public Health	\$481,103	3.9%
County Social Services	\$456,730	3.7%
Community Action / Head Start	\$207,797	1.7%
TOTAL	\$12,184,805	100%

Percent of 2016 LCTS Funding Received for Programs - by Entities

N = 85 Collaboratives

Total LCTS Received = \$12,184,805



Amount of 2016 LCTS Funding Received for Programs - by Entities

N = 85 Collaboratives

Total LCTS Received = \$12,184,805

